

**ORANGE COUNTY**

# Ten-Year Plan to End Homelessness



**2012**

The background of the page features a large, semi-circular seal of Orange County, California. The seal is rendered in a light, faded color. It contains the text "ORANGE COUNTY" at the top and "CALIFORNIA" at the bottom. The central part of the seal depicts a landscape with mountains and a large orange fruit with leaves.

# **Ten-Year Plan to End Homelessness**

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# ACKNOWLEDGEMENTS

## TEN-YEAR PLAN WORKING GROUP

The Working Group was appointed by a diverse public/private stakeholder comment group that was involved in the initial stages of the Ten-Year planning process. Working Group Members were appointed because they were known as visionary leaders, positive change agents, and experts in issues impacting homelessness in Orange County. The Working Group was responsible for drafting, receiving and considering input, and finalizing the content of The Plan. Working Group Members are as follows:

**Pam Allison**  
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Project HOPE School Foundation

**Bonnie Birnbaum**  
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County of Orange, Health Care Agency

**Helen Cameron**  
Executive Director  
HOMES, Inc.

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Homeless & Motel Resident Services  
City of Anaheim

**Lucy Dunn**  
President  
Orange County Business Council

**Kim Goll**  
Director of Program Operations  
Children and Families Commission of  
Orange County

**Larry Haynes**  
Executive Director  
Mercy House

**Lacy Kelly**  
Executive Director  
Orange County Division, League of  
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**Scott Larson**  
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**Margie Wakeham**  
Executive Director  
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## **STAFF SUPPORT TO THE WORKING GROUP**

**Julia Bidwell, Deputy Director**  
County of Orange, OC Community Services

**Kelly Lupro, Homeless Prevention Manager**  
County of Orange, OC Community Services

## **STAKEHOLDERS' COMMENT GROUP**

During 2007, a number of different community meetings were conducted to begin discussions on the development of Orange County's Ten-Year Plan to End Homelessness (the Plan).

A smaller group of provider representatives was formed to provide input to The Plan development. Their names and respective agencies are listed as follows:

- |  |   |
|--|---|
| 1. Judi Bambas, Fullerton Interfaith Service               | 15. Douglas McCool, Lighthouse Outreach Ministries        |
| 2. Julia Barclay-McCool, Lighthouse Outreach Ministries    | 16. Carol McLaughlin, Orange Cares                        |
| 3. Helen Cameron, HOMES, Inc.                              | 17. Bob Murphy, American Family Housing                   |
| 4. Bob Cerince, City of Anaheim                            | 18. Cathleen Murphy, American Family Housing              |
| 5. Shearly Cambless, OASIS, College Community Services     | 19. Theresa Murphy, Precious Life Shelter                 |
| 6. Faye Chapman, Laguna Beach Community Activist           | 20. Teri Neibuhr, HIS House                               |
| 7. Judy Denton, City of Irvine                             | 21. Rochelle Pierre, Health Care Agency                   |
| 8. Linda Dickey, United Way Orange County                  | 22. Kitty Preston, ASHA/Anaheim Senior Citizen Commission |
| 9. Kerry Gallagher, OC Congregation Community Organization | 23. Gloria Reyes, Abrazar                                 |
| 10. Larry Haynes, Mercy House                              | 24. Ralph Sanders, American Family Housing                |
| 11. Dawn Lee, OC Partnership                               | 25. Colleen Smagala, Anaheim Interfaith Shelter           |
| 12. Jennifer Lee-Anderson, CLA & Associates                | 26. Sister Kathy Stein, Thomas House Temporary Shelter    |
| 13. Kelly Lupro, OC Community Services                     | 27. Ashley Stinson, Giving Children Hope                  |
| 14. Scott Mather, American Family Housing                  | 28. Scott Darrell, Kennedy Commission                     |
|  | 29. Judy Bowden, 2-1-1 Orange County                      |
|  | 30. Juan-Carlos Araque, United Way Orange County          |

## **OTHER SPECIAL ACKNOWLEDGEMENTS**

**Sharon Browning, Principal**  
Sharon Browning & Associates

**Kari Parsons**  
Parsons Consulting

**Andrae Frierson**  
County of Orange, OC Community Resources

**Project HOPE School and Its Students**  
Contribution to the artwork



## **COMMISSION TO END HOMELESSNESS**

The purpose of the Commission to End Homelessness is for County government, city government, private foundations, advocacy groups, community organizations, and other interested stakeholders to work collaboratively and provide strategic leadership to promote best practices, monitor outcomes, and report results on the success of the Ten-Year Plan to End Homelessness.



## CURRENT COMMISSION TO END HOMELESSNESS MEMBERS

# OF SEATS	COORDINATING COUNCIL APPOINTING BODY	NAME OF APPOINTEE(S)	TITLE	AFFILIATION	TERM*
2	Orange County City Manager's Association	Allan Roeder	City Manager	City of Costa Mesa	2 years
		Bob Dunek	City Manager	City of Lake Forest	2 years
2	Orange County Business Council	Tom Burnham	President	Thomas Burnham Company	2 years
		Bill Ford	Senior Vice President	Bank of America Merrill Lynch Nonprofit Education & Institutions	3 years
2	Housing and Community Development Commission	Jim Palmer	President	Rescue Mission	3 years
		Scott Larson	Executive Director	HomeAid Orange County	3 years
2	Orange County Division, League of California Cities; future appointments to be made by City Selection Committee	Don Hansen	Council Member	City of Huntington Beach	2 years
		Kathryn McCullough	Council Member	City of Lake Forest	3 years
2	HomeAid Orange County (w/H&CD Commission)	Larry Haynes	Executive Director	Mercy House	2 years
		Barbara Jennings	President	Fullerton Interfaith Emergency Services	2 years
1	Board of Supervisors	John M.W. Moorlach	2nd District Supervisor	Board of Supervisors	3 years
2	Orange County Funder's Roundtable	Kim Goll	Program Operations Director	Orange County Children & Families Commission	3 years
		Sister Regina Fox	Program Director	Sisters of St. Joseph Healthcare Foundation	2 years
2	Orange County Police Chiefs/ Sheriff's Association and Fire Chiefs Association	Paul Walters	Chief of Police	City of Santa Ana Police Department	3 years
		Wolfgang Knabe	Fire Chief	City of Fullerton Fire Department	2 years
1	County Executive Office	Carolyn McInerney	Administrative Manager	County Executive Office	3 years
1	Orange County Health Care Agency	Mark Refowitz	Director	Health Care Agency/ Behavioral Health	3 years

## A. EXECUTIVE SUMMARY

*"The ache for home lives in all of us,  
the safe place where we can go and  
not be questioned."*

Maya Angelou



# EXECUTIVE SUMMARY



## INTRODUCTION

The Ten-Year Plan to End Homelessness (The Plan) in Orange County is the product of an integrated community collaboration. The Plan provides a roadmap of how to effectively end homelessness in Orange County within the next ten years. Although the efforts to develop such a Plan started several years ago, that process began in earnest in August of 2008, when a broad-based Working Group was established and charged with developing a plan. Working Group members represented various stakeholder groups including the business community, non-profit homeless service providers, technical consultants, philanthropic foundations, education, mental health, housing, shelter providers and local government.

Working Group members were nominated by the community of homeless service providers and selected on the basis of their area and level of expertise, leadership ability, and willingness to commit the necessary time and effort to engage in the planning process. This initial core of Working Group members was then augmented with members from the broader Orange County community, representing entities critical to The Plan's success.

In addition to background information on the costs of homelessness and the extent of the need in Orange County, this Plan outlines the mission, vision, core values, key goals, strategies, and many of the important implementation actions necessary to successfully eliminate homelessness in Orange County. It will enable Orange County to develop a more strategic, focused approach to ending homelessness. This Ten-Year Plan will lead to positive, systematic changes in the way the community addresses homelessness.

## MISSION AND VISION

All elements of The Plan are based on a Mission, Vision, and set of Core Values.

In September 2008, the Orange County Ten-Year Plan to End Homelessness Working Group came together and agreed that it is unacceptable to have homelessness in Orange County and that the eradication of homelessness is both a community-wide responsibility and an opportunity. Further, it resolved that in order to serve and protect the homeless and the community, a comprehensive plan of action must be developed.

The Working Group understood that there is a potential for this mission being viewed as unrealistic. However, it determined that if Orange County seeks to merely reduce homelessness, it would indeed only accomplish a temporary reduction. A mission which seeks to end homelessness provides a roadmap and a process to support individual success and a rationale to justify modifications to the current service delivery system.

### THE VISION:

"A dynamic, comprehensive system of housing and services, proportionate to the need, which effectively ends homelessness."

service delivery system has commensurate flexibility to respond to individual needs.

### THE MISSION:

"Effectively End Homelessness in Orange County Over the Next Decade."

The vision makes clear that an end to homelessness can be accomplished only through the provision of housing and appropriate services. Although appropriate housing is a solution for all in this population, there is not a "one-size-fits-all" approach recommended. Individuals and/or households served will require varying levels of service based upon their unique circumstances. The Plan will be most successful when the

# EXECUTIVE SUMMARY

## CORE VALUES:

The core values established by the Working Group to guide the process of planning, implementation, and leadership are:

- **Preservation of human dignity:** All people are worthy of respect, mercy, kindness, and compassion. All decisions made regarding the development and implementation of programs and strategies to end homelessness in Orange County will reflect respect for those in need and compassion for their specific situations.
- **A safe, decent, sanitary housing opportunity for everyone:** All people deserve an opportunity for housing. Standards for safe, decent, sanitary housing will be achieved at all times.
- **Innovation:** Those individuals developing and implementing this plan will be receptive to new ideas, methodologies, and technology. They will be flexible and open to changing existing ways of thinking and working. In addition, they will foster creativity, “out-of-the box” strategies, and effective problem solving.
- **Courage:** Challenging situations are to be addressed openly and in a timely manner: directly facing and making difficult decisions, acting with bravery, and displaying a willingness to take prudent risk.
- **Expectation of Success:** Those developing and implementing this plan are committed to the principle that anything worth doing is only worth doing with the intent to succeed. Working and leading will be accomplished with attitudes of realistic optimism and anticipation of achieving the end of homelessness.

## FEDERAL REQUIREMENTS AND NATIONWIDE PROGRESS

The development of a countywide Ten-Year Plan to End Homelessness is consistent with State and Federal initiatives for ending homelessness. To encourage this goal, communities must report on their progress in developing and implementing a Ten-Year Plan to End Homelessness into the annual application for Continuum of Care Homeless Assistance Funding to the U.S. Department of Housing and Urban Development (HUD). Since 1996, Orange County has received approximately \$153 million in federal Homeless Assistance Funding.

Cities and counties across the country are being supported by the United States Interagency Council on Homelessness to create results-oriented Ten-Year Plans that incorporate: a “Housing First” or rapid re-housing approach, cost/benefit analyses, best practice engagement, service innovations, and prevention. At the end of 2008, 860 cities and counties across the country had partnered in 355 Ten-Year Plans.

## DEFINITION OF “HOMELESS”

A person is considered homeless when he or she lacks a fixed, regular, and adequate nighttime residence and sleeps in a variety of places not fit for human habitation or meets certain other requirements. Homeless persons include, but are not limited to, those sleeping in:



- Cars, parks, campgrounds, sidewalks, railroad tracks, alleys, storm drains, freeway underpasses, abandoned buildings, etc.,
- Emergency shelters, or
- Transitional housing for homeless persons who originally came from the streets or emergency shelters.

## WHO ARE THE HOMELESS?

There are many different types of data sources that attempt to create an accurate picture of Orange County's homeless population. Unfortunately, each process uses a different homeless definition and has a different research methodology. As a result, it is difficult to compile or compare these various data in order to craft a regional portrait of homelessness in Orange County.

The two main sources of data on the number and demographics of the homeless in Orange County are the Point-In-Time Homeless Count and Survey (PITS) and the Homeless Management Information System (HMIS). HMIS is Orange County's investment in a local data collection tool that can be used by all public, nonprofit, and faith-based service providers to track client demographics as well as measure usage of housing and support services by our local homeless and at-risk populations. Each of these data sources is subject to bias and limitations; however, they currently provide the most comprehensive data available. Each is required for communities that want to apply for federal Homeless Assistance Funding through HUD.

The PITS is conducted every two years during the last part of January. According to the **2011 ORANGE COUNTY HOMELESS CENSUS AND SURVEY**:

- 63% of homeless survey respondents were male and 37% were female.
- 77% of respondents were between 31-60 years old.
- Over three-quarters (77%) of respondents were living in Orange County when they most recently became homeless.
- 62% of those counted in the census were unsheltered (4,272 individuals) and 38% (2,667 individuals) were in shelter facilities, including emergency shelters, transitional housing programs and motel voucher programs.
- 39% of respondents cited job loss as the primary reason for their current episode of homelessness.
- 17% cited alcohol/drug use as the primary reason for their homelessness.
- 49% of respondents had been homeless for less than a year.
- 83% indicated that they were homeless only one time in the past year.
- 24% had a physical disability in 2011.

# EXECUTIVE SUMMARY

- 20% had a mental illness.
- 25% were experiencing chronic health problems.
- 33% were currently using alcohol and/or other drugs.

## ORANGE COUNTY HOUSING CHALLENGES

In January 2008, Orange County's population was 3.1 million. Orange County is the third largest county in California. It is also the fifth largest county in the nation, with more residents than 22 of the country's states.

Orange County's housing market is one of the most expensive in the nation. In 2008, an Orange County single family dwelling cost seven times the cost of the median priced American home (OC Register 2/18/09).

Orange County (like many localities) is experiencing a current decline in housing prices; however, the median home price is still out of reach for most people.

Rental units in Orange County are also quite costly. According to the Center for Housing Policy, in the fourth quarter of 2008, the median Orange County two-bedroom fair market rent of \$1,546 ranks as the fifth most expensive among 210 U.S. metropolitan areas; renters must earn at least \$29.73 an hour for their housing costs not to exceed 30% of their income.

The gap between rental costs and median family income has been one of the largest contributing factors to the number of individuals and families homeless in Orange County. Orange County has the largest affordability gap among its metropolitan peers across the nation.





## **WHY IS THIS PLAN IMPORTANT?**

Both the human and financial costs of homelessness are substantial. In addition to the personal suffering of those who are homeless, there are many tangible costs absorbed by the community. Cost/benefit analyses throughout the nation have shown that the impact to homeless individuals/families and the community in costs for jail stays, hospital admissions, paramedics, healthcare programs, and other public services are reduced once people are housed. Other costs include: loss of productivity, business earnings, and impact on the community at large.

## **PROPOSED ORGANIZATIONAL STRUCTURE FOR PLANNING AND ACCOUNTABILITY**

Currently, the County of Orange and the collaborative efforts of several hundred non-profit agencies subsumed under the “Continuum of Care” share the responsibility for providing services to the homeless population in the region. The Plan recommends the creation of a co-operative and region-wide governing body (Commission to End Homelessness) with representatives from various municipal governments, business leaders, and other key stakeholders to implement the Ten-Year Plan and to provide accountability for its success. Additionally, region-wide services and coordination through access centers, prevention and outreach activities, data collection, housing opportunities, and comprehensive services will provide a network of integrated programs to close some of the existing gaps in service. Finally, the blended model approach (described below) will address some of the inherent challenges of the current homeless service model. These include high thresholds for program intake and high demands for program compliance, which forces people back into homelessness and results in clients staying in a shelter for longer than absolutely necessary. A blended model that incorporates rapid re-housing creates shorter shelter stays and frees up beds to serve additional clients.

## **WHAT IS THE BLENDED HOUSING MODEL?**

This Plan proposes a blended approach to serving the homeless using a model that provides housing combined with policies to prevent people from becoming homeless.

Over the last decade, there has been a paradigm shift in how homeless services are delivered. Many existing homeless service provision systems are based upon a “Continuum of Care” model, or employing a flow of services based upon a client’s linear movement from emergency to transitional to permanent housing options. Newer research has begun to move the prevailing wisdom away from a Continuum model toward a “Housing First” or “rapid re-housing” strategy, which seeks to move homeless individuals into permanent housing as quickly as possible, bypassing the shelter system and bringing necessary supportive services to participants within their own homes.

This strategy is particularly effective for those people who have been chronically homeless and have cofactors such as mental illness, substance abuse, or physically disabling medical conditions. In Orange County, the transitional shelter system is effective for the *transitionally* homeless, that is, those who can actively participate in their own self-sufficiency. A blended model approach provides the optimal chance to address the chronically homeless, and also shifts resources to address individuals and families who could achieve success through a rapid re-housing approach.

# EXECUTIVE SUMMARY

## GOALS AND STRATEGIES

In the planning process, a total of nine goals and 54 strategies were developed. The following goals offer a comprehensive approach to addressing the complex and regional nature of homelessness in Orange County. The goals are not rank ordered by priority or schedule. Strategies associated with each goal are presented in a matrix in the section following the Executive Summary.

<b>Goal 1</b>	Prevent Homelessness - Ensure that no one in our community becomes homeless.
<b>Goal 2</b>	Outreach to those who are homeless and at-risk of homelessness.
<b>Goal 3</b>	Improve the efficacy of the emergency shelter and access system.
<b>Goal 4</b>	Make strategic improvements in the transitional housing system.
<b>Goal 5</b>	Develop permanent housing options linked to a range of supportive services.
<b>Goal 6</b>	Ensure that people have the right resources, programs, and services to remain housed.
<b>Goal 7</b>	Improve data systems to provide timely, accurate data that can be used to define the need for housing and related services and to measure outcomes.
<b>Goal 8</b>	Develop the systems and organizational structures to provide oversight and accountability.
<b>Goal 9</b>	Advocate for community support, social policy, and systemic changes necessary to succeed.

## TIMING AND NEXT STEPS

The Ten-Year Plan will be implemented in four phases:

■ **Phase I (Year 1) (Goals 6,7,8,9)**

Establish governing body and organizational structure; expand homeless information system (HMIS) and improve data collection methods; continue support of some existing services.

■ **Phase II (Years 2-3) (Goals 1,2,3,9)**

Initiate new prevention strategies, implement rapid re-housing, complete county-wide implementation of HMIS, launch a centralized intake, develop cost estimates for the nine goals, strategies.

■ **Phase III (Years 3-4) (Goals 1,3,4)**

Establish year-round emergency center(s); strengthen the transitional housing system; and continue to implement prevention and rapid re-housing strategies.

■ **Phase IV (Years 5-10) (Goals 5,6)**

Focus on creation of affordable permanent housing and supportive services, continue implementation of previous phases.



The timing and sequencing of implementing the goals and strategies will greatly influence the effectiveness of Orange County's Ten-Year Plan. The fact that Orange County has only a limited amount of reliable data requires that data collection and analysis be a first phase priority. Cost estimates will be developed based on the improved data.

Outreach to the homeless and those at-risk of homelessness and ensuring that people have the right resources, programs and services to remain housed will occur throughout plan implementation and as priorities and resources allow.

While sequencing is central to optimizing the effectiveness of The Plan, the availability of funding is vital to its success. Therefore, appropriate and prudent implementation of various elements of The Plan may be taken out of sequence if funding is available.

## **CONCLUSION**

Orange County has made a commitment to end homelessness over the course of the next decade. It will take resources, both human and financial, as well as a willingness among multiple groups of stakeholders to work together for the good of the entire community to achieve this result. Especially given the current economic situation, which places more households at-risk for homelessness and has already increased the number of homeless households, the timeliness of the Ten Year Plan makes its adoption and implementation even more critical and relevant.



## B. OVERVIEW OF MISSION, VISION, VALUES, GOALS, AND STRATEGIES

*“The answer to homelessness is  
housing.”*

Service Provider



# OVERVIEW OF MISSION, VISION, VALUES, GOALS, AND STRATEGIES

## 1. MISSION

In September 2008, the Orange County Ten-Year Plan to End Homelessness Working Group (which includes representation from the Orange County Housing, Health Care, Safety and Social Service agencies; Orange County Division, League of California Cities; the Orange County Business Council; the homeless provider's Continuum of Care; the building industry; the Children's and Families Commission; schools, and the faith-based community) came together and agreed that it is unacceptable to have homelessness in Orange County and that the eradication of homelessness is both a community-wide responsibility and an opportunity. Further, it resolved that in order to serve and protect the homeless and the community a comprehensive plan of action must be developed.

### THE MISSION:

"Effectively end homelessness in Orange County over the next decade."

The Working Group recognized the challenges that are associated with seeking to end, rather than merely reduce homelessness. However, it determined that given Orange County's geographic size, existing Continuum of Care system, diverse industry, professional and technical expertise, dedicated leaders, faith-based organizations, strong family values and keen sense of community, it has the capacity to end homelessness, and therefore, meeting the challenge is definitely feasible.

The group understood that there is a potential for this mission being viewed as unrealistic. However, it determined that if Orange County seeks to merely reduce homelessness, it will indeed only accomplish a temporary reduction. Establishing the mission as effectively ending homelessness is much more likely to support permanent change. Ending and preventing homelessness is in the best interest of all Orange County residents. It will also play a key role in maintaining the quality of life of every individual, regardless of their personal circumstances. Viewing success as ending homelessness for some, but not for others, is limiting and will not achieve the common interests. Success in serving and protecting the homeless and the community will only result from a total commitment and determination to end homelessness.

## 2. VISION

### VISION:

"A dynamic, comprehensive system of housing and services, proportionate to the need, which effectively ends homelessness."

The overarching vision includes two components. The first consists of a system of services and housing options that meet the needs of those individuals and families who are homeless. The second component is prevention of additional people joining the target population.

Orange County envisions building upon its existing Continuum of Care system that provides a safety net for the homeless. So that the system can fully and effectively address homelessness, it must include a comprehensive range of housing and

service strategies that are tailored to meet the diverse needs of the individuals and families who become homeless or are at-risk of homelessness. These strategies must be firmly grounded in an understanding of how those needs vary according to whether homelessness is circumstantial, transitional, or chronic in nature.

The system to be created must place individuals and families who are homeless in safe, decent, clean, affordable housing as an immediate response to their crisis. It must also ensure that the necessary support services are in place to sustain that housing. The system must have sufficient capacity to meet the need that exists. Finally, the

# OVERVIEW OF MISSION, VISION, VALUES, GOALS,

goal is to be proactive and have services available that will assist people before they are in crisis, so that they can avoid becoming homeless.

## WHAT WILL SUCCESS LOOK LIKE WHEN THE VISION IS ACHIEVED?

Over the next decade, changes expected as a result of implementing this Plan include, but are not limited to the following:

- A credible system of data will exist that documents those at-risk of homelessness or currently homeless and measures successful outcomes.
- A system of permanent supportive housing will rapidly re-house identified clients.
- Affordable housing will be available to all residents. (Please see **Appendix 1** for a glossary of terms such as “affordable”).
- Outreach will be available to ensure access to services and supports.
- A permanent year-round emergency shelter will exist.
- Transitional housing will be provided and services expanded to ensure rapid re-housing.
- A coordinated system of care will support those who are at-risk of homelessness or who are homeless.
- Oversight and accountability will be established through the Commission to End Homelessness to ensure successful implementation of plan strategies.

## 3. CORE VALUES

Values are those things that really matter to each of us. Core values are those strong desires on which a person will not yield. They are the bedrock of an individual’s life, morality, goals, and actions.

The core values used in this Plan are the standards for planning, implementing, and leading the community.

As Orange County pursues its mission and vision, it will be held accountable. To guide the process of planning, implementation, and leadership, The Working Group established a set of core values. These are:

- **Preservation of human dignity:** All people are worthy of respect, mercy, kindness, and compassion. All decisions made regarding the development and implementation of programs and strategies to end homelessness in Orange County will reflect respect for those in need and compassion for their specific situations.
- **A safe, decent, sanitary housing opportunity for everyone:** All people deserve an opportunity for housing. Standards for safe, decent, sanitary housing will be achieved at all times.

# AND STRATEGIES



- **Innovation:** Those individuals developing and implementing this plan will be receptive to new ideas, methodologies and technology. They will be flexible and open to changing existing ways of thinking and working. In addition, they will foster creativity, “out-of-the box” strategies, and effective problem-solving.
- **Courage:** Challenging situations are to be addressed openly and in a timely manner: directly facing and making difficult decisions, acting with bravery, and displaying a willingness to take prudent risk.
- **Expectation of success:** Those developing and implementing this plan are committed to the principal that anything worth doing is only worth doing with the intent to succeed. Working and leading will be accomplished with attitudes of realistic optimism and anticipation of achieving the end of homelessness.

## 4. GOALS AND STRATEGIES

Below is a chart that presents the nine goals and 54 strategies in this Plan. This Plan is a dynamic document that will be periodically reviewed and revised. As other strategies are developed, they may be added to the Plan.

### ORANGE COUNTY TEN-YEAR PLAN DRAFT GOALS AND STRATEGIES

GOAL	STRATEGY
<p><b>Goal 1</b></p> <p><b>Prevent homelessness by ensuring that no one in our community becomes homeless.</b></p>	<ol style="list-style-type: none"> <li>1. Through regional access centers, provide prevention assistance such as: anti-eviction services, rental and utility supports, credit counseling, debt management, tangible goods, emergency assistance, employment services, conflict resolution, and relationship building.</li> <li>2. Establish a pool of flexible funding that can be used for “whatever it takes” assistance for those who are at-risk of losing their existing housing.</li> <li>3. Encourage employer-assisted housing models for employees already in housing (at all income levels).</li> <li>4. Support the development of community resources and housing options so that hospitals, jails, and foster care programs can more effectively assist patients/clients, through appropriate referrals, to have a smoother transition upon discharge.</li> <li>5. Improve coordination among the various public assistance programs so that at-risk individuals and families can more effectively and efficiently access resources and services.</li> <li>6. Create a “deep prevention plan” that addresses issues that affect multiple generations of families and children.</li> <li>7. Use the Central Intake (created under Goal 2, Strategy 9) to identify and assess those at-risk of homelessness and link them to needed services.</li> </ol>

# OVERVIEW OF MISSION, VISION, VALUES, GOALS,

GOAL	STRATEGY
<p><b>Goal 2</b></p> <p><b>Conduct outreach to those who are homeless and at-risk of homelessness.</b></p>	<ul style="list-style-type: none"> <li>8. Invest in and expand existing regional access centers and develop a 24/7 coordinated system of outreach to assure universal assessment, intake, referrals, transportation to shelters, and other related services.</li> <li>9. Create a Central Intake with multiple data functions, one of which is to identify the most vulnerable, chronic homeless individuals; provide outreach to areas where they congregate; and link them to intensive services.</li> <li>10. Create and distribute an information plan for those who come in contact with individuals who are homeless or at high risk of homelessness so that they can make referrals to needed services. The target audience to receive the Plan includes, but is not limited to: churches, landlords, tenant associations, schools, and health clinics.</li> <li>11. Implement periodic Project Homeless Connect coordinated outreach events.</li> <li>12. Implement new and strengthen existing mobile outreach efforts to provide needed health, assessment, and referral services in all areas of the County.</li> </ul>
<p><b>Goal 3</b></p> <p><b>Improve the efficacy of the emergency shelter and access system.</b></p>	<ul style="list-style-type: none"> <li>13. Continue to support the seasonal emergency shelters at the National Guard Armories until a permanent year-round emergency shelter is developed.</li> <li>14. Develop year-round permanent emergency shelter(s) to replace the Cold Weather Shelter system.</li> <li>15. Provide a rapid re-housing program for emergency shelter clients, including but not limited to, move-in expenses, housing subsidies, and case management support.</li> </ul>
<p><b>Goal 4</b></p> <p><b>Make strategic improvements in the transitional housing system.</b></p>	<ul style="list-style-type: none"> <li>16. Maintain current funding for existing transitional housing.</li> <li>17. Provide a rapid re-housing program for clients living in transitional housing.</li> <li>18. Pursue less stringent entrance requirements for obtaining and remaining in transitional housing.</li> <li>19. Use the Central Intake to identify those clients who move from shelter to shelter and link them to appropriate services.</li> </ul>

# AND STRATEGIES



GOAL	STRATEGY
<p><b>Goal 5</b></p> <p><b>Develop permanent housing options linked to a range of supportive services.</b></p>	<ul style="list-style-type: none"> <li>20. Establish providing permanent housing opportunities as a top priority.</li> <li>21. Preserve and expand current supportive housing programs.</li> <li>22. Meet Regional Housing Needs Assessment (RHNA) allocations mandating development of permanent affordable housing for those individuals with extremely low and very low incomes.</li> <li>23. Identify best practices and develop programs that remove barriers and provide incentives to assist “difficult to place” clients in existing private housing markets.</li> <li>24. Develop housing locator services.</li> <li>25. Work in partnership with cities and counties to reduce regulatory barriers to affordable housing development and identify incentives for local municipalities, builders, and developers to create housing for extremely low and very low income residents.</li> <li>26. Adopt a “Housing First” philosophy for homeless individuals with disabling conditions.</li> <li>27. Establish a move-in assistance program.</li> <li>28. Provide technical assistance for service providers.</li> </ul>
<p><b>Goal 6</b></p> <p><b>Ensure that people have the right resources, programs and services to remain housed.</b></p>	<ul style="list-style-type: none"> <li>29. Identify and enhance employment and training that enables homeless adults and youth to secure living wage jobs.</li> <li>30. Increase coordination of mainstream benefits and services provided by government programs.</li> <li>31. Increase and support communication between service providers.</li> <li>32. Increase options for transportation to services, work, and school.</li> <li>33. Increase the supply of and access to affordable childcare for homeless and at-risk families.</li> <li>34. Develop and implement model performance standards for supportive services.</li> <li>35. Increase the supply of and access to legal services related to housing and homeless issues.</li> <li>36. Develop a housing scholarship fund to support declining rental subsidies for clients.</li> <li>37. Expand case management and other supportive services to individuals after they move into permanent housing.</li> </ul>

# OVERVIEW OF MISSION, VISION, VALUES, GOALS,

GOAL	STRATEGY
<p><b>Goal 7</b></p> <p><b>Improve data systems to provide timely, accurate data that can be used to define the need for housing and related services and to measure outcomes.</b></p>	<p>38. Ensure that County agencies contribute data to the countywide centralized homeless information system.</p> <p>39. Use the Central Intake to track a client from point of entry to obtaining permanent housing, and any follow-up services provided for at least one year after placement in permanent housing. This system should have the ability to track individuals who have been turned away.</p> <p>40. Increase countywide participation in data collection by using: incentives, marketing, system improvements, and other strategies.</p> <p>41. Support the federally mandated Point-In-Time homeless count and survey.</p> <p>42. Link existing data repositories.</p> <p>43. Engage local universities to evaluate local homeless programs.</p> <p>44. Identify consistent measures of success and educate service providers and funders about them.</p> <p>45. Produce an annual report communicating an aggregate picture of the Orange County homeless population demographics, services received, goals achieved, recidivism, and stabilization in permanent housing.</p> <p>46. Facilitate the collection of key public service data (e.g., ER, police) to measure cost/benefit of interventions.</p>
<p><b>Goal 8</b></p> <p><b>Develop the systems and organizational structures to provide oversight and accountability.</b></p>	<p>47. Establish the Commission to End Homelessness (with paid staff) to provide strategic leadership, communicate best practices, monitor outcomes, and report results.</p> <p>48. Create and maintain implementing groups for each of the following goal areas:</p> <ul style="list-style-type: none"> <li>▶ Data</li> <li>▶ Prevention</li> <li>▶ Outreach</li> <li>▶ Emergency Shelter and Access System</li> <li>▶ Transitional Shelter</li> <li>▶ Permanent Housing</li> <li>▶ Resources to Remain Housed</li> <li>▶ Advocacy</li> </ul> <p>49. Align Continuum of Care priorities with the strategies identified in the Plan.</p>

# AND STRATEGIES



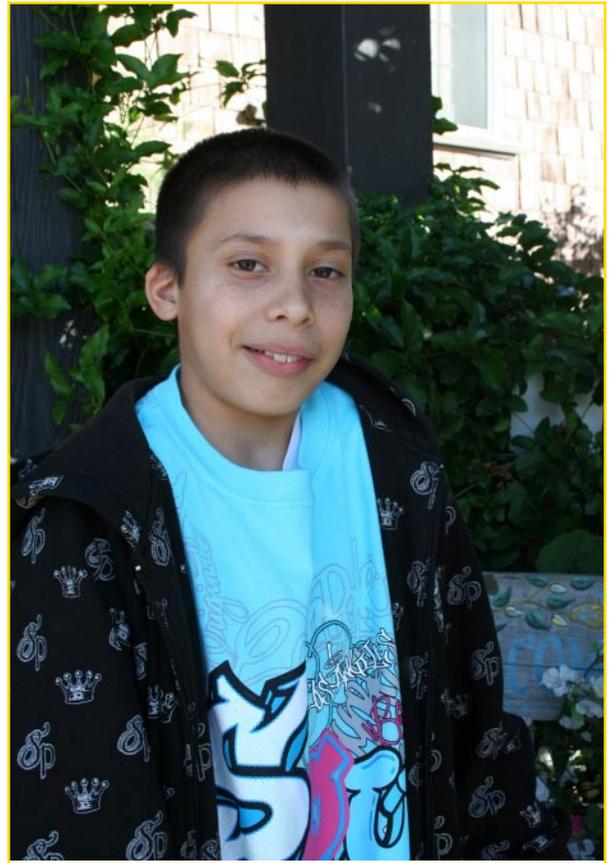
GOAL	STRATEGY
<p><b>Goal 9</b></p> <p><b>Advocate for social policy and systemic changes necessary to succeed.</b></p>	<ul style="list-style-type: none"><li>50. Educate the public on the cost-effectiveness of ending homelessness.</li><li>51. Create incentives that encourage local government and business to support policies that end homelessness.</li><li>52. Implement a broad program to engage the public, local organizations, faith-based organizations, and neighborhood associations in supporting proven solutions to ending homelessness.</li><li>53. Work with appropriate agencies and entities to find a balance between public safety needs and quality of life issues for all residents.</li><li>54. Have subject area experts (including those from economics, education, and housing) provide the technical assistance needed to be successful.</li></ul>



## C. BACKGROUND INFORMATION

*"Where we love is home. Home that our feet may leave, but not our hearts."*

Oliver Wendell Holmes



# BACKGROUND INFORMATION



## 1. FEDERAL REQUIREMENT AND NATIONWIDE PROGRESS

The U.S. Department of Housing and Urban Development (HUD) has prioritized ending chronic homelessness. The development of local Ten-Year Plans to End Homelessness is one strategy that is expected to assist in reaching this goal. To encourage local plans, HUD requires that jurisdictions applying for Homeless Assistance Funding report on progress made in developing and implementing a local Ten-Year Plan. Since 1996, Orange County has received approximately \$153 million in Continuum of Care Homeless Assistance Funding (2011 OC Community Services.)

A multitude of cities, counties, states, and other jurisdictional alliances have developed Ten-Year Plans. Development of a local Ten-Year Plan will enable Orange County to continue to apply for Homeless Assistance Funds, and lack of such a plan will threaten continued state and federal funding for Homeless Assistance. Moreover, it is seen as an opportunity to engage stakeholders in developing a regional response to an issue that crosses all systems and affects all communities.

Homelessness is a national problem with local solutions. No one federal agency, level of government, or sector of the community can reach the goal of ending homelessness alone. Federal agency collaborations and partnerships with state and local governments and the private business, faith-based, and community sectors are critical to achieving the objectives of preventing and ending homelessness.

Cities and counties across the country are being encouraged and assisted by the United States Interagency Council on Homelessness to create business-like, results-oriented Ten-Year Plans that incorporate: a housing first or rapid-re-housing approach, cost/benefit analysis, best practice engagement, service innovations, and prevention. At the close of 2008, 860 cities and counties had partnered in 355 Ten-Year Plans.

## 2. DEFINITION OF “HOMELESS”

The definition of “homeless” that is used throughout this plan fundamentally mirrors that used by HUD. The HUD definition is relatively narrow; however, it is the generally accepted federal definition used across the country. It has become a standard and clearly understandable measure. Additionally, this definition must be used since Orange County’s Homeless Management Information System (HMIS) and Point In-Time-Counts (PITS) of the homeless are the basis of the data collection mechanisms used locally, and both adhere to this definition.

For the purposes of Orange County’s Ten-Year Plan to End Homelessness, the following definition is used:

A person is considered “homeless” when he or she lacks a fixed, regular, and adequate nighttime residence and sleeps in places such as:

- Cars, parks, campgrounds, sidewalks, railroad tracks, alleys, storm drains, freeway underpasses, abandoned buildings, etc.;
- Emergency shelters;
- Transitional housing for homeless persons who originally came from the streets or emergency shelter;

# BACKGROUND INFORMATION

- A person who is temporarily staying with family or friends due to economic hardship or loss of housing;
- Eviction within a week from a private dwelling unit and no subsequent residence identified and the person lacks the resources and support networks needed to obtain housing; or
- Discharge within a week from an institution if that person does not have an identified place to live upon discharge.

Discussions of homelessness typically contain two related terms: “at-risk of homelessness” and “chronically homeless”. An individual or family that is considered to be **at-risk** experiences extreme difficulty maintaining their housing and has no reasonable alternatives for obtaining subsequent housing. Circumstances that often contribute to becoming at-risk of homelessness include: eviction, loss of income, low-income, disability, unaffordable increase in the cost of housing, discharge from an institution without subsequent housing in place, irreparable damage or deterioration to residences, and fleeing from family violence. Please see **Appendix 6** for an analysis of populations at-risk of homeless.

A person who is **chronically homeless** is defined as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

## 3. LIMITATIONS OF DATA

To be useful, the reliability and comprehensiveness of data on the quantity and the demographic and situational characteristics of homeless people in Orange County must be reasonably accurate. Almost without exception, those that serve the homeless in Orange County collect some sort of data on the clients served and/or the services received. The extent of the data collected varies widely from simple paper tallies to robust databases that measure progress and outcomes. While these varied systems may satisfy the needs of the individual agency, each are stand alone, independent silos of information that provide little opportunity to obtain an accurate picture of homelessness across Orange County.

An essential problem of data collection is deciding whom to count. The underlying definition used will impact the process employed in the count and the resulting total number identified. It will also affect funding, policy and programmatic responses. Different sources use different definitions, which in turn provide different and conflicting numbers. To be sure, many of the definitions of homelessness are valid and should be recognized. The challenge is to fully understand the assumptions under which the data is collected and utilize the information to inform decisions in the area appropriate to those included in the definition.

The most significant limitation to note is that most homeless data sources track **individuals** from specific sub-populations. For example, the PITS data only counts those in shelters and chronically homeless individuals found on the streets. Department of Education data tracks only individual students identified as homeless, but not the additional homeless family members who are not students.

The most important subpopulation not tracked with any of these processes is families or households. Therefore, all of these sources of data exclude couples and families with children under the age of 17. Anecdotal information from service providers suggests that because of the risks of being on the street or in emergency shelters,



many families with young children in particular tend to avoid shelters in favor of motels or temporarily sharing living space with family or friends. The scope of this pattern is quantifiably unknown, as the primary data collection processes used in many communities, including Orange County, do not track family units with children or couples.

In addition to the differences attributable to varied definitions, there are gaps and inconsistencies in information. Information currently seen as not readily available include:

- Data on where the homeless are living by geographic location;
- Data on gaps in services, both as a whole and within subpopulations;
- Data on healthcare needs and access;
- Ongoing information from homeless clients regarding their needs;
- Real time identification of available shelter beds;
- Numbers of those seeking services and those turned away;
- A robust and easily accessible process for identification of homeless services; and
- A statistically sound estimate of the total number and characteristics of homeless and those at-risk of homelessness.

There are a significant number of programs that serve homeless clients administered within the County of Orange. The County of Orange as a public entity is the largest single source of information of homeless clients receiving non housing-related supportive services. More often than not, these systems are not linked internally and it is difficult to get an unduplicated count or an aggregate demographic picture of the clients applying for and/or receiving mainstream benefits. As homeless clients often seek assistance from multiple sources, both public and private, it is currently impossible to measure the extent to which this duplication is occurring in Orange County.

Recognizing the challenges noted above, the two sources of data on the number and demographics of the homeless used in this Plan are the Orange County Point-In-Time Count & Survey (PITS) results and the Homeless Management Information System (HMIS) data.

## **POINT-IN-TIME COUNT AND SURVEY**

The federally mandated PITS is an effort to enumerate people identified as homeless who either seek emergency or transitional shelter in a known program or find refuge in places not meant for human habitation **at a single point in time during the last ten calendar days of January, every two years**. HUD began to require Continuums of Care to conduct a PITS beginning in 2005, as a condition of applying for Homeless Assistance Funding. The goal of the PITS process is to produce an unduplicated census of a community's street and sheltered homeless population at a single point in time. The PITS process is not intended to count those at-risk of homelessness that are living in crowded conditions, in motels, or those who are likely to become homeless once discharged from an institution such as a hospital or jail or those in permanent supportive housing. One of the most significant limitations of the PITS process is that an untold number of homeless are not visible to enumerators during the count.

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Because it is a snapshot in time, and due to the specific methodological parameters set forth by HUD, the metrics gathered through the PITS process likely under represents families and children, as their homelessness is often episodic. Also, families with children are more likely to seek out temporary accommodations with family or friends, or in motels, rather than stay in a vehicle or outdoors where they could be seen by field enumerators. While those living in motels do not fall under HUD's definition of homelessness, recognition of the size and demographics of the motel population must inform homeless prevention policy decisions. An over-reliance on PITS data ignores the prevalence of precariously housed persons in double-up or motel living situations.

The PITS results are dependent on a number of factors, some of which are highly variable, including: the date and time of the count, methodology, the accuracy and completeness of the census sampling plan including weather, the ability to fully identify potential enumeration locations, and the extent to which resources are available to support a comprehensive count. In 2009 the PIT count yielded an estimate of 8,333 homeless persons countywide. In 2011 the PIT count yielded an estimate of 6,939 homeless persons countywide.

## HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

In response to a Congressional mandate, in 2004, Orange County implemented the Homeless Management Information System (HMIS), to track homeless clients. The HMIS is Orange County's investment in a local data collection tool that can be used by all public, nonprofit and faith-based service providers to track client demographics, as well as measure usage of housing and support services by our local homeless and at-risk populations.

As in many Continuums of Care across the nation, implementation of an information system has been a challenging task. Software deficiencies, an overly optimistic implementation plan, and a mismatch between the complexity of the software system selected and the desire or ability of agencies to invest the resources necessary to fully utilize the system have all led to less than expected adoption of HMIS. These issues can also largely explain why HMIS had not reached the 75% participation rate set by HUD as a goal to be attained by the end of 2008.

Many non-HUD funded agencies see little incentive to participate in HMIS. Resource constrained agencies focused on providing the best service possible to their clients have little interest in participating in and a lesser tolerance for a regional data collection process that seems to add to their workload. Consequently, there are too few agencies involved, and those that are may or may not be fully engaged and data quality is variable. Perhaps, the most compelling reason for the lower than desired participation rate is the fact that only a relatively small percentage of shelters in Orange County are HUD-funded and thereby mandated to participate.

While the focus on maximizing shelter participation is critical, efforts must be made to ensure participation by the vast numbers of non-shelter providing agencies so as to provide a balanced picture of homelessness in Orange County. Strategies outlined in this plan are targeted at removing barriers to HMIS participation, implementing technology improvements, providing value added to participating agencies, extending regional data collection capabilities outside of HMIS, and publicly communicating the wealth of information collected regarding client characteristics, regional service delivery, and performance measurement.



## 4. WHO ARE ORANGE COUNTY'S HOMELESS?

Data on the number and demographics of the homeless in Orange County are provided by the PITS results and HMIS. Point-In-Time Counts were conducted in January of 2005, 2007, 2009, and 2011. The data from the 2011 count is presented here.

In Orange County's Ten-Year Plan, there is recognition of three distinct categories of homelessness and the strategies are designed with each in mind. The three categories are:

1. Those who are in an immediate crisis and require minimal and immediate intervention.
2. Those who have moderate barriers impeding housing stability who may experience several bouts of homelessness but who ultimately find success within the shelter system and move on to stable housing, and
3. Those with significant addictive and mental health disorders who have either lived on the streets for years, or are facing such prospects.

Information from the PITS and the HMIS provide a picture as to who the homeless are in Orange County. Although a full census count is not utilized for the Point-in-Time Count, the 2011 numbers were based on a methodology of sampling known locations of homeless on the streets throughout Orange County and people residing in shelters on the night of the count.

### POINT IN TIME COUNT AND SURVEY RESULTS

- In January 2011, homeless persons were enumerated in the shelters and on a sample of the streets in Orange County. These numbers were used to identify an estimate of 6,939 homeless persons county-wide.
- Survey results showed that in the last 12 months, 83% of respondents had been homeless only once.
- Extrapolation of the count produced an annual estimate of 18,325 homeless persons using a HUD supported annualization formula developed by the Corporation for Supportive Housing and survey data.
- In the weeks following the census, a survey was conducted to provide more detailed information regarding the homeless population. A total of 794 surveys with useful data were completed, with 62% completed by unsheltered homeless persons, and 38% completed by sheltered homeless persons (which closely matches the percentage of unsheltered and sheltered homeless persons in the projected homeless population). (Sheltered means living in an emergency or transitional shelter on the night of the count.) Surveys were available in English and Spanish. According to the **2011 Orange County Homeless Census and Survey**, conducted by Applied Survey Research, the results show:
  - ▶ 62% of those surveyed were unsheltered; 38% were sheltered.
  - ▶ 11% were victims of domestic violence.

# BACKGROUND INFORMATION

- ▶ 24% were chronically homeless.
- ▶ 12.33% of the respondents stated that they were veterans.
- ▶ 25.29% were severely mentally ill.
- ▶ 27.5% were chronic substance abusers.
- ▶ 1% were persons living with HIV/AIDS.

## HMIS DATA

At year-end 2008, approximately 48% of Orange County shelter beds were reported in HMIS. Thus, the HMIS data presented may not be representative of the entire homeless population. The numbers here are skewed toward the specific demographics of the participating agencies.

Based on the Orange County HMIS data for 2008, below is a brief summary of the characteristics of the homeless population in this County.

- 15,443 total clients have been entered into HMIS by participating agencies since its inception in 2005.
- Of the 11,045 unduplicated clients served by the 26 participating agencies in 2008, 5,081 were reported to be homeless, 1,207 at-risk and 4,757 stable.
- According to the data in HMIS, 11% of the homeless served in 2008 are in the age group 0-17; 86% are between 18 – 64; and 3% are 65 years of age or older. The population is 59% male and 59% of clients report having a high school diploma or better. Unaccompanied individuals represent 64% of the population.
- No city within the County is unaffected by homelessness as each of the 34 cities were reported as a last permanent place of residence prior to homelessness.

While the exact number of people who are homeless in Orange County on any given day or over the course of the year can be disputed, the need for services and assistance for those who are homeless is not. The information that is available just begins to paint the picture of the need. Efforts will be made over the next few years to develop data systems that contain demographic and service utilization data on the vast majority of homeless residents of Orange County and can adequately inform the decision-making process. Please see **Appendix 5** to view a graph depicting information about Orange County's Homeless population based on HMIS data. There was a significant increase in shelter participation during the 2009 calendar year. By March 31, 2009 approximately 63% of Orange County shelter beds were reported in HMIS.



## 5. ORANGE COUNTY DEMOGRAPHICS

### GEOGRAPHY

Orange County is 798 square miles and is located in the heart of Southern California, with Los Angeles County to the north, San Diego County to the south, and Riverside and San Bernardino Counties to the east. There are currently 34 cities within the county and several unincorporated areas.

### POPULATION GROWTH

In January 2008, Orange County's population was 3.1 million. Orange County is the third largest county in California. It is also the fifth largest county in the nation, with more residents than 22 of the country's states (2009 OC Indicators Report.)

### ETHNICITY AND AGE

Currently, no single racial/ethnic group comprises more than 50% of the total population in Orange County. According to Rand Corporation population projections for 2009 (based on California Department of Finance data), the ethnic/racial breakdown is 44.7% White, 35.4% Latino, 16.2% Asian/Pacific Islander, and 1.4% Black. Language diversity is also significant in Orange County, with 44% of Orange County residents over age five speaking a language other than English at home (2009 OC Indicators Report).

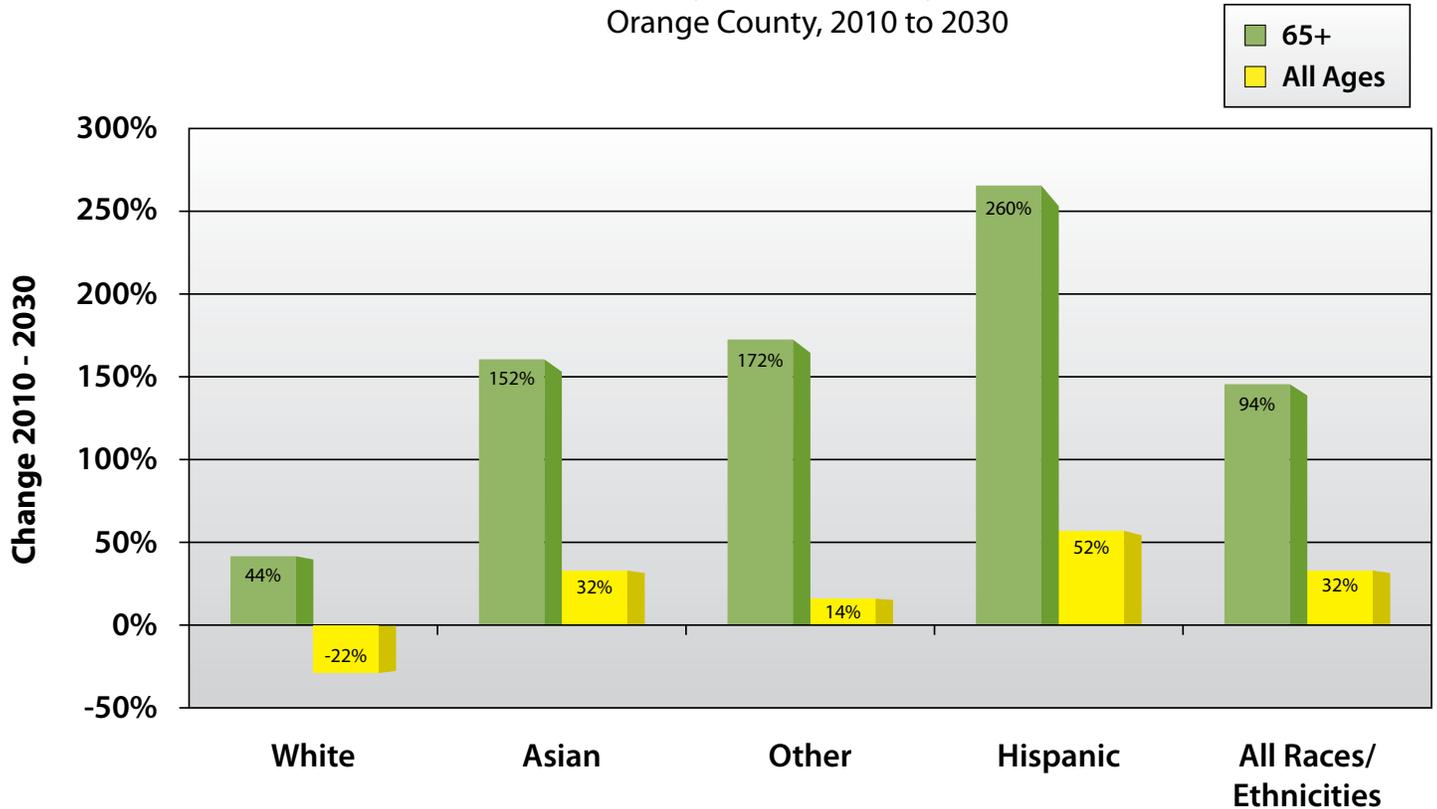
In 2007, the County's median age was 36, and median age is projected to rise as the "Baby Boomer" generation continues to enter the population group over 60 years of age. Projections through year 2030 anticipate a 94% increase in the older adult population, compared to a 32% increase among all ages. The trend toward a larger older adult population has already begun.

The Ortega family has been homeless for five years. Juan and Maria and their five children have lived at a local shelter for over two years. While Maria works, Juan is in and out of jail, making it difficult for the family to become stable. Eleven-year-old daughter, Kristi, has been in counseling at school for the past eight months working on issues including attachment, anger and basic needs. Unless there is a significant change, Kristi may perpetuate the cycle of poverty.

# BACKGROUND INFORMATION

## Projected Change in Older Adult Population Compared to All Ages, by Race / Ethnicity

Orange County, 2010 to 2030



Source: State of California, Department of finance, *Population Projections for California and Its counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento California, July 2007.

## POPULATION DENSITY

As of January 2007, Orange County's population density was estimated at 3,954 persons per square mile, an average increase of about 1.1% annually since 2000. Census 2000 data show that Orange County is one of the most densely populated areas in the United States, ranking 18th among all counties in the nation. Within the County, densities vary by location, from a low of 440 persons per square mile in unincorporated areas to highs of 12,937 in Santa Ana, 12,670 in Stanton, and 9,669 in Garden Grove. One of the factors contributing to this high density is the fact that many families cannot afford to rent or buy their own home, and therefore share a home with two or more families. Another factor leading to high population density in Orange County is the existence of many "motel families," or families that seek temporary or permanent residence in local motels because they cannot afford to rent in the regular housing market. Although this phenomenon is not unique to Orange County, such families are prevalent in this county due to high rents, a shortage of public housing, and a surplus of older motels.



## UNEMPLOYMENT

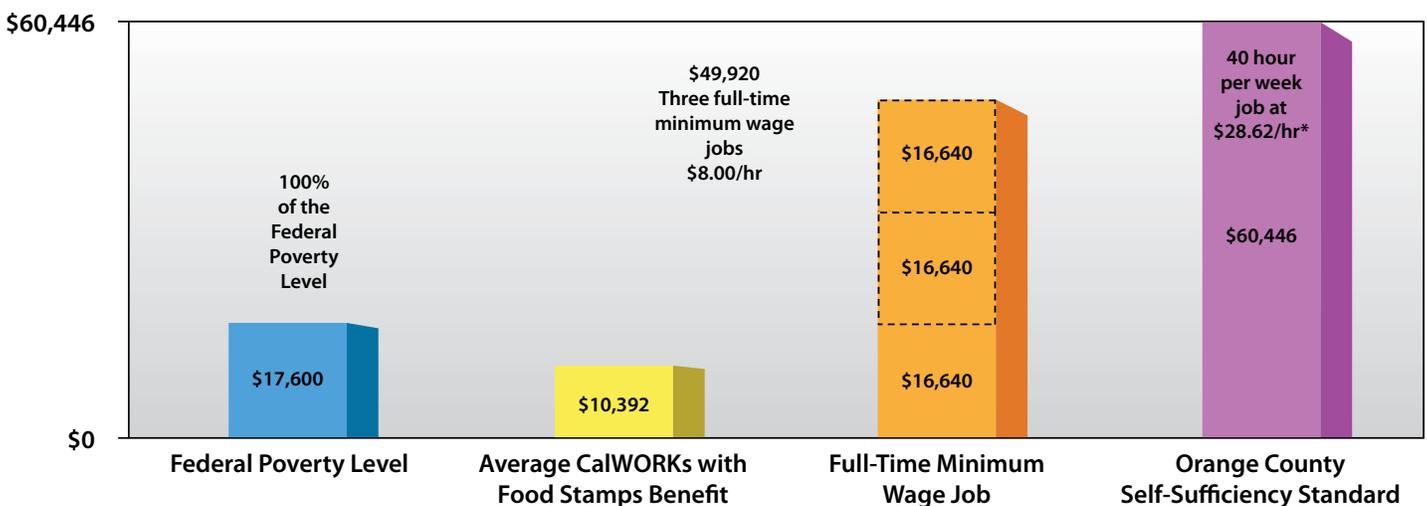
Before 2009, the average annual unemployment rate was highest in 2002 at 5.0%. However, with the ongoing recession of 2008/09, the latest monthly data available shows the County has now substantially exceeded its previous rates. In March 2009, the unemployment rate in Orange County was 8.5% (Department of Employment Development).

## INCOME: SELF-SUFFICIENCY STANDARD AND POVERTY LEVEL

The Federal Poverty Level is the standard means of measuring the economic status for individuals and families. Traditionally, where one stands in relation to the “poverty line” is thought to indicate whether one is poor or economically stable. However, due to the way in which poverty thresholds are calculated, many individuals and families above the poverty line – particularly those in high-cost areas like Orange County – still do not have enough income to meet basic needs. The Family Self-Sufficiency Standard is offered as an alternative to traditional poverty thresholds. This tool quantifies the cost of meeting basic needs (housing, food, transportation, child care, out-of-pocket medical care, and other necessary spending) for 156 different family compositions in a particular county.

The chart below illustrates the contrast between the Federal Poverty Level and the Self-Sufficiency Standard for a family with one adult, one preschooler and one school-age child in Orange County. The Federal Poverty Level is \$17,600 for a family of this size while the Self-Sufficiency Standard is \$60,446. CalWORKs and Food Stamps benefits would only contribute a small proportion to overall needs. The chart also shows that three full-time minimum wage jobs would not reach the Self-Sufficiency Standard. Only employment equivalent to a full-time job earning \$28.62 per hour would allow this family to reach self-sufficiency.

**Self-Sufficiency Standard: One Adult with One Preschooler and One School-age Child  
Orange County, 2008**



\*The Self-Sufficiency Standard includes the net effect of the addition of the Child Care and Child Tax Credits and the subtraction of taxes.

Source: Insight Center for Community Economic Development ([www.insightccd.org/insight-communities/cfess/ca-sss/cfes-county-orange.html](http://www.insightccd.org/insight-communities/cfess/ca-sss/cfes-county-orange.html))

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## HOUSING WAGE

The Housing Wage is the hourly wage an individual or family would need to earn, in aggregate, to afford rent at the County's median market rental price. Median rental rates mean that half of available rental units are priced above that rate and half are priced below that rate. It is based on HUD Fair Market Rent determinations (the median rent in a region) and assumes 30% of income spent on housing is affordable. In Orange County, the Housing Wage is \$22.08 for an efficiency, \$24.92 for a one-bedroom unit, \$29.73 for a two-bedroom unit, and \$42.08 for a three-bedroom unit. These wages are equivalent to annual incomes of \$45,880, \$51,840, \$61,840, and \$87,000, respectively. These wages are similar to estimates made using the Self-Sufficiency Standard, discussed above.

*Source: U.S. Department of Housing and Urban Development Fair Market Rent, 2009, using National Low Income Housing Coalition Housing Wage calculation methodology.*

**Hourly Wage Needed to Afford rent in Orange County, 2009**



## HOUSEHOLD INCOME

To put the Self-Sufficiency Standard and Housing Wage in context, fully 25% of Orange County households earn less than \$50,000 annually. This is equivalent to 332,343 households, or given Orange County's average household size of 3.04, approximately 1,010,602 individuals.

*Source: U.S. Census Bureau, American Community Survey, 2005-2007 (Three-Year Average) (<http://factfinder.census.gov>)*

HOUSEHOLD INCOME		
Orange County, 2005-2007 (three-Year Average)		
	Number of Households	Percent of Total Households
Less than \$10,000	39,022	4.0%
\$10,000 - \$14,999	32,461	3.3%
\$15,000 - \$24,999	68,436	7.0%
\$25,000 - \$34,999	76,620	7.9%
\$35,000 - \$49,999	115,896	11.9%
\$50,000 - \$74,999	173,926	17.9%
\$75,000 - \$99,999	133,534	13.7%
\$100,000 - \$149,999	173,339	17.8%
\$150,000 - \$199,999	76,388	7.9%
\$200,000 or more	82,418	8.5%



## HOUSING MARKET

Orange County’s housing market is one of the most expensive in the nation. In 2008, an Orange County single family dwelling cost seven times the cost of the median priced American home (OC Register 2/18/09). Orange County (like many localities) is experiencing a current decline in housing prices; however, the median home price is still out of reach for most people. According to DataQuick, the median price of an Orange County single family residence (including condominiums and new houses) was \$520,000 in March of 2008 and \$424,000 in July of 2009. Despite the current decline in price, the cost of purchasing a house in Orange County poses a significant challenge.

Rental units in Orange County are also quite costly. According to the Center for Housing Policy, in the fourth quarter of 2008, the median Orange County two-bedroom fair market rent of \$1,546 ranks as the fifth most expensive among 210 U.S. metropolitan areas; renters must earn at least \$29.73 an hour for their housing costs not to exceed 30% of their income.

The gap between rental costs and median family income has been one of the largest contributing factors to the number of individuals and families homeless in Orange County. Orange County has the largest affordability gap among its metropolitan peers across the nation.

Another factor in the Orange County housing market has been the recent increase in foreclosure rates. In 2008, 31,300 properties were affected by foreclosure filings, or 3.1% of housing units. This placed Orange County 38th out of 100 metro areas for the highest foreclosure rates. As more homes become foreclosed, homeowners and renters of these homes are forced to find alternative housing.

*Note: “Foreclosure rate” is the number of properties with foreclosure filings divided by the number of housing units.*

*Source: RealtyTrac (www.realtytrac.com).*

### FORECLOSURE RATE

#### Regional Comparison, 2008

Riverside / San Bernardino	8.0%
San Diego	4.0%
California	4.0%
<b>Orange County</b>	<b>3.1%</b>
Los Angeles	2.9%
United States	1.8%

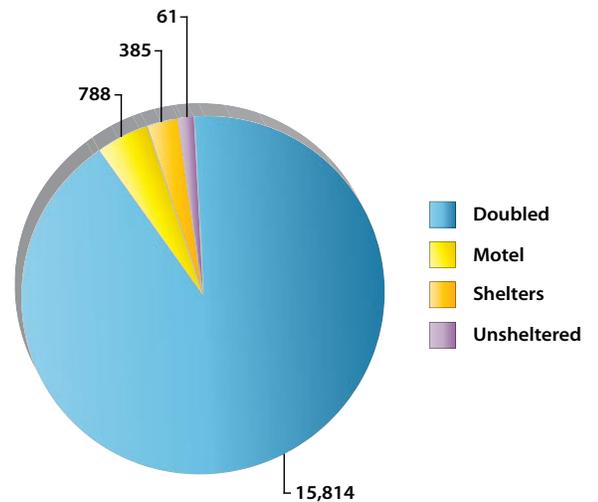


# BACKGROUND INFORMATION

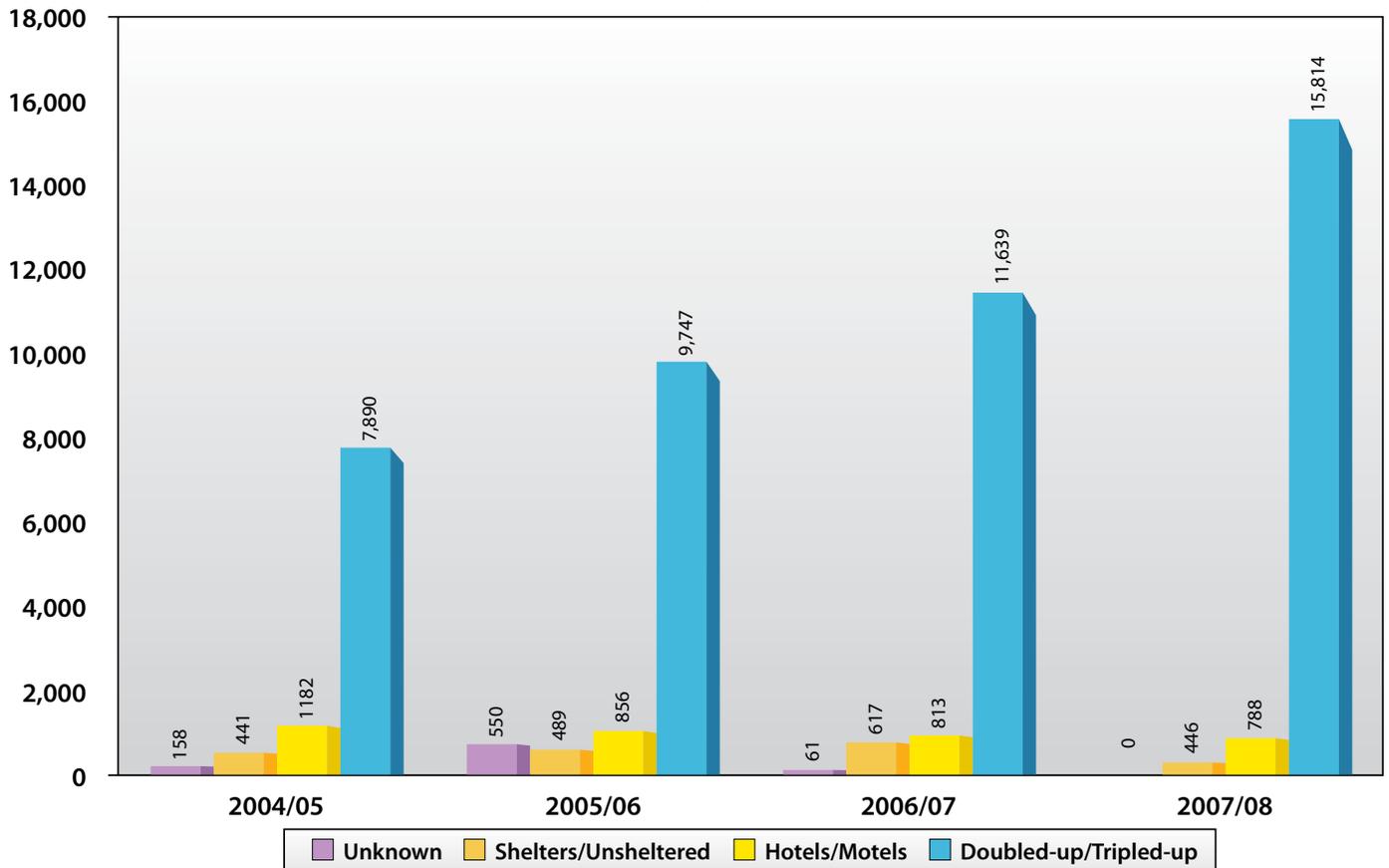
## HOMELESS/UNSTABLY HOUSED CHILDREN

According to self-reported data collected by the Orange County Department of Education, in 2007/08, 15,814 Orange County public school students were identified as living doubled- or tripled-up with another family due to economic hardship. This is equivalent to 3.1% of all K-12 students. The study reported an additional 788 students live in motels, 385 live in shelters, and 61 students live unsheltered in cars, parks or campgrounds.

Homeless and Unstably Housed Children by Primary Nighttime Residence  
Orange County, 2007/08



Homeless and Unstably Housed Children  
Orange County, 2004/05 - 2007/08



Source: California Department of Education and Orange County Department of Education



## D. THE ORANGE COUNTY APPROACH

*"Being homeless is not easy.  
We constantly have to worry about  
things that people who have homes  
take for granted."*

Nancy, homeless ten years



# THE ORANGE COUNTY APPROACH

## 1. DESCRIPTION OF THE PLANNING PROCESS

At the request of the County of Orange, OC Partnership began a discussion with Continuum of Care providers about the need to develop a plan to comprehensively address homelessness in Orange County. As a result, in August of 2008, a broad-based Working Group was established and charged with developing a plan.

Working Group members were nominated by Continuum of Care providers and selected on the basis of their area and level of expertise, experience, demonstrated effectiveness, leadership ability, and willingness to commit the necessary time and effort to engage in rigorous planning and follow-through. This initial core of Working Group members was then augmented with members from the broader Orange County community, representing entities deemed critical to The Plan's success. Two of the Working Group members had personally experienced homelessness themselves. Ultimately the Working Group was comprised of representatives from the Orange County:

- Continuum of Care
- County Executive Office
- Health Care Agency
- OC Community Services
- Orange County Division, League of California Cities
- Orange County Business Council
- Children and Families Commission of Orange County
- Building Industry
- Faith-based community
- Homeless provider community
- Education

The Working Group met bi-weekly from September 2008 through February 2009 at offices provided by the Orange County Business Council (OCBC). Over the six-month planning period, the Group identified its mission to "Effectively end homelessness in Orange County over the next decade;" and, its vision for establishing "A dynamic, comprehensive system of housing and services, proportionate to the need, to effectively end homelessness;" and the core values that would guide its planning: "Preservation of human dignity; A safe, decent, sanitary housing opportunity for all; Innovation; Courage; and Expectation of Success." It reviewed best practices, other plans to end homelessness, previous Orange County homelessness plans, and available data on homelessness in Orange County.

Based on this information, the Working Group developed a draft plan with nine goals and associated strategies for ending homelessness in Orange County. Included in the draft plan were goals and strategies developed by the department heads of the County of Orange's:

- OC Community Services
- Public Defender
- Health Care Agency
- Probation



- Social Services Agency
- Orange County Sheriff's Department
- County Executive Office

Throughout the planning process the Orange County Continuum of Care and a Sub Stakeholder Group of the Continuum were informed about and invited to provide comment on the content of the evolving plan.

Once the draft plan was completed, Expert Comment Groups were convened in the areas of data, funding, city perspectives, county department head's perspectives, and permanent supportive housing. A homeless comment group comprised of chronically homeless individuals was also convened. Of this nine-member comment group, six were chronically homeless and three were situationally homeless. This group contained those who typically do not access the shelter system and seek few homeless services.

The Comment Groups provided targeted input to The Plan's goals and strategies. They were asked to identify fatal flaws in The Plan relative to their respective areas of experience. Additional Comment Groups that were identified as essential for helping The Plan succeed are the faith-based community, market and affordable housing builders, law enforcement and academia. Comments from the expert groups were used to both verify and where appropriate refine and augment The Plan's goals and strategies.

The Orange County Ten-Year Plan to End Homelessness was finalized by the Working Group in October 2009 and submitted for approval to the Board of Supervisors.

## 2. PLANNING ASSUMPTIONS

Orange County's Ten-Year Plan is based on fundamental assumptions that shape and direct its goals, strategies and implementation schedule. The assumptions are central to how Orange County intends to fully "establish a dynamic, comprehensive system of housing and services, proportionate to need, to end homelessness." Understanding these assumptions is essential for understanding the Plan.

### ■ **Prevent Homelessness**

Dedicating resources to preventing new episodes of homelessness is the optimal way to end homelessness and safeguard individuals and communities from the pain, disruption, and financial costs resulting from homelessness.

### ■ **Increase Permanent Affordable Housing**

Providing a sufficient amount of permanent housing and housing options that are affordable to families with low and very low incomes and those with disabling conditions is essential for ending homelessness. Shelter is not housing. Providing services without housing will not end homelessness.

Creation of housing for low and very low-income families is connected to Orange County's long-standing need for affordable housing in general. If the creation of safe, decent, sanitary, affordable, permanent housing is viewed as an overarching issue, there is an opportunity to address housing for a broader range of individuals. In Orange County, housing is not a challenge for just the homeless and those at-risk of homelessness, but for the general working population of Orange County as well.

# THE ORANGE COUNTY APPROACH

## ■ **Leverage the Existing Continuum of Care Infrastructure**

Continuum of Care providers utilizing the traditional shelter and service model can be deployed in various capacities to provide new, centralized and therefore cost-effective services. It is prudent and cost effective to identify and build upon the best of Orange County's existing infrastructure.

## ■ **Embrace the Rapid Re-Housing Approach**

An approach to ending homelessness called "rapid re-housing" or "housing first," emphasizes placing persons who are homeless in safe and affordable permanent housing as an immediate response to their crisis. Once these individuals are housed, necessary supports are put in place to sustain their housing. This approach is premised on the belief that the underlying causes of homelessness can be more effectively addressed once a person is housed. This approach also promotes long-term self-sufficiency. Long-term support may be required for some clients to prevent the reoccurrence of homelessness.

As a strategy for achieving the immediate placement of persons in housing, Orange County will employ a "blended housing model." This model utilizes the best of Orange County's existing Continuum of Care services and programs, and draws upon nationally recognized best practices to employ a cadre of resources and a "whatever it takes" approach to achieve rapid placement in permanent housing.

## ■ **Expand and Improve Data Collection**

Reliable, valid data that can be used to accurately assess the number and needs of the homeless is essential for effective planning. Absent an accurate count of the homeless and an inventory of their needs, a plan cannot be shaped to meet the full range of needs and the quantity of each or to monitor progress. Plans based on unreliable data can result in costly planning errors, wasted resources, and an undermining of public trust in The Plan and its credibility.

By recognizing that the amount of reliable data for Orange County is limited, but responding to the urgent need to move forward with planning, Orange County will devote the first two years of its plan to constructing a reliable centralized data base and gathering verified data. During the interim two-year period, it is better to err on the side of under representing the number of homeless than to overstate the number based on unreliable data. Therefore, until complete and reliable data is available only Homeless Management Information System (HMIS) data, Point-In-Time Count and Survey data, and data from verified sources (such as the Orange County Indicator's report and the United Way) will be used.

## ■ **Develop Ten-Year Plan Cost Estimates**

Orange County's plan does not address the overall costs associated with implementing the proposed strategies. This reflects a decision to present only reliable cost estimates. To develop such estimates, accurate data collection to determine need must be completed. The lack of comprehensive cost data also supports the idea that the entities implementing the specific strategies are the most qualified and best equipped to develop reliable cost estimates. Readily quantifiable costs (such as those associated with oversight and accountability of The Plan) are estimated. The majority of the strategy costs will be determined in Year One and Year Two of The Plan, during the implementation phase. Groups appointed to implement each of The Plan's goals and their respective strategies will be involved in developing those estimates.



Once reliable cost estimates are developed, they may be funded through the allocation of current resources, but additional local resources will also be required. These include funds to support qualified staffing; subsidies for new housing units; additional technological resources; communications systems; and other infrastructure enhancements.

There are several options for procuring financial resources, ranging from establishing dedicated local revenue sources for broad-based affordable housing activities to generating state and federal funding for specific projects. See **Appendix 8** for information on potential funding sources.

Private and public sector organizations will play a major role in resource development and in implementation. By working in cooperation to achieve common goals, community resources will be used more efficiently.

It is expected that the cities in Orange County will partner with those charged with implementing the Plan by endorsing the Plan and creating their own local implementation plans.

### 3. WHY IS THIS PLAN IMPORTANT?

#### THE HUMAN COSTS

Living a transient life is never easy. Whatever the reason for becoming homeless, once people get there, they face tremendous physical and psychological challenges. Often ostracized, marginalized, and disenfranchised by a society in which they can no longer fully participate, many homeless feel powerless to overcome their circumstances.

For children, the impact of homelessness can be deep and lasting, affecting their ability to function fully in school and life. Homeless children in Orange County often go unnoticed. Moving from one rented motel room to

another or crammed into overcrowded community shelters, these young members of our community face a life void of stability and security, often leaving scars that are difficult to heal.

John is a 14-year-old boy who has lived much of his childhood with his grandparents. Taken away from his biological parents who abused drugs throughout his early life, John struggles academically and battles abandonment and anger issues, often asking why his parents didn't want him. While both his grandparents work, they are employed in low wage jobs that have made it difficult to secure permanent housing. Therefore, the family has been forced to live in motels and shelters. His grandparents are seeking to adopt John, but are concerned that their request will be denied because they live in a motel.

Clinicians who work with homeless and at-risk children indicate that nearly all have low self-esteem, and often struggle with anger issues. In many cases, these issues come to the surface in conflicts with peers, teachers, and other authority figures; substance abuse; fire setting; and behavior problems. Additionally, many homeless children, particularly as they grow older, become distraught as they grapple with issues of loss, disappointment, and broken dreams. Children are told that the family will "have a house soon," yet this promise is often not fulfilled.

Living a transient lifestyle also creates barriers to

# THE ORANGE COUNTY APPROACH

education. Families on the move, particularly those without reliable transportation, face challenges simply getting their children to school each day. School absentee rates are much higher for homeless children than for their permanently housed peers. Given the obstacles, some parents simply choose not to or are unable to send their children to school at all. At Project HOPE School in Orange (an alternative public school established to meet the unique educational needs of homeless children), it is not uncommon for new students to have had long gaps in their educational experience, sometimes several months at a time. These children are behind academically, which, in turn, affects future career prospects and their own ability to achieve self-sufficiency.

## COSTS TO THE COMMUNITY

The costs of homelessness are substantial and are sometimes difficult to measure. The resources spent on addressing homelessness are often hidden. Each year, localities spend substantial resources on law enforcement, fire and paramedic services, and medical and psychiatric treatment of the chronically homeless.

People who are homeless spend more time in jail or prison, sometimes for crimes as minor as loitering or public intoxication. While these offenses pose little threat to public safety, they use up significant resources. In a study conducted in Portland, Oregon, researchers found that 25 chronically homeless individuals each utilized over \$42,000 per year in emergency and institutional care (Moore, TL, 2006, *Estimated Cost Savings Following Enrollment in the Community Engagement Program: Findings from a Pilot Study of Homeless Dually Diagnosed Adults*, Portland, OR, Central City Concern).

The costs of homelessness can be very high to many public agencies and systems of care. Those who have no regular place to stay use certain public systems much more often, and in a more costly way. Preventing a homeless episode or ensuring a speedy transition into stable permanent housing can result in significant benefits to a community, including a reduction in costs to public systems such as hospitals, jails, courts, and child welfare systems.

The following examples show some of the direct and indirect financial costs associated with homelessness throughout the country:

- In Minnesota, when formerly homeless people were housed in supportive housing, there was a \$9,600 per person reduction in costs to the state (comparing the annualized cost of supportive housing with that of mental health, detoxification, corrections, and health systems over two years). Such housing also resulted in a 26% increase in employment. (National Alliance to End Homelessness: T. Tilson. *Minnesota Supportive Housing Demonstration Program: One Year Evaluation Report*, New York City, NY, Corporation for Supportive Housing, 1998)
- A University of Pennsylvania study showed that service costs decreased by 40% annually by housing chronically homeless and supplying support services. Savings came from decreased incarceration, emergency room use, outpatient treatment, etc. (Culhane, D., Metraux, S., & Hadley, T., *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*, 2002).



- A Baylor University study reported that each chronically homeless individual cost the Waco, Texas community \$39,000 per year. (Diamond, Pamela and Steven B. Schneeed, *Lives in the Shadows: Some of the Costs and Consequences of a "Non-System" of Care*. Hogg Foundation for Mental Health, University of Texas, Austin, TX, 1991)
- According to a University of Texas two-year study of homeless individuals, each person cost the taxpayer \$14,480 per year, primarily for overnight jail. A typical cost of a prison bed in a state or federal prison is \$20,000 per year. (The Washington Post)

Some people who are homeless are frequent users of correctional and psychiatric facilities because they do not get the services they need to prevent hospitalization or incarceration. Homelessness is both caused by and results from serious health care and addiction issues.

Gibson runs a small coffee shop in an Orange County city. He repeatedly watches patrons sidestep the homeless man sleeping on the park bench in front of his store. He wonders how many clients sidestep his business, refusing to enter the establishment he manages and owns due to their opinion that he should escort the homeless from his storefront. It doesn't help when the homeless ask the patrons for donations. He watches them avoid his store.

Costs absorbed by local businesses are often less obvious and difficult to measure. However, homelessness may have a serious impact on the volume of business experienced by an individual owner.

People experiencing homelessness are less likely to have insurance, yet more likely to access costly health care services and tend to use emergency rooms rather than doctor's offices for their primary care.

According to a report in the *New England Journal of Medicine*, homeless people spent an average of four days longer per hospital visit than their non-homeless peers. This extra cost, approximately \$2,414 per hospitalization, is directly attributable to homelessness. (Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., and Mosso A.L. *Hospitalization Costs Associated with Homelessness in New York City*. *New England Journal of Medicine*, 1998; 338: 1734-1740.)

A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission costs. Their rate of psychiatric hospitalization was over 100 times that of the non-homeless study group. The researchers conducting the study estimate that the excess cost for treating these homeless individuals was \$3.5 million or about \$2,000 per person. (National Alliance to End Homelessness)

While emergency shelters get people off the streets, they do not prevent hospital and jail stays nearly as well as permanent housing. Emergency shelter stays are also more expensive than permanent housing. While emergency shelters are sometimes necessary for short-term crisis, too often they serve as long-term housing. The annual cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately \$8,067, more than the average annual cost of a federal housing subsidy, such as the Housing Choice Voucher Program. (Office of Policy Development and Research, U.S. Department of Housing and Urban Development, *Evaluation of the Emergency Shelter Grants Program, Volume 1*)

# THE ORANGE COUNTY APPROACH

## SYSTEM COSTS PER PERSON IN ORANGE COUNTY

The following are some daily costs per person in Orange County for emergency shelter, hospitals, jail, and permanent housing.

SYSTEM	DAILY COST PER PERSON	MONTHLY COST PER PERSON
<b>Cold Weather Emergency Shelter</b>	\$26.32	\$789.60
<b>Jail</b>	\$123.00	\$3,690.00
<b>Hospital*</b>	\$2,153.00	\$64,590.00
<b>Psychiatric Hospital</b>	\$629.00	\$18,870.00
<b>Permanent Housing (2 bedroom apt. at Fair Market Rent)</b>	\$53.16	\$1,595.00

\*based on best available information for Medi-Cal managed care

2010/11 funding survey of Orange County city and county agencies completed for the County's Continuum of Care grant funding application indicated that local cities allocated a combined total of \$10,553,300 in funding and county agencies allocated approximately \$67 million in funding for programs assisting homeless individuals and families. Another \$3,937,729 in Foundation funding was allocated to homeless programs. In addition to the direct costs associated with homelessness, there are significant indirect costs incurred not only by other institutions, but as mentioned previously, by the community at large. Based on available data, it is far more cost-effective for a community to house the homeless.

Finally, loss of future productivity may be the most difficult cost to quantify. A loss of good health and time spent incarcerated can prevent homeless adults from fully contributing to society. The effects of homelessness last much longer than just the time spent in shelters or on the street.

George just died. After several years of living on the streets, alcoholism, mental illness and the cold winter finally overtook him. He promised every Sunday when he attended church that he'd stop drinking and find a stable job, but ultimately, his addiction to alcohol won out. Time and again, the police and fire department would be called out to assist George, who was passed out on the street or in a courtyard. Just days before his death, stumbling in the dark, George fell outside a local church and was found unconscious and bleeding. The authorities transported George to a local soup kitchen for assistance, but to no avail.



## ORANGE COUNTY HOMELESS FAMILY CASE STUDY

On July 30, 2008, Sam and Michelle (32 and 33 years old), parents of an 11-year old girl and 7-year old boy moved into emergency housing with wraparound services, provided by a local homeless service provider.

Upon entry into the program, Michelle had several court cases, for minor infractions and multiple hospitalizations for headaches and anxiety. In addition, she stated that she had several breakdowns. Although at one time she had Medicare, it had lapsed. She had bills from four different hospitals for over \$24,000 that had not been billed to any insurance and one active warrant was outstanding for passing bad checks.

The 11-year old girl had several outbursts of erratic behavior upon entry into the program and one in which the police and paramedics were called. There was a two-year pattern of erratic behavior, visits to emergency rooms, and police interventions. The child was sent for mental health intervention and evaluation and was later diagnosed with bipolar disorder and given medication. She had not had consistent school attendance for over two years and had not completed a full year at any school in the last four years.

The 7-year old boy had attended multiple schools with over five suspensions and expulsions. He was diagnosed with Attention Deficit Disorder (ADD) as well as various other partial diagnoses and was in special school programs. He also had over eight emergency room visits in 2008, with one overnight stay.

The family had accumulated more than \$50,000 of unpaid medical bills, including dental and mental health bills that were in collection.

In 2008, the clients were signed up with Cal Optima and both children enrolled in Children's Hospital of Orange County (CHOC), Healthy Smiles, and College Hospital for mental health services. Mental health counseling was provided for the entire family. On-site credit counseling consolidated bills and the family began making payments. Michelle went to jail for one weekend and was given community service to clear warrants. She is now clear of legal problems. Both children had extensive dental work at the Healthy Smiles van, and both are on medication. The entire family has medical insurance. In late 2008, Michelle was arrested for domestic violence while intoxicated, and taken to jail. She was released the next day and charges were dropped. She enrolled in a 6-month outpatient program run by Orange County Behavioral Health.

In 2009, with stable housing and services, the family has had no emergency calls or contact with police. Both children are in school and will complete the entire school year. Michelle is taking life skills programs offered on-site. The family has had no emergency room visits, and they are continuing to attend all regular doctor, dental, and mental health appointments.

The estimated costs to the system of this family without stable housing and services and in and out of hospitals and jail, as identified by the service provider, are in excess of \$200,000.

# THE ORANGE COUNTY APPROACH

## CITY OF ANAHEIM HOMELESS SERVICE COST STUDY

A study conducted by the City of Anaheim examined police and fire agency records to determine the costs incurred while assisting homeless individuals in 2006. The aim of the project was to attach a monetary figure to the emergency responses of police and fire department personnel for the homeless; then compare these to the cost of housing and supportive services.

Police department records included calls for service from the time of dispatch until the officer recorded the call cleared with dispatch. Next, costs were assigned per minutes of service based upon an average hourly wage for police officers at \$64.76. Anaheim Fire Department records included calls for service regarding homeless individuals who needed transportation to medical facilities. This information included costs for dispatch, life support, and ambulance service.

The study showed that in 2006, the average service call to assist a homeless person for the Anaheim Police Department was 38 minutes, 2 seconds. The median service call was 23 minutes, 22 seconds. Total time: 1,729 hours (or 4.73 hours per day). Total cost: \$111,970.

For the Anaheim Fire Department, in 2006, the average number of times transportation was provided was 1.5 times and the median was one time. There were 18 frequent system users identified, and one frequent system user who used emergency transportation services on 18 different occasions in 2006. Anaheim Fire Department costs included: \$661 per dispatch; \$300 per life support (basic or acute); \$1,000 per ground ambulance. In 2006, the total Anaheim Fire Department transportation costs for homeless individuals were \$510,509.

## CONCLUSION

Managing homelessness with emergency or crisis level intervention comes at a high cost. The hidden costs of homelessness include expenses for hospital stays, ambulance services, emergency room visits, and incarceration. Instead of **managing homelessness** through the current system of emergency and transitional shelters, this Ten-Year Plan presents strategies to change our approach in order to **end homelessness**.

## 4. WHAT IS THE BLENDED HOUSING MODEL?

This Plan proposes a blended approach to serving the homeless using a model that provides housing combined with policies to prevent people from becoming homeless.

Over the last decade there has been a fundamental shift in how homeless services are delivered. The previous conventional wisdom of a Continuum model, employing a flow of emergency to transitional to permanent housing options and services has been replaced by a "housing first" or "rapid re-housing strategy," which seeks to get homeless individuals into permanent housing, by whatever means necessary and available, and by bringing



necessary supportive services to the participant within the context of their own homes. Please see **Appendix 4** for a brief summary of some studies showing the efficacy of the “housing first” approach. The housing first approach is particularly important for clients with serious physical disabilities and those who are suffering from mental health and substance abuse disorders.

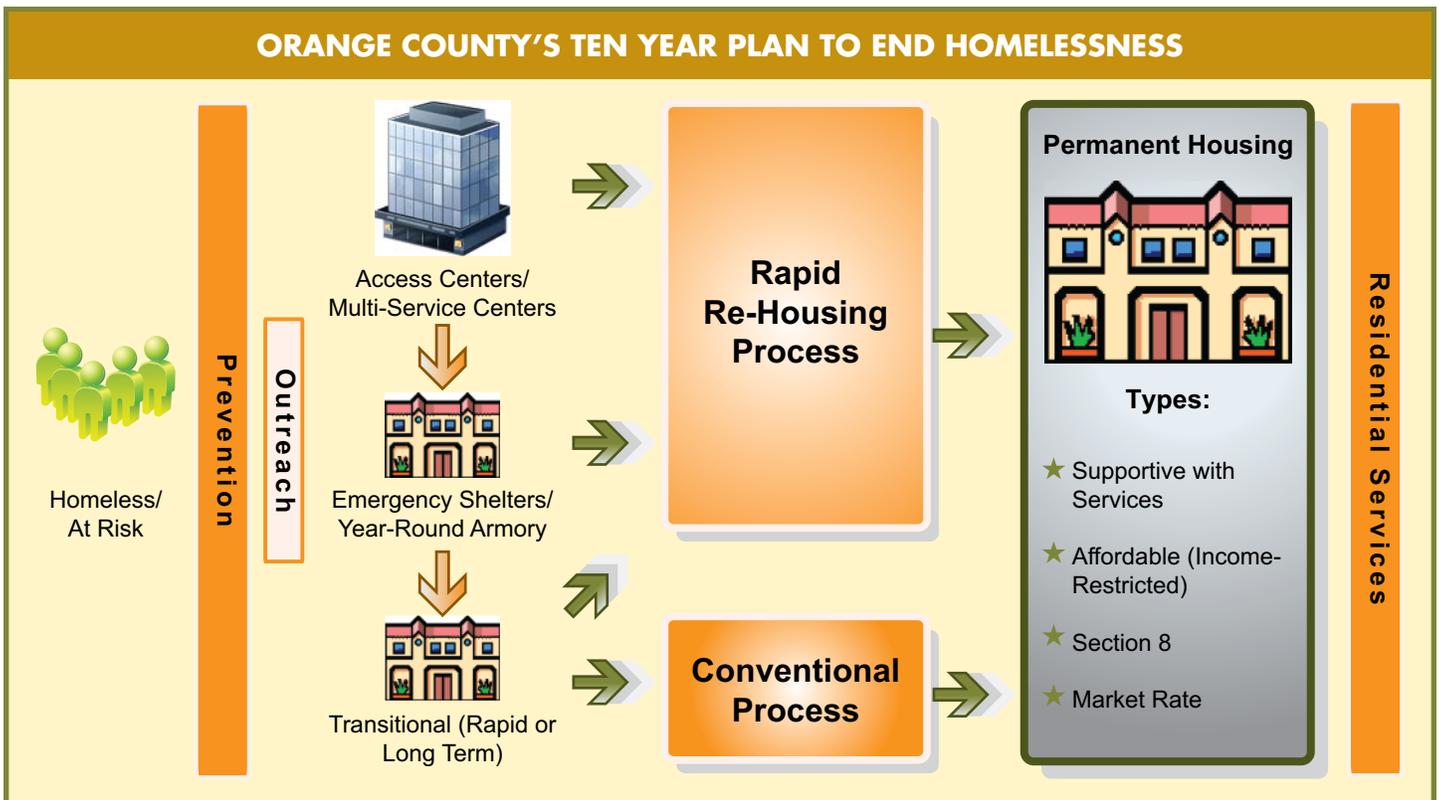
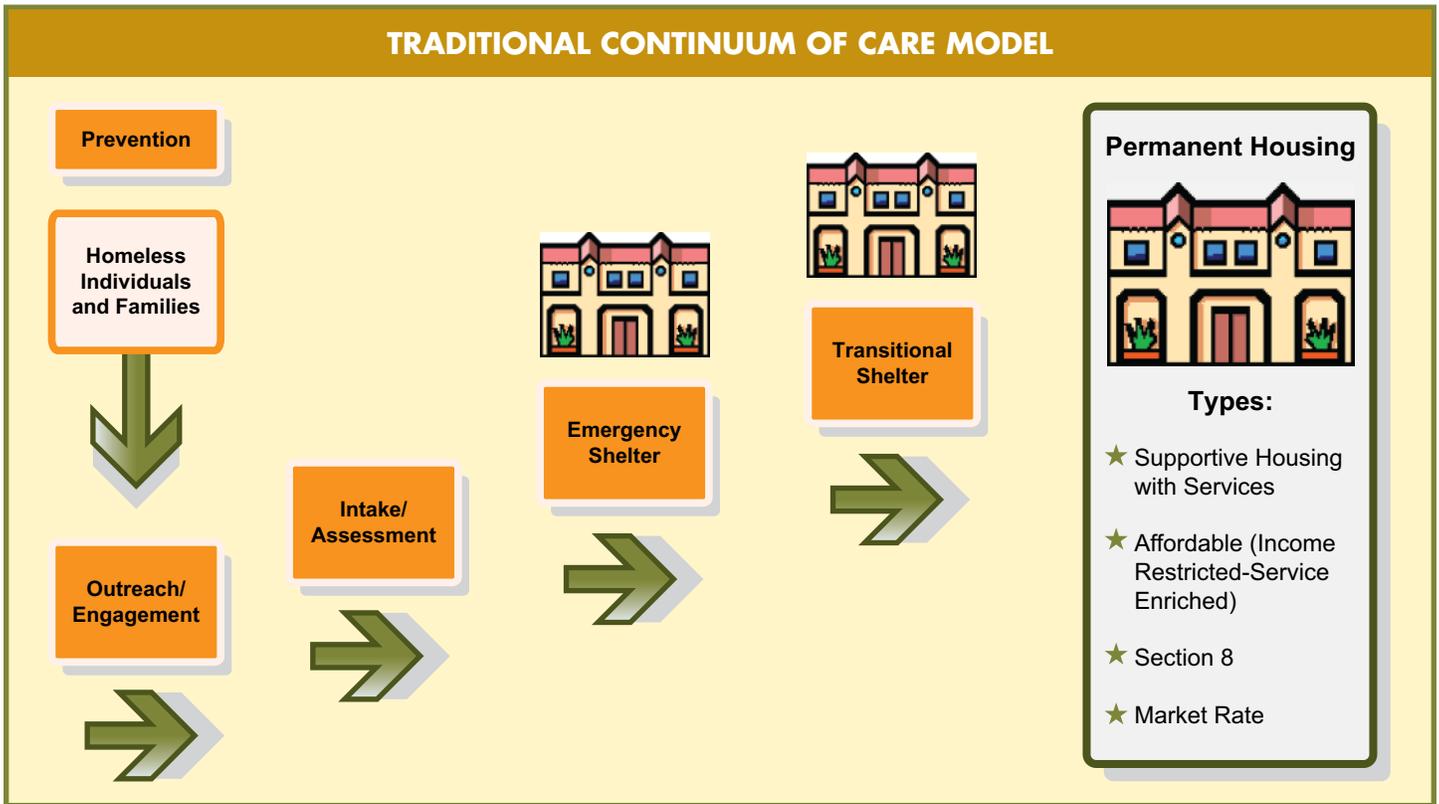
While the housing first movement clearly represents an important advancement in the effort to end homelessness, it is not necessarily a universally optimal response. Different regions have differing contexts: differing challenges, needs, and strengths. Therefore, local regions must decide for themselves the most appropriate strategy to ending homelessness locally.

To this end, Orange County has opted for a “blended” model, which incorporates the practices of both the Continuum and housing first responses in a manner that best fits its local context. The blended housing model includes a rapid re-housing component, which “blends” the current system utilizing transitional and emergency shelters with a model that promotes accessing permanent housing at any stage of homelessness. Homeless individuals and families can be rapidly re-housed by placing them in permanent housing after receiving case management. This model does not preclude homeless individuals and families requiring emergency and/or transitional housing programs from accessing them, but offers an option to immediately place homeless individuals and families into permanent housing with case management and supportive services. A heavy emphasis is placed not only on the development of supportive housing, but also on prevention and rapid re-housing strategies.

A housing first model creates an opportunity for the chronically homeless to end their homelessness. Why then bother at all with a Continuum response? From an Orange County perspective, there are several reasons. Historically speaking, a major component of Orange County’s response and advocacy has been from the shelter movement, where an impressive number of highly effective shelters have been developed. This group represents the core of Orange County’s response. The transitional shelter system has proven highly effective for the *transitionally* homeless, that is, those who can actively participate in their own self-sufficiency. Continuing to support the existing transitional shelter system and infrastructure while blending in the housing first approach addresses the diverse needs of the homeless population in Orange County.

Below are two charts. The first illustrates the traditional Continuum of Care model and the second depicts the blended model proposed in this Plan. In the traditional Continuum of Care model, there is a linear progression starting with outreach and ending with permanent housing. The blended model depicted in the second chart offers multiple pathways for reaching permanent housing and is flexible enough to meet the specific needs of individual clients.

# THE ORANGE COUNTY APPROACH





## E. DISCUSSION OF GOALS AND STRATEGIES

*"The test of our progress is not whether we add more to the abundance of those who have much. It is whether we provide enough for those who have little."*

Franklin D. Roosevelt



# DISCUSSION OF GOALS AND STRATEGIES

This section presents each of the nine goals and the related strategies. In addition, suggested implementation steps are offered for consideration. For each goal, the current status, challenges, and potential solutions are briefly discussed.

## GOAL 1: PREVENT HOMELESSNESS – ENSURE THAT NO ONE IN OUR COMMUNITY BECOMES HOMELESS

### CURRENT STATUS

No efforts at ending homelessness will be successful until the flow of people becoming homeless is stopped. The central challenge of prevention is targeting our efforts toward those who will become homeless without an intervention. The most economically efficient and humane way to end homelessness is to prevent its occurrence in the first place. Keeping people in the housing they already have is the most cost-effective solution to ending homelessness.

In 2008, 2-1-1 Orange County, the County's central social service referral line, answered more than 77,000 calls for health and human services. Of these calls, 42,802 low-income or newly poor were directed to basic need services that include, but are not limited to, requests for assistance with food, utilities, and rent.

Families and individuals who become homeless are grappling with underlying issues that precipitated their housing crisis. The ultimate goal for those serving individuals and families at high risk of homelessness is to help them move toward self-sufficiency. Homelessness is triggered by the loss of housing, but the loss of housing is usually precipitated by the presence of other risk factors. These include poverty, a history of childhood housing instability, a lack of adequate education, lack of employment skills and opportunity, spousal abuse, serious physical illness, mental illness, and substance abuse.

Orange County's current Continuum of Care (CoC) system provides activities and services aimed at reducing the incidence of homelessness. Many of the services are not housing services, but other services related to basic needs. Subsidizing these "basic needs" services and activities allows an individual or family to put more of their financial resources towards housing. Some of these activities and services include:

- Rent/Mortgage Assistance: Short-term financial assistance to prevent eviction or foreclosure.
- Utility Assistance: Short-term financial assistance to prevent utility shut-off.
- Credit Counseling: Financial counseling and advocacy to assist households to repair credit history.
- Legal/Mediation Services: Tenant-landlord legal/mediation services to prevent eviction.
- Food Banks and Pantries: Direct provision of food, toiletries and other necessities.
- Transportation/Gas Voucher: Direct provision of gas/bus vouchers, auto repairs and other forms of transportation assistance.
- Clothing Assistance: Direct provision of clothing for needy families and individuals.
- Prescription/Medical/Dental Services: Direct provision of prescription, medical and dental services.
- Workforce Development: Direct provision of job training services designed to develop and enhance employment skills, as well as to help clients secure and retain living wage jobs.



- Information & Referral Services: Direct provision of 24-hour/7-days-a-week call center services to provide health and human service information to at-risk populations.
- Recuperative care for homeless individuals who become ill or injured.

## CHALLENGES

In Orange County, there has been an effort to meet the urgent needs of those who have become homeless or are in imminent danger of becoming homeless. Although there is general consensus that efforts to prevent individuals and families from becoming homeless are important, limited resources exist to address emergency situations. Moreover, there has been insufficient progress in coordinating efforts to provide prevention services. Dozens of organizations today serve individuals and families at high risk of homelessness, yet there is no system in place to facilitate formal communication, coordination, and data sharing among them. As a result, some efforts may be duplicated; some opportunities to help those in need are missed; and resources may not be coordinated or maximized.

Thousands of people enter shelters each year without having benefited from homeless prevention programs. Some attempt to receive aid, but the assistance fails or is otherwise insufficient. Many do not seek aid from existing programs that might have stabilized or saved their housing.

Public institutions such as jails, hospitals, treatment facilities, and foster care homes, may discharge clients without a plan for housing because there are not adequate resources to link the homeless to the services and housing they need to remain stable in the community. Effective discharge planning is critical to preventing homelessness and stopping the cycling of people through expensive public institutions.



# DISCUSSION OF GOALS AND STRATEGIES

Today, the overwhelming majority of resources and programs that help those with housing instability only take effect after someone has become homeless. While ensuring shelter to those in need is critical, greater resources should be spent preventing homelessness rather than providing services once it has occurred.

## SOLUTIONS

Homeless prevention assistance is generally defined as providing supplemental resources to people so that their monthly income can pay for their rent or mortgage and their basic daily living expenses. Assistance can be short or long-term and can be in the form of rental assistance, eviction/foreclosure prevention, utility assistance, or other common supplemental resources such as clothing, food, health care, mental health treatment, and transportation.

Effective prevention of homelessness requires establishing a range of services and supports to prevent the loss of housing, the provision of temporary assistance until permanent solutions are arranged, and the facilitation of rapid re-housing for those already homeless. Establishing housing support centers that offer an array of easily accessible prevention and housing advocacy services under one roof has been an effective strategy in many communities.

To end homelessness in Orange County, it is essential that the programs and services aimed at preventing homelessness be strengthened and that potential clients be identified before their situation deteriorates and a crisis occurs. It is well-documented that preventing an episode of homelessness costs less than providing shelter once homelessness has occurred and the potential to generate cost savings is important. In addition to cost, the emotional trauma of becoming homeless is far greater than the emotions associated with preventing an episode of homelessness through the provision of necessary support services.

Achieving this goal will require service providers to work together. Restrictions on sharing information and coordinating resources must be addressed. Protocols for discharge from public facilities (such as jails) and public systems (such as the foster care system) must be coordinated. More efficient and effective mechanisms to identify and assess those at-risk of homelessness and link them to needed services must be developed and supported.

Making this shift will require taking affirmative steps to ensure that: prevention programs offer meaningful alternatives to shelter services; data and cross-agency partnerships are used to target resources to those at-risk; and strong accountability provisions are created to ensure providers, agencies, and those receiving prevention services all take necessary steps to make preventive interventions work.

The primary goals of a community-wide homeless prevention system are to identify and assist persons at-risk of homelessness as quickly as possible and to offer ongoing case management and linkage to supportive services to address the underlying causes of the housing instability.

The initiatives outlined below shift priorities and services to homelessness prevention, primarily by strengthening programs, resources, and collaborations at the community level. Innovative programs that focus on helping landlords and tenants avoid evictions will also be pursued. It is at these community locations that the underlying needs of those at risk can be identified and addressed.



## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 1

### GOAL # 1: PREVENT HOMELESSNESS – ENSURE THAT NO ONE IN OUR COMMUNITY BECOMES HOMELESS

#	STRATEGY	IMPLEMENTATION ACTION
1	Through regional access centers, provide prevention assistance such as anti-eviction services, rental and utility supports, credit counseling, debt management, tangible goods, emergency assistance, employment services, conflict resolution, and relationship building.	<p><b>1.1</b> Develop a service description and work plan.</p> <p><b>1.2</b> Develop a budget for implementing the Access Center Program.</p> <p><b>1.3</b> Identify potential sites for access centers.</p> <p><b>1.4</b> Conduct a Request for Proposals to find a suitable provider.</p> <p><b>1.5</b> Ensure consistent procedure in data collection and assessments among access centers.</p>
2	Establish a pool of flexible funding that can be used for “whatever it takes” assistance for those who are at-risk of losing their current housing.	<p><b>2.1</b> Identify a non-categorical funding source</p> <p><b>2.2</b> Develop a plan for priority uses of the funding.</p>
3	Encourage employer-assisted housing models for employees (at all income levels) already in housing.	<p><b>3.1</b> Identify employers who might have a potential interest in such a program.</p> <p><b>3.2</b> Conduct a cost/benefit study to show the impact of employer-assisted housing.</p>
4	Support the development of community resources and housing options so that hospitals, jails, and foster care programs can more effectively assist patients/clients, through appropriate referrals, to have a smoother transition upon discharge.	<p><b>4.1</b> Explore methods to increase communication and coordination among agencies discharging clients.</p> <p><b>4.2</b> Develop/explore recuperative care for ill or injured homeless individuals.</p>
5	Improve coordination among the various public assistance programs so that at-risk individuals and families can more effectively and efficiently access resources.	<p><b>5.1</b> Create an inclusive shared database of available resources that can be accessed through the internet.</p>
6	Create a “deep prevention plan” that addresses issues that affect multiple generations of families and children.	<p><b>6.1</b> Issues include physical and sexual abuse, mental illness, substance abuse, foster care, residential instability, and lack of education and training.</p>
7	Use the Central Intake (created under Goal 2 Strategy 9) to identify and assess those at-risk of homelessness and link them to needed services.	<p><b>7.1</b> Develop a standardized set of reports that will be generated and shared among agencies.</p>

# DISCUSSION OF GOALS AND STRATEGIES

## DISCUSSION OF STRATEGIES

By providing linkages to appropriate services and housing, these proposed prevention strategies will keep more families and individuals from losing the housing they have, rapidly re-house them when housing is lost, and prevent the discharge of homeless individuals to the streets.

The strategies listed above all have at least one feature in common; if implemented successfully, they will result in fewer individuals that must face the challenges of lacking a stable place to live. The approach is multi-faceted.

**STRATEGY # 1** Access centers will serve as an entry point for persons at-risk of becoming homeless to obtain the resources necessary to maintain their housing. Resources include clothing, food, household items, rental assistance, and utility assistance. Other resources such as health care, landlord-tenant mediation, legal services, and access to public assistance may be provided on site or off site. Case management will be available and may be provided to help address the underlying causes of housing instability to persons or can be required to continue receiving resources.

**STRATEGY # 2** will enable service providers to tailor the help provided to more closely fit the individual's or family's unique needs. Currently, many of the supportive services available to assist these clients are categorically funded. Categorical funding requires a client to seek assistance from multiple programs that each has its own eligibility requirements and ways of doing business. Having available flexible funding will allow for improved coordination and less complicated access to services for clients. A similar approach has been used and found to be effective in the Full Service Partnership programs funded through the State of California's Mental Health Services Act.

**STRATEGY # 3** is a method to bring in additional sources of support to prevent people from becoming homeless. Employers have a stake in the well-being of their labor force. Business can participate in the solution.

**STRATEGY # 4** is based on the idea of supporting public institutions in preventing the discharge of individuals without adequate planning and resources to ensure that there is a stable home for them once they leave the care of that institution. This will not only assist in preventing homelessness, but will decrease the likelihood of recidivism and lower costs to taxpayers.

**STRATEGY # 5** recognizes the need for improved coordination and data sharing among the agencies providing assistance to those at high-risk of homelessness. By sharing information about each client, agencies will be able to track the needs of their clients and follow-up to ensure that those needs have been addressed. Timely access to information is critical to helping clients before they become homeless.

**STRATEGY # 6** is aimed at breaking the cycle of risk factors and resulting homelessness that often continue through generations. By the time that individuals and families reach out for shelter, many have a long history of interaction with social services programs and providers. The expectation is that dealing with the individual or family as a whole will not only prevent homelessness, but also increase the probability that the clients will be able to sustain stable housing. This strategy recognizes that the underlying situations and conditions leading to homelessness must be addressed to be successful in achieving Goal # 1.



**STRATEGY # 7** provides a means to centralize information so that those at high risk of homelessness can more easily be identified, assessed, and linked to services. This will assist in avoiding the common experience of people “falling through the cracks.” It also supports the principle of “no wrong door” so that people entering the service system at any agency will be able to access coordinated service.

## **GOAL 2 : OUTREACH TO THOSE WHO ARE HOMELESS AND AT-RISK OF HOMELESSNESS**

### **CURRENT STATUS**

The chronically homeless are the primary targets of most outreach activities presently conducted in Orange County. The two organizations most frequently involved in these efforts are the County of Orange Health Care Agency and the Mental Health Association of Orange County. These two agencies dispatch outreach teams to cities and unincorporated areas throughout the Orange County region. The Mental Health Association of Orange County has teams of workers who also conduct outreach to the chronically homeless throughout the County. These teams are dispatched on a referral basis, as well as through the agency’s outreach schedule. Frequently, the Health Care Agency and the Mental Health Association collaborate and coordinate activities and services for individual clients.

Since 2005 (when planning began for Proposition 63, the Mental Health Services Act), the Orange County Health Care Agency has partnered with several private agencies to allocate resources for the homeless mentally ill, including outreach activities. This work involves comprehensive services to assist various homeless populations with mental illness including: children, transitional age youth, adults, older adults, those dually diagnosed with co-occurring disorders, and those discharged from the Orange County jail system.

Also, the Orange County Health Care Agency manages several state and locally-funded programs that conduct outreach to homeless individuals, through workers offering mental health services, substance abuse prevention, and AIDS/HIV prevention services. Furthermore, in 2008, the Agency formed the Comprehensive Health Assessment Team-Homeless (CHAT-H) as a way to meet the growing health needs of homeless individuals in families with children. This team was instrumental in dispatching Mobile Unit Teams that provide direct client services through mobile medical vans to sites (including the Santa Ana and Fullerton Cold Weather Shelters) and select motels where homeless families reside. The Mobile Unit Team has demonstrated success in serving homeless individuals and families with children.

There are also some local law enforcement agencies that have dedicated patrol officers to outreach to the homeless, sometimes independently and in other cases in partnership with County mental health workers. This includes one officer each with the Santa Ana and Laguna Beach police departments. Additionally, the Health Care Agency pairs two Crisis Assessment Team/Psychiatric Emergency Response Team units with the Westminster and Garden Grove Police Departments.

There are few outreach activities targeted to homeless individuals in families with children. Due to financial hardship, many of these individuals live doubled and tripled up in units intended for individual households. This has been documented by the Orange County Department of Education (*2007-08 Orange County Homeless Children and Youth*) based on data from the McKinney Vento Homeless Liaison programs in districts and schools through-

# DISCUSSION OF GOALS AND STRATEGIES

out the region. Others migrate from motels to the homes of friends and families, then shelters, and to living in vehicles on the street. Schools identify homeless students based upon referrals from teachers and other school personnel.

Since 1999, the Anaheim Collaboration to Assist Motel Families has informally coordinated outreach activities to at-risk families. This group is a loose knit association of faith-based organizations, service providers, private and public agencies that network to identify resources for at-risk families in motels. The Collaboration coordinates outreach activities, and serves as a catalyst for programs to address the needs of this subpopulation. Because motel residents do not fit the traditional homeless definition, many state and federal resources are not available to them. Nonetheless, those that use motels as de facto shelter face the same housing challenges as those in shelter programs, but with fewer resources available to help them break the cycle.

Current work sponsored through the Orange County Children and Families Commission engages homeless families living in motels throughout Anaheim, Buena Park, Santa Ana, and Costa Mesa. These programs include outreach components to serve homeless families with children from birth to five years of age.

Additionally, independent and informal outreach efforts are conducted through private organizations, including homeless service providers, faith-based organizations, service clubs, and private individuals. These services frequently include meals and/or food at local congregations, parks, and established gathering sites for people who are homeless.

## CHALLENGES

There are many challenges in providing outreach services. Some of these challenges involve major gaps in service availability, and inability to address the many unmet needs of clients. Others involve issues regarding how services are provided and how data is collected and used. The challenges include, but are not limited to:

- Insufficient participation in Orange County's HMIS;
- Lack of a coordinated, widely publicized intake and assessment system for homeless individuals and families;
- An inadequate supply of permanent supportive housing for the chronic homeless;
- An inadequate supply of affordable permanent housing options for individuals, and those in families with children;
- Absence of outreach programs that provide services to the homeless 24/7;
- Scarce resources for substance abuse detoxification;
- Few homeless resource centers offering emergency services (shelter, food, showers, clothing, laundry, etc.);
- Lack of a county-wide coordinated law enforcement partnership with mental health and substance abuse outreach teams for the homeless population; and
- High threshold requirements for admission to emergency and transitional shelters, as well as "high demand" requirements after program entry.



Some of the barriers to filling these gaps and unmet needs include:

- The lack of political will and NIMBYism (Not in My Backyard), which thwarts attempts to identify the scope of and geographic location of homelessness, prevents local governments from taking action, and pits jurisdictions against each other in sharing responsibility for solutions;
- Inadequate funding for a comprehensive and coordinated outreach system; and
- Local government planning and zoning regulations that limit the identification of sites suitable for the provision of emergency homeless services.

## SOLUTIONS

The overall purpose of a comprehensive, coordinated outreach system is to quickly link homeless individuals and families with stable housing and the resources necessary to prevent homeless recidivism. Chronically homeless individuals are frequently resistant to utilizing services and generally distrust contact with public agencies (especially law enforcement). This population in particular requires skilled, culturally competent, comprehensive, and consistent outreach measures before they are willing to participate in homeless prevention/intervention services.

Furthermore, increasing and co-locating services will reduce the personal and systemic barriers individuals encounter when seeking assistance. Without this comprehensive approach, the chronically homeless will unnecessarily consume vast amounts of resources for public emergency services (police, fire/paramedic, emergency medical, etc.). Additionally, absent outreach efforts, increasing numbers of individuals and families will resort to living in places unfit for human habitation. Nothing short of a comprehensive and coordinated effort between public and private agencies and the community at large will be successful in meeting the need.

The recent addition of Senate Bill 2 to the California Housing Element law can be particularly useful in seeking to overcome governmental barriers to homeless service locations. This legislation requires local governments to determine the homeless population within its boundaries. It must also identify sites and identify or create appropriately zoned areas for the development of emergency and transitional shelters and services by right (without the requirement of a public hearing). This will ease obstacles encountered when new services are attempted to be located within a jurisdiction.

There are a number of models for innovative outreach activities. Several will be discussed here and information on additional models may be found in **Appendix 3**. One model program is Philadelphia's Outreach Coordination Center (OCC), a "coordinated point of contact for the homeless." Outreach teams from several agencies work in concert through OCC, and offer outreach at all times of the day, which is rare. They provide homeless persons with access to permanent supportive housing, and they have "full cooperation and backup from city health, mental health, and substance abuse agencies." The OCC includes a 24-hour homeless hotline, two mental health specialty teams, two substance abuse specialty teams, one comprehensive response team, and emergency backup from city agencies. To track the progress of their clients, the OCC utilizes a database that is directly linked to the city's database, which tracks emergency shelter and transitional housing stays. (*Strategies for Reducing Chronic Street Homelessness*, US Department of Housing and Urban Development, 2004.)

Ohio is another recognized leader in outreach activities. Its three largest cities—Columbus, Cleveland, and Cincinnati—fund teams of trained and experienced workers to conduct outreach in less-traveled areas. This frequently involves trekking under bridges and visiting the encampments that are located near the rivers in order to assist those outside the service system. (*A Dream Denied: the Criminalization of Homelessness in US Cities*,

# DISCUSSION OF GOALS AND STRATEGIES

The National Coalition for the Homeless and the National Center on Homelessness and Poverty, 2006). These outreach programs are successful, at least in part, because they do not place many restrictions on the assistance they are offering (low threshold), and they provide assistance at all hours of the day, including hours when other service providers are closed. Thus, they are able to provide their clients with a critical link to mainstream resources and services.

A local Southern California example of outreach programs is one in the City of Santa Monica. Santa Monica currently has three homeless service access centers, which offer emergency services such as food, clothing, mail, phone, showers, medical and mental health care, case management, benefits advocacy, and referral to shelter, housing and rehabilitation programs throughout the region.

Another outreach program that has been replicated throughout the country is Project Homeless Connect, which consists of holding well-publicized events. Homeless persons (referred through outreach workers) attend a gathering to access medical treatment, specialized counseling, legal services, enrollment in a variety of social service programs (Social Security, General Aid, Food Stamps, etc.) and especially to attain housing. For example at one of San Francisco's events, in one afternoon, 54 people (46 singles and 4 couples) were placed into temporary housing, and all 54 were connected to an intensive case manager who assessed each of their needs and ensured that appointments for substance abuse counseling, medical care, and permanent housing were kept. These outreach events are important in that they serve as one of the many points of contact a homeless person can have with persons who can and would like to assist them, and it allows them to incrementally build trust in external support systems. Also, these events are useful in that they allow numerous community members to be involved in efforts to end chronic homelessness.

Patrol officers frequently serve as frontline staff to interact with and assist homeless persons. Thus, it is critical that they and the system in which they function (that is, the criminal justice system) are a part of a community-wide strategy to reduce homelessness. It is important for a community to ensure that its criminal justice system is not overrun by persons who need far more to resolve their homelessness than the attention and services available from law enforcement and paramedics. Numerous jurisdictions nationwide have adopted programs to do just that, and in so doing, they have effectively decriminalized homelessness and corresponding quality of life crimes (e.g., public sleeping). Please see **Appendix 3** for information on other model programs.

To prevent homelessness altogether, various state and local governments are attempting to better coordinate discharge planning from correctional facilities, community hospitals, mental health hospitals, and foster care. Recently, Kentucky passed innovative legislation to improve its discharge outcomes. Its legislative initiative stated "discharge to an emergency shelter is not appropriate" and barred discharge from foster care, mental health hospitals and corrections into homelessness. Furthermore, it required that public systems provide discharge-planning supports that include housing placement and links to other resources to achieve successful reintegration into the community. These discharge plans must involve the coordination of numerous community-based services and resources, which address the following needs: education, employment, health care, and housing. (*Improving Discharge Planning Outcomes: Kentucky Passes Homelessness Prevention Legislation*, Interagency Council on Homelessness)



## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 2

GOAL # 2: OUTREACH TO THOSE WHO ARE HOMELESS AND AT-RISK OF HOMELESSNESS		
#	STRATEGY	IMPLEMENTATION ACTION
8	Invest in and expand existing regional access centers and develop a 24/7 coordinated system of outreach to assure universal assessment, intake, referrals, transportation to shelters, etc.	<p><b>8.1</b> Officially designate regional access centers.</p> <p><b>8.2</b> Use one phone number that serves as a central point of referral where individuals can call to identify homeless persons for follow-up by outreach workers.</p> <p><b>8.3</b> Expand current programs that provide outreach, such as Comprehensive Health Assessment Team for the Homeless (CHAT-H)-Risk Reduction Education and Community Health (REACH), Health Care Agency Mental Health Outreach Teams, and Mental Health Association Outreach Teams and have them work together to provide regularly scheduled outreach events for the homeless.</p> <p><b>8.4</b> Use the police/community outreach officer model within Orange County cities to expand the use of diversion options to prevent unnecessary incarceration of homeless persons.</p> <p><b>8.5</b> Implement a community voicemail system to provide street homeless with the continuity needed to seek jobs and benefits.</p> <p><b>8.6</b> Develop consistent public safety and public health trainings targeted at informing this sector on how to best respond to homeless clients.</p> <p><b>8.7</b> Integrate the use of community courts into the case management process.</p>
9	Create Central Intake with multiple data functions, one of which is to identify the most vulnerable, chronic homeless individuals, and then provide outreach to areas where they congregate and link them to intensive services.	<p><b>9.1</b> Involve agencies in collaborative efforts to create Central Intake.</p> <p><b>9.2</b> Ensure that the centralized database includes the people not served/turned away.</p> <p><b>9.3</b> Utilize Central Intake to identify high concentration areas of potential clients and schedule regular outreach to homeless at those locations.</p> <p><b>9.4</b> Work with shelter providers and developers to increase permanent housing for individuals included in Central Intake.</p>

# DISCUSSION OF GOALS AND STRATEGIES

## GOAL # 2: OUTREACH TO THOSE WHO ARE HOMELESS AND AT-RISK OF HOMELESSNESS (CONTINUED)

#	STRATEGY	IMPLEMENTATION ACTION
10	Create and market an information plan for those who come in contact with individuals who are homeless or at high risk of homelessness so that they can make referrals to needed services. The target audience to receive the information plan includes, but is not limited to churches, landlords, tenant associations, schools, and health clinics.	<p><b>10.1</b> Review existing materials and develop additional ones to communicate available resources.</p> <p><b>10.2</b> Develop database for collecting and using the information.</p> <p><b>10.3</b> Identify goals of plan and outline key elements to be communicated.</p>
11	Implement periodic Project Homeless Connect coordinated outreach events.	<p><b>11.1</b> Hold Project Homeless Connect events in conjunction with other well-attended community events, such as cultural events or health fairs.</p> <p><b>11.2</b> Contact agencies that might participate.</p> <p><b>11.3</b> Coordinate logistics of the event.</p>
12	Implement new and strengthen existing mobile outreach efforts to provide needed health, assessment, and referral services in all areas of the County.	<p><b>12.1</b> Support public and nonprofit agency efforts to strengthen existing mobile outreach teams, identify and address homeless clients, and provide them supportive services. Examples of services may include medical (screening, minor treatment, and referral for acute illness); mental health (outreach and referral); dental (education, screening, x-rays, and treatment); SSI benefits assistance, Medi-Cal enrollment assistance; food; and clothing.</p> <p><b>12.2</b> Create a sustainable mobile outreach unit that would have the capability to initiate services and care to homeless clients, and transport clients to access centers. Mobile services operate in a variety of ways to optimize effectiveness. Some may have fixed routes and stay in a location for a week, others are more flexible to be able to move more quickly.</p> <p><b>12.3</b> Encourage city leaders to provide opportunities for outreach efforts, using methods such as demonstrating effectiveness, showcasing benefits to cities, and establishing “good neighbor” standards for mobile efforts (e.g., working to determine locations, obtaining any permits, and necessary permissions).</p> <p><b>12.4</b> Coordinate Outreach efforts with Family Resource Centers (FRCs). FRCs work with at-risk clients and thus, provide a link to this population.</p>



## DISCUSSION OF GOALS AND STRATEGIES

**STRATEGY # 8** This strategy envisions a network of regional access centers and a 24/7 coordinated outreach system. This is necessary due to the distinct political (municipal) jurisdictions of the area; a desire to share the burden of services region-wide; the concentration of the chronic homeless populations in distinct areas; a need for a system that is flexible and responsive to the highly mobile characteristics of the population; the requirement of information and resource sharing; and the benefits of efficient and comprehensive service delivery.

**STRATEGY # 9** The dynamics of the chronic homeless population require specialized outreach methods, an ability to identify individuals and their specific needs, a system to dispatch outreach workers accurately and efficiently, and to pair individuals with the right services.

**STRATEGY # 10** Once resources have been identified and secured, a public information plan will equip those who have frequent contact with homeless individuals with the information needed to provide service referrals. Since there are so many organizations, primarily faith-based groups, who offer services independent of coordinated agency collaboration, a marketing plan will saturate the public with knowledge of available programs and services for the homeless population.

**STRATEGY # 11** Project Homeless Connect is a nationally recognized best-practice outreach model for linking the homeless population (especially the chronic homeless) with resources—especially housing. This innovative practice links homeless individuals with services and housing in a high profile one-day/one-stop event designed to engage the support of not only homeless services providers, but also business leaders, community volunteers, and policy makers. The event could take place in one jurisdiction, or in multiple jurisdictions simultaneously on the same day.

**STRATEGY # 12** Coordinated, multi-disciplinary mobile outreach teams are an efficient way to provide services and build relationships with those who are homeless, especially the chronic homeless. Typically, this is accomplished through public agencies and non-profit service providers who offer outreach services as a regular aspect of their work. Another way to address these same issues is to encourage city leaders to provide opportunities for outreach.

## GOAL 3: IMPROVE THE EFFICACY OF THE EMERGENCY SHELTER AND ACCESS SYSTEM

### CURRENT STATUS

The number of available emergency shelter beds is woefully inadequate compared to Orange County's need. Many of these emergency shelters serve specialized populations such as single women, youth, and single women with children, domestic violence victims, etc. Furthermore, a large percentage of these beds are seasonal. With no single, year-round emergency shelter system, there has been a scattered and piecemeal response consisting of a relatively small number of emergency shelter beds, and a few short-term motel vouchers.

Too frequently, motels have become the housing of last resort, and for too long, motels have served as Orange County's de facto emergency shelter system. Using motels is problematic on a number of levels. In many cases,

# DISCUSSION OF GOALS AND STRATEGIES

they are expensive, unsafe, and an undesirable location for services. Motels and the surrounding infrastructure were not designed to serve as emergency shelters. This unintended use often strains relations between the cities, the external community, and service providers making it continually more difficult to establish and maintain the working relationships necessary to provide a real solution.

One notable response within Orange County is its use of the California National Guard Armories as emergency shelters during the winter months. The “Cold Weather Emergency Shelter Program” allows for emergency shelter for approximately five months out of the year, serving a maximum capacity of 400 individuals nightly, divided between two locations. The Cold Weather Emergency Shelter Program is *the* main emergency shelter program in Orange County, both in terms of numbers served and operating principles. However, the program is more mass shelter than a service enriched housing environment, and the need far exceeds the 149-day operating period. In addition, program operation is driven by funding, which fluctuates and impacts operational days. Historically, most public and private funders have focused most of their resources toward transitional shelter or permanent housing, thereby making it difficult to secure funds to operate the Cold Weather Shelter Program and to maintain continuity in the yearly program operation.

In recent years, there has been an increase in the number of families that find themselves homeless. Placing families in a Cold Weather Shelter environment has proven to be highly unsuitable. The Cold Weather Shelter Program received enhanced funding in 2008 in order to redirect 100 families from the mass emergency shelter program into a motel setting. While this response provides increased safety for the families, its long-term continuation is financially unsustainable and perpetuates the use of motels as de facto emergency shelter.

The ultimate answer to ending homelessness is housing; however, the development of enough housing to end homelessness will be a long-term approach that will take several years. In the short-term, the need for a more permanent and coordinated emergency shelter system in Orange County is immediate.

## CHALLENGES

Challenges include maintaining a short-term response using the Cold Weather Emergency Shelter Program and meeting the long-term goal of permanently siting a year-round emergency shelter.

### FUNDING CHALLENGES

- The current seasonal Cold Weather Shelter and the accompanying Family Redirection Program, which was put in place to ensure that no child under the age of five must spend a night in the shelter, are expensive to maintain.
- Although a permanent site would greatly reduce costs in the long run, there would be initial costs for acquisition and construction or rehabilitation for the development of a permanent, year-round emergency shelter.

### SITING CHALLENGES

- Location of one or multiple year-round shelter sites and determination of need for one or two locations.



- “Not in My Back Yard” Syndrome - lack of community support for siting an Emergency Shelter.
- Operator will need to effectively address neighborhood issues and demonstrate competency.
- Challenge of finding a location accessible enough to homeless, yet as unobtrusive as possible to general public.
- Challenge in finding permanent housing for Cold Weather Shelter Program clients (typically those with high housing barriers).

## SOLUTIONS

### KEY COMPONENTS OF AN IDEAL MODEL

#### ■ **Permanent site:**

The single most important action needed to support a countywide emergency shelter response is to develop a year-round permanent emergency shelter. While the current Cold Weather Shelter Program provides extraordinary and important support, it is inherently flawed and inefficient given its transitory structure. A permanent site would improve cost effectiveness, living environment, and program outcomes. Given the experience of the current year (2009), the number of beds needed to meet current need should match the 400 beds now provided at the two locations, plus shelter for approximately 100 families participating in the Family Redirection Program. (The Family Redirection Program provides motel vouchers and alternative housing options to families with children ages five and under so that young children are not housed in the Cold Weather Shelter.)

#### ■ **Thresholds:**

The ideal emergency shelter should allow for the lowest possible thresholds to allow an individual to receive services. The only barrier should be if the behavior of the individual threatens the well-being of other participants. Individuals with addiction and mental health disorders must be able to receive services in this type of an emergency shelter.

#### ■ **Environment:**

Too frequently the environment surrounding mass shelters, at least locally, has promoted a sense of “flopping” or “warehousing” of the homeless. Instead of just giving someone a place to stay, this shelter needs to put its residents on a path that will end their homelessness. Another strategy for those entering the emergency shelter system is to develop and institute a rapid re-housing program. This option would redirect individuals and households that would normally enter the emergency shelter system and moves them into either transitional housing or permanent housing through a rapid re-housing program.

# DISCUSSION OF GOALS AND STRATEGIES

## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 3

GOAL # 3: IMPROVE THE EFFICACY OF THE EMERGENCY SHELTER AND ACCESS SYSTEM		
#	STRATEGY	IMPLEMENTATION ACTION
13	Continue to support the Armory until year-round emergency shelter is developed.	<p><b>13.1</b> Maintain and enhance funding streams currently supporting the Cold Weather Shelter Program.</p> <p><b>13.2</b> Maintain and enhance relationships between contracted provider; County; City of Santa Ana, City of Fullerton, and City of Anaheim; and partner agencies providing onsite services.</p>
14	Develop year-round permanent emergency shelter(s) to replace the Cold Weather Shelter system.	<p><b>14.1</b> Determine the number of regional shelters that are appropriate and feasible.</p> <p><b>14.2</b> The shelter must provide or be able to refer for medical care, mental health assessment and services, benefit counseling, etc.</p> <p><b>14.3</b> Within the shelter, provide a separate space for families with children, and provide an area that can serve as a 'day center' where those unable to work or attend school can go as a respite from the streets.</p> <p><b>14.4</b> Develop and evaluate a pilot recuperative shelter bed program.</p>
15	Provide a rapid re-housing program for Emergency Shelter clients, including, but not limited to, move-in expenses, housing subsidies, and case management support.	<p><b>15.1</b> Develop rapid re-housing program model.</p> <p><b>15.2</b> Secure funding for implementation of the model.</p> <p><b>15.3</b> Secure program partners and define roles and responsibilities of each.</p> <p><b>15.4</b> Implement countywide program.</p>

## DISCUSSION OF STRATEGIES

**STRATEGIES # 13 AND 14:** Although the Cold Weather Shelter Program is typically filled to capacity during the winter months, the use of these facilities is necessarily limited, depending upon whether the National Guard needs to utilize its buildings during the shelter program months. This prevents the set-up of permanent beds for the homeless, since the shelter program supplies must be packed up each morning. It also leads to some evenings when alternate shelter locations must be found on short notice, increasing transportation costs to the homeless and the providers.

One or two permanent emergency shelter buildings will allow for a facility to be tailored to the needs of both homeless individuals and homeless families with permanent rooms and beds, rather than open floor cots. It would also allow for service organizations to maintain staff and services on site, which is not currently possible in the seasonal Cold Weather Shelter locations. The existing Cold Weather Program should be fully supported until the permanent location(s) is/are built.



**STRATEGY # 15:** As noted in Strategies #13 and #14, with a permanent emergency shelter location, facilities for on-site services can be incorporated. With the availability of on-site services, rapid re-housing program staff can assess the individuals or families that arrive at the shelter each evening to determine the best means for housing them as quickly as possible.

## **GOAL 4 : MAKE STRATEGIC IMPROVEMENTS IN THE TRANSITIONAL HOUSING SYSTEM**

### **CURRENT STATUS**

According to the 2008 Homeless Needs Assessment, at the end of 2008, there were 38 emergency and 27 transitional shelter programs in the County. The transitional housing units are supported through services from a variety of community-based service organizations. These organizations range from small agencies with limited staff to multimillion-dollar agencies with a diverse staff. Most rely heavily upon donations from individuals, corporations and foundations in the community along with volunteers to successfully implement their programs. Many of these community-based organizations were born out of the faith community and are a direct outreach from people with a passion to serve the homeless.

Transitional housing is time-limited supportive housing designed to help those experiencing homelessness to obtain and maintain long-term housing. Programs serve participants for a minimum of 30 days and as defined by HUD, could be allowed to stay up to two (2) years. Service providers agree to provide a private space with a locked door, housing subsidies, and access to on-site and off-site services such as employment, health care, housing placement, mental health care, substance abuse treatment, and veteran benefits. The service needs should be coordinated with case manager(s) and among agency providers. In addition, the participants in the program need to establish the resources (e.g., credit history, move-in costs, employment stability) necessary to obtain and maintain permanent housing. Participants agree to comply with program rules and expectations, which at minimum include an initial assessment, the development of a service plan, and progress toward achieving plan goals that always include the goal of transitioning to housing that is not time-limited.

The transitional housing facilities developed over the last 20 years have allowed service providers to significantly increase their organizational capacity and to build successful programs impacting people's lives. As a result of the facilities that have been developed, these service providers are now in a greater position to carry out their mission and vision giving children and youth an opportunity to succeed, supporting families in need and providing care for the elderly, abused and homeless. The majority of the facilities that have been developed are well-integrated into their neighborhoods, have been able to overcome "Not In My Back Yard" (NIMBY) opposition, and are viewed as an asset for their city rather than a liability. In fact, many of the transitional facilities and homes are "hidden in plain sight" meaning that the casual observer would never know these facilities served the homeless.

Transitional housing programs in Orange County assist all kinds of families and individuals, including women in crisis, pregnant women and their newborns, abused children and homeless youth, at-risk teens, victims of domestic violence and/or spousal desertion, young adults who have aged-out of the foster care system, military veterans, homeless adults living with HIV/AIDS, the mentally challenged, developmentally disabled persons, people who are homeless as a result of job loss or illness, those being discharged from hospitals, jails, or foster care, and those affected by natural disasters and other catastrophes.

# DISCUSSION OF GOALS AND STRATEGIES

In Orange County, transitional housing programs have been effective in helping individuals and families end their homeless experiences. According to the 2011 Point in Time Count, on a given night, 1,207 in households with at least 1 child and 1 adult; 20 persons in households with only children (under 18); and 499 individuals in households without children (adults 18 and older) were occupying transitional housing.

Transitional living programs have attracted and leveraged significant resources from both public and private sources to help both homeless families and individuals. This investment has created a strong foundation in the fight against homelessness, as well as a solid base of experience and the new proposed concepts in the Ten-Year Plan should capitalize on this existing infrastructure.

Through research, the cost-effectiveness of transitional housing programs should be compared with the cost-effectiveness of a rapid re-housing program. Programs with cost-effective outcomes should then serve as models for additional programs. Rapid re-housing is growing in both popularity and effectiveness and has proved to be a successful strategy across the country. Orange County has found it challenging to implement rapid re-housing, in part because of the average cost of housing in the rental market. Nonetheless, the strategy effectively reduces the need to consecutively move a family from one place to another reducing the trauma to children. It also allows the family or individual to determine its own future and promotes independence. Through this approach, it will be determined where to invest future capital and program dollars to facilitate an individual or family becoming self-sustaining.

## CHALLENGES

Although the Plan emphasizes the need for immediate permanent housing placement through rapid re-housing, it recognizes a role for long-term transitional housing for certain populations. For instance, providers have indicated that individuals who are battling chronic addictions and are ready to embrace sobriety benefit from a structured congregate environment with supportive services and peer mentoring on-site. Thus, the Plan maintains a level of transitional housing to target those populations that benefit most from a staged approach. These transitional housing programs are generally part of a continuum of programs offered by a single provider, where a client can seamlessly move from an emergency shelter program to transitional housing.

Although there are 1,726 individuals in transitional housing programs each day, there are approximately 4,272 individuals who are living on the streets and are in need of housing (2011 Orange County Homeless Census and Survey). There are people in need of transitional shelter throughout Orange County, and transitional housing units and related services should meet the diverse needs of the homeless population in each of the 34 cities along with each of the five supervisorial districts.

If Orange County implements a rapid re-housing strategy that focuses on early identification and resolution of transitional housing resident barriers to self-sufficiency, it will facilitate transitional shelter clients in returning to permanent housing. For this to be effective, transitional housing programs should be closely linked with services such as: on-site counseling and case management, and provide access to child care, credit counseling, life skills training, affordable rental and home ownership programs, employment training and placement, other educational programs and tuition assistance programs.



Families represent a significant percentage of the homeless population in Orange County. Many families must share housing by doubling and even tripling up to cope with the County's high housing costs, causing overcrowding and instability. Homeless families in Orange County have it especially tough. There are very few options for single-parent families, and virtually none for families with both moms and dads. To get help, they have to split up into separate programs for women, men, and children, which may require them to live in different locations. Families that have withstood homelessness together are then torn apart.

For most families, homelessness is not a result of substance abuse or illness, but is caused by financial loss, family problems, and from simply not having a job that pays enough to afford monthly rental costs. Other barriers include lack of a coordinated shelter system and insufficient information on program outcomes.

## **SOLUTIONS**

The overarching purpose of this goal is to acknowledge the role transitional housing plays in Orange County and the role it will continue to play in the future. The investment in transitional housing is necessary, and it is important to improve the system of care provided through these units.

Over the last 20 to 25 years, significant efforts have been made to develop transitional housing in this community. The programs have been effective for many of those families served, but are insufficient to meet the number of homeless families and individuals in the community. The addition of a rapid re-housing program will expand the housing opportunities by utilizing rental units in the County and developing permanent affordable housing.

There has not been a uniform standard of care for providers of transitional living programs in Orange County, resulting in a mixed level of services for those who enter these programs. Standards and requirements vary with the type of program. For example, congregate living facilities' standards are different from those in decentralized housing in apartments or single-family dwellings. In addition to these variables (and perhaps more important) is the ability and will of providers to standardize outcomes and track clients after they leave programs. This inability to track clients and recognize "best practices" or effective programs leaves a great deal of information to subjective evaluations.

Standards for congregate housing facilities need to be defined. This includes, but is not limited to: client assessment, length of stay, housing placement options, housing quality, personal hygiene facilities, residents' participation in general housekeeping, meal, and clothing standards, health screenings, case management, and facilities licensing/certification.

In addition, eligibility standards for clients may need to be reviewed and revised. Many homeless individuals and families are turned away from programs because they do not meet the criteria to enter. Intact families, single mothers, domestic violence victims with teenage children, and others often face denial of services because they "don't fit" the guidelines of transitional programs.

# DISCUSSION OF GOALS AND STRATEGIES

## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL #4

GOAL # 4: MAKE STRATEGIC IMPROVEMENTS IN THE TRANSITIONAL HOUSING SYSTEM		
#	STRATEGY	IMPLEMENTATION ACTION
16	Maintain current funding for existing transitional housing.	<p><b>16.1</b> Fund existing transitional housing at a level needed to maintain the transitional housing until there is sufficient permanent housing stock to meet the needs of the homeless.</p> <p><b>16.2</b> Using an approach that includes permanent supportive, transitional, and emergency housing, determine the number of transitional housing units/beds needed.</p>
17	Provide a rapid re-housing program for clients living in transitional housing.	<p><b>17.1</b> Include move-in expenses, housing subsidies, and case management support.</p> <p><b>17.2</b> Give graduating Emergency Shelter clients priority for accessing Transitional Housing.</p> <p><b>17.3</b> Identify clients that can go straight to permanent housing without staying in Transitional Housing.</p>
18	Pursue less stringent entrance requirements for obtaining and remaining in transitional housing.	<p><b>18.1</b> Examine current program thresholds and requirements and establish common criteria among service providers.</p> <p><b>18.2</b> Develop high quality standards of care for transitional living programs to be consistently implemented by the service providers.</p>
19	Use Central Intake to identify those clients who move from shelter to shelter and link them to appropriate services.	<p><b>19.1</b> Develop plan and action items for both service providers and for clients to implement a rapid re-housing program vs. transferring to another transitional housing program.</p>

## DISCUSSION OF STRATEGIES

**STRATEGY # 16:** While funding is needed for permanent affordable housing and emergency shelter, it is also important to continue to support the existing transitional housing programs that are critical to the continuum of services for those who are homeless and for the prevention of homelessness.

**STRATEGY # 17:** While transitional programs have been effective for many clients, there is increasing research to indicate that additional strategies are needed. Rapid re-housing for long and short term homeless is effective in many jurisdictions, including Minneapolis, San Francisco, and others. Providing housing and the services necessary to sustain independence will not only provide benefits to the clients served, but will also reduce costs to the community for hospital emergency rooms, parks etc.

Developing an assessment tool to determine who should go directly to permanent housing and who should be put in transitional housing will help provide stability to the family and children.



**STRATEGY # 18:** This strategy refers to the need for programs with less stringent entrance requirements that still provide adequate services to assist the client.

**STRATEGY # 19:** Central Intake that identifies clients, their needs, the services required, and can be used to identify agencies where clients can receive the appropriate services is critical in creating a seamless continuum. Service providers will need to participate in the process to develop or link existing services to the client.

## **GOAL 5 : DEVELOP PERMANENT HOUSING OPTIONS LINKED TO A RANGE OF SUPPORTIVE SERVICES**

### **CURRENT STATUS**

Permanent housing refers to a variety of housing types, including but not limited to, supportive housing, affordable housing, market-rate housing, and shared housing. The defining characteristic of permanent housing is that it is **not** time-limited.

The goal of the current model of homeless case management is to move clients towards self-sufficiency and a permanent home. The model generally assumes that all homeless – whether new to the service system or a long-term client – come to the system through the same channels and with generally similar needs. This service system, known among service providers as the Continuum of Care, first attempts to channel clients through an emergency shelter, then through a longer-term transitional shelter, then into some type of permanent housing situation. Unfortunately, many of these assumptions are not applicable across different types of clients, are outdated, and wrongfully assume that a sufficient number of permanent housing units are available to meet the needs of the target population.

This is not to say that the current system does not help many thousands of Orange County residents each year. There are many who would have remained homeless for longer periods of time had they not been able to access the existing continuum of shelters and services. The current system acts as a kind of “homelessness insurance,” much the same way that an insurance company steps in with assistance to its policyholders.

This current system model works well when partnered with a variety of supportive services that can hedge a client against future homelessness. In Orange County, a variety of private, federal, state and county-funded programs offer job training courses, child care, work-appropriate clothing, food bags and/or meals, among other services. Many of these services follow clients through their shelter stay(s), and sometimes even after they have found permanent housing.

The variety of non-profit service providers that have formed in Orange County over the last 30 years has meant that many different types of clients can be served simultaneously. Each provider tends to specialize in a particular type of client in order to tailor services effectively. Currently served populations include, but are not limited to, families, victims of domestic violence, veterans, chronically homeless men and women, individuals with mental health issues and their families, and individuals with physical and developmental disabilities and their families.

Some of those served by these providers are eventually able to move into permanent housing. Many of those housed in transitional housing programs (typically anywhere from six to 24 months) are usually required by the

# DISCUSSION OF GOALS AND STRATEGIES

shelter provider to be employed and to save a certain percentage of their earnings to be used toward rent and a security deposit. Although this may open the door to a home, few clients graduate from these programs with enough long-term income prospects to sustain the costs of a market rate home.

Many transitional housing clients also apply to a local Public Housing Authority to receive a federally subsidized Housing Choice Voucher, which partially subsidizes the cost of a market rate rental apartment or home. For a limited number of clients, this successfully removes them from the at-risk/homeless system.

Some transitional programs make an effort not to “graduate” clients unless they have either a Housing Choice Voucher or personal funds sufficient to rent a safe and decent home. However, due to funding and program restrictions, clients must leave once the allotted program time has expired, regardless of whether they have a permanent residence waiting for them. As a result, a large number of emergency and transitional clients and their families transition from shelter to shelter or to motels or back into homelessness.

Another route to permanent housing for the homeless is through affordable, or income-restricted, apartments and homes built and managed by not-for-profit developers. These developers use a combination of city, state, and federal funding as well as private financing to create new housing developments or to rehabilitate existing housing.

In addition to complying with the usual building and planning codes for the community in which the development is created, public funding sources for these developments may require that a variety of other conditions be met. Examples include: restriction of the income level of eligible tenants, availability of public transportation and child care either on-site or within a short distance of the development, and availability of supportive services such as job training for low-income residents. Supportive services in these communities are usually achieved through a contracted arrangement between the not-for-profit developer and a local non-profit organization with expertise in serving the homeless population. However, few affordable housing units include any supportive services, lessening the likelihood that formerly homeless clients will be able to maintain that housing.

## CHALLENGES

In many parts of California, and in Orange County in particular, the cost of permanent housing is largely out of reach for many low-income residents. Often, clients are either the working poor or are disabled or elderly persons living on a fixed income from one or more sources of government support. According to the Center for Housing Policy, in the fourth quarter of 2008, the median Orange County two-bedroom fair market rent of \$1,546 ranks as the fifth most expensive among 210 U.S. metropolitan areas; renters must earn at least \$29.73 an hour for their housing costs not to exceed 30% of their income.

A typical minimum wage worker earns about \$8 per hour. Assuming that such person works a 40-hour week, 52 weeks per year, this would mean that this person must work 120 hours per week, year-round in order to afford to pay their rent. The story is even more disheartening for someone living on government support. Someone whose main source of income is Supplemental Security (SSI) can only afford monthly rent of \$261.

For many families and individuals who have household incomes at or near the minimum wage level, the majority of their income goes toward the basic necessities of shelter, food, and clothing. This leaves no ability to save the thousands of dollars required for first month’s rent and a security deposit to rent an apartment or home. Also, because many extremely low income individuals and families work in low wage jobs that do not offer sick days or



health care benefits, one major illness can lead to near-immediate job loss, which becomes a downward spiral toward continued unemployment and homelessness.

Fundamentally, the core problem with fully implementing a “housing first” approach to ending homelessness in Orange County is the lack of enough housing at all income levels, but particularly for those in the lowest income categories. The insufficient supply can be attributed to many issues, such as strict local, state and federal land use requirements restricting or forbidding certain types of residential development; misconceptions about higher density developments, which allow more residential units than single family homes; and resistance to any new development by potential neighbors and elected officials.

As a result of these conditions, low-income wage earners are often excluded from the housing market due to artificial shortages caused by regulatory constraints on supply.

For low-income Orange County residents who are at-risk of homelessness or are already homeless, the best chance of achieving the stability of a permanent home lies with the federally funded Housing Choice Voucher rental subsidy program (also known colloquially as the “Section 8” program). Unfortunately, the supply of vouchers is very limited. Orange County has four Public Housing Authorities (Santa Ana, Garden Grove, Anaheim, and the County of Orange). The waiting lists for vouchers at all of these agencies range from four to eight years.

In addition, the voucher program is mostly dependent upon private landlords who are willing to deal with the paperwork and regulations that come with participating in the program. Because these requirements can seem quite onerous, and because the rent levels are usually far lower than the fair market rent that landlords can charge otherwise, many landlords are apprehensive to participate in the program. This means that even those lucky enough to receive a voucher after years of waiting may not be able to find a landlord willing to accept the terms and conditions that accompany the vouchers.

The severe shortage of affordable housing and Housing Choice vouchers creates a backlog of shelter clients who have nowhere to go when they leave shelter programs.

In addition to Housing Choice vouchers, there are also several hundred affordable (income-restricted) apartments in Orange County that do not require a voucher. However, the wait for these apartments is comparable to the waiting list for a voucher, and in many cases, the property managers do not maintain a waiting list. The majority of these property managers also run background and credit checks, which eliminate many homeless and at-risk clients who have a bankruptcy, eviction, or felony conviction on their records.

Because the shelter system is only intended to be a temporary respite between homelessness and permanent housing, it is usually not equipped to address the systemic problems that lead to homelessness. This is particularly true of chronic issues that may take many more months or years to address than a shelter program lasts.

“Without a stable place to live and a support system to help them address their underlying problems, most homeless people bounce from one emergency system to the next—from the streets to shelters to public hospitals to psychiatric institutions and detoxification centers and back to the streets—endlessly.” (Corporation for Supportive Housing, [www.csh.org](http://www.csh.org))

# DISCUSSION OF GOALS AND STRATEGIES

## SOLUTIONS

Dr. Dennis Culhane, a noted researcher on homelessness at the University of Pennsylvania, has found that between 70% and 80% of those who leave shelters quickly either go back to living with family members or make new living arrangements with family or friends that were not previously available (remarks from National Conference on Ending Family Homelessness, San Diego, CA, February 12, 2009). These types of living arrangements are precarious in nature. However, this fact also shows that a significant majority of shelter residents could sustain permanent housing with some kind of supportive network of services. This would leave the shelter system to absorb only 20%-30% of the most imminently homeless or at-risk homeless population that it currently does, allowing them to dedicate their intensive services to the most difficult cases.

The success of Orange County's Ten-Year Plan to End Homelessness hinges on attaining a **significant** and **sustainable** increase in the availability of permanent housing opportunities affordable to people at extremely low income levels, in conjunction with **supportive services** to help clients remain stable and sustain that housing. Achieving the mission of ending homelessness in the next decade hinges on a clearly developed plan that includes **all** homeless clients. It also requires the development of many more housing units that are available to those at lower income levels. Changing the emphasis from merely providing shelter to providing long-term housing opportunities with supportive services is the necessary first step.

Historically, the most difficult clients to house are the chronically homeless. Most chronically homeless people have a disability that requires significant and costly support. According to the U. S. Department of Health and Human Services there are five characteristics associated with chronic homelessness:

- The near universal presence of disabling conditions involving serious health conditions, substance abuse, and psychiatric illnesses;
- Frequent use of the homeless assistance system and other health and social services;
- Frequent disconnection from their communities, including limited support systems and disengagement from traditional treatment systems;
- Multiple problems such as, "frail elders with complex medical conditions, or HIV patients with psychiatric and substance abuse issues"; and
- Fragmented service systems that are unable to meet their multiple needs in a comprehensive manner.

Any plan that does not address these issues will have limited success.

Seriously mentally ill/seriously emotionally disturbed individuals are an important subset of those who are chronically homeless. However, many individuals who are homeless or at high risk of becoming homeless do not meet the eligibility requirements for the services they need.

One new program that will be able to support new permanent housing units tied to supportive services is the Mental Health Services Act (MHSA) Housing Program. Orange County has been allocated \$33 million to provide additional housing for the homeless mentally ill. Of this amount, up to \$11 million may be used for operating costs. The remaining funding must be used for new construction or rehabilitation of existing units to provide housing for those who are both homeless and seriously mentally ill. These funds must be used in combination with other sources of funding.



In addition to the MHSA Housing Program, other housing and supportive services are provided through the MHSA Community Services and Supports component of the MHSA for clients enrolled in a Full Service Partnership Program. Clients of these programs must be seriously mentally ill adults or older adults or seriously mentally ill/seriously emotionally disturbed children and youth. The programs are client and family-driven and provide flexible resources that are tailored to each client’s specific needs.

## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 5

GOAL # 5: DEVELOP PERMANENT HOUSING OPTIONS LINKED TO A RANGE OF SUPPORTIVE SERVICES		
#	STRATEGY	IMPLEMENTATION ACTION
20	Establish as a top priority providing permanent housing opportunities.	<p><b>20.1</b> Design and implement programs using HOME grants, MHSA, redevelopment or other funding sources that can be used for flexible tenant-based rental assistance with flat or tiered rent subsidies and required participation in supportive services for individuals coming out of the homeless system of care.</p> <p><b>20.2</b> Work with city and county redevelopment agencies to increase the affordability of housing stock in redevelopment areas.</p> <p><b>20.3</b> Work with shelter providers and developers to increase permanent housing by providing incentives for a conversion of some transitional housing to permanent supportive housing.</p> <p><b>20.4</b> Actively seek out funding opportunities to increase housing options.</p> <p><b>20.5</b> Encourage employer assisted housing (also known as “workforce housing”) for all income levels through development and widespread dissemination of a cost-benefit analysis for employers.</p> <p><b>20.6</b> Research and implement project-based Section 8 programs.</p> <p><b>20.7</b> Create a Trust Fund to develop housing for extremely low and very low-income individuals and families.</p> <p><b>20.8</b> Explore SB 375 and other mechanisms to link housing/ transportation balance to providing permanent supportive housing. (SB 375 provides emissions-reducing goals for which regions can plan; integrates disjointed planning activities; and provides incentives for local governments and developers to follow new conscientiously-planned growth patterns.)</p>

# DISCUSSION OF GOALS AND STRATEGIES

## GOAL # 5: DEVELOP PERMANENT HOUSING OPTIONS LINKED TO A RANGE OF SUPPORTIVE SERVICES (CONTINUED)

#	STRATEGY	IMPLEMENTATION ACTION
20		<b>20.9</b> Develop a mechanism for evaluating the political cost of siting various types of housing needed (e.g., emergency and permanent) and prioritizing when, where and how the housing will be sited.
21	Preserve and expand current supportive housing programs.	<p><b>21.1</b> Work with developers and County Behavioral Health to plan and implement projects that could be funded (in part) through the Mental Health Services Act (MHSA).</p> <p><b>21.2</b> Identify homeless or at-risk individuals who are ill or injured and require post hospital recuperative care.</p>
22	Meet Regional Housing Needs Assessment (RHNA) allocations for permanent affordable housing for those individuals with extremely low and very low incomes.	<p><b>22.1</b> Build partnerships between supportive service providers, affordable housing developers, advocacy organizations, and city and county governments through existing organizations (such as The Kennedy Commission, Jamboree Housing, Orange County Community Housing Corporation, and shelter providers).</p> <p><b>22.2</b> Hold a widely publicized joint meeting (involving the organizations in Action 22.1), where cities/county sign a resolution agreeing to meet RHNA goals within a specified timeframe.</p>
23	Identify best practices and develop programs that remove barriers and provide incentives to assist “difficult to place” clients in existing private housing markets.	<b>23.1</b> Review existing effective practices such as the MHSA Full Service Partnership programs.
24	Develop housing locator services.	<p><b>24.1</b> Identify the housing locator services that are currently available and explore ways of improving coordination among these groups; use master trainers to work with existing providers of this type of service.</p> <p><b>24.2</b> Consider a web-based housing search tool that could be used by both clients and case managers.</p>
25	Work in partnership with cities and counties to reduce regulatory barriers to affordable housing development and to identify incentives for local municipalities, builders, and developers to create housing for extremely low and very low-income residents.	<p><b>25.1</b> Promote and create new incentives to encourage partnerships between affordable housing developers/property managers, city/county governments, and supportive service providers.</p> <p><b>25.2</b> Encourage non-profit housing developers to apply for Community Housing Development Organization (CHDO) status. This puts such agencies on a “preferred provider” list for affordable housing projects being considered by particular jurisdictions.</p>



**GOAL # 5: DEVELOP PERMANENT HOUSING OPTIONS LINKED TO A RANGE OF SUPPORTIVE SERVICES (CONTINUED)**

#	STRATEGY	IMPLEMENTATION ACTION
25		<b>25.3</b> Work with affordable housing developers to create projects appropriate for the MHSA Housing Program.
26	Adopt a “Housing First” philosophy for homeless individuals with disabling conditions (or conditions that impact their ability to remain housed).	<b>26.1</b> Identify those with serious mental illness, substance abuse issues, physically disabling conditions and other serious disabilities. <b>26.2</b> Set up a system whereby those individuals identified are channeled directly into permanent supportive housing.
27	Establish a move-in assistance program.	<b>27.1</b> Provide a countywide fund to assist shelter graduates and homeless clients with first/last month’s rent, deposit, furniture, and household supplies.
28	Provide technical assistance for service providers.	<b>28.1</b> Identify the types of technical assistance needed. <b>28.2</b> Identify appropriate individuals or organizations to provide the technical assistance.

**DISCUSSION OF STRATEGIES**

**STRATEGY # 20:** The existing homeless funding model from both public and private sources focuses almost exclusively on emergency and transitional shelters and service provision within that paradigm. The purpose of this strategy is to expand regional planning efforts, funding, and resources toward increasing the supply of permanent affordable housing linked to supportive services, while maintaining the current supply of transitional housing.

**STRATEGY # 21:** Although public funding is currently the primary source of financing for permanent supportive housing programs, much of the homelessness prevention funding goes to shelter programs. Cost studies by the Corporation for Supportive Housing show that it costs about the same amount of money to house someone in stable supportive housing as it does for someone to cycle through the shelter and crisis care system.

Public institutions such as jails, hospitals, treatment facilities, and foster care homes, may discharge clients without a plan for housing because there are not adequate resources to link the homeless to the services and housing they need to remain stable in the community. Effective discharge planning and recuperative care programs are critical to preventing homelessness and stopping the cycling of people through expensive public institutions.

Permanent Supportive Housing for homeless individuals living with serious mental illness can be funded (in part) with the Housing component of the Mental Health Services Act. Orange County has been allocated approximately \$33 million to develop projects for this target population. The projects must be submitted by OC Behavioral Health Services, housing developers, and other interested parties who should work with the County Mental Health Director to develop project proposals.

**STRATEGY # 22:** In California, cities and counties are required by law to determine their com-

# DISCUSSION OF GOALS AND STRATEGIES

munity's housing needs and to document those needs in a written record known as a "housing element". Although typically a long and complex document, a housing element basically outlines a community's housing needs at all income levels, from extremely low incomes to above moderate level incomes. These needs are calculated based on a variety of factors (including size of the community, demographics, available open land, percentage of existing housing and commercial properties). The resulting number is known as a Regional Housing Needs Assessment (RHNA). The numbers calculated for a housing element are usually considered current for between five and eight years, and are reviewed by the state Housing and Community Development Department. Jurisdictions that are out of compliance with their housing element are subject to state action and civil legal action.

However, even though RHNA numbers are so central to solving the permanent housing crisis in Orange County, housing elements are still a highly complicated and little known or understood tool to assist in planning for housing at all income levels. Further, given that the housing element planning and development process only occurs every five to eight years, the consequence of not engaging all potential stakeholders is the continued growth of the homeless and precariously housed members of our communities. The long lead-time for planning housing projects exacerbates the problem.

**STRATEGY # 23:** As described earlier, ending homelessness for the chronically homeless population in particular will require addressing not only their housing needs but also their service requirements. Housing First programs across the country provide successful models to guide local efforts. Moreover, funding opportunities exist, particularly through California's Mental Health Services Act (Proposition 63), to develop supportive housing to serve many of Orange County's homeless community. Collaborative relationships between developers and providers to address the comprehensive support requirements of these "difficult to place" clients must be encouraged and sustained.

**STRATEGY # 24:** Some shelter case managers already provide housing locator services to their clients and have specific experience with this process. These core staffers could act as master trainers to staff with the other homeless service providers. Alternatively, similar services could be handled by a small group of specially trained staff stationed within a central referral bank, such as 2-1-1 Orange County.

**STRATEGY # 25:** One of the more significant factors limiting more housing development (as cited by both housing advocates and housing developers) is the volume of state and local development and land-use regulations. The more regulations that developers must comply with, the less likely it is that a housing development will materialize unless it is highly profitable to the developer. By definition, housing developments that are intended to be affordable to residents at the low end of the local income range will not be profitable. This strategy is intended to bring the various housing development stakeholders together with city and county planning policy makers to determine the best ways to create incentives for affordable development, with a focus on serving very low and extremely low income residents (as defined by the state income standard).

**STRATEGY # 26:** The "Housing First" philosophy is based upon the premise that placing a client in permanent housing as quickly as possible provides the stability that the client needs to be able and willing to receive supportive services, and for those services to be effective. The goal of this strategy is to ensure permanent housing with supportive services for those clients with a "disabling condition" (including physical and/or mental health issues and addictions) that is likely to be long-lasting and impact their ability to remain housed.



**STRATEGY # 27:** The purpose of this strategy is to assist clients with the initial expenses and supplies required to move into an apartment. Move-in assistance would include first and last month's rent plus a security deposit, deposit funds for utilities to be turned on, furniture and household supplies, and assistance with moving belongings. These funds could be disbursed through existing programs or a new fund could be established. The key to this strategy is that the required funding be made available to the client in need without delay.

**STRATEGY # 28:** Although there are many successful shelter providers and housing developers that have permanent supportive housing, additional assistance is needed to ensure that more agencies have the capacity to develop supportive housing.

## **GOAL 6: ENSURE THAT PEOPLE HAVE THE RIGHT RESOURCES, PROGRAMS AND SERVICES TO REMAIN HOUSED**

### **CURRENT STATUS**

This goal is aimed at breaking the cycle of risk factors and resulting homelessness that often continue through generations of individuals and their families. By the time that many individuals and families reach out for shelter, many have a long history of interaction with social services programs and providers. The expectation is that dealing with the individual or family as a whole will not only prevent homelessness, but increase the probability that the clients will be able to sustain stable housing.

According to Dr. David Snow, professor of Sociology at University of California Irvine, the longer individuals are on the street and without services, the more difficult it is to stabilize them (*Down on Their Luck: A Study of Homeless Street People*, 1993). Also, their situation may deteriorate and the issues created by drug or alcohol use and the problems brought on by mental illness may create additional harm. The longer families live in poverty, the more challenging it is for service agencies to address their issues. Early intervention is critical to breaking this cycle, yet there is often a delay in identifying and connecting clients in need with the appropriate services soon enough to effect change.

Today resources are available, but often difficult to access due to transportation, hours, location, funding, or specific program requirements among other factors. Individuals unfamiliar with available services are tremendously challenged to find services and get to them.

Integration of and collaboration among service agencies is inadequate. Family Resource Centers have worked to bring together providers serving families in at-risk communities. However, reduced funding has caused these centers to be cut back, or in some cases eliminated completely.

### **THE CHALLENGE**

The most fundamental risk factor for becoming homeless is acute poverty. (2007 US Conference of Mayors Report on Hunger and Homelessness). It is estimated that 4% of the population in Orange County lives in acute poverty (US Census, 2000). Acute poverty is calculated as the number of people with an individual annual income of less than 50% of the federal poverty level, or for children, a family income of less than 50% of the federal poverty level.

Orange County has dozens of organizations, both private and public, providing resources to those at risk of

# DISCUSSION OF GOALS AND STRATEGIES

homelessness. The current economic challenges aggravate the problems in the County and make it even more important to carefully allocate resources. All community organizations must be involved in developing the community's response. Collaboration among social services agencies will provide a more cost-effective and successful housing recovery program. Developing or expanding effective regional centers will be a challenge, since the County is diverse in culture, languages spoken, the concentration of poverty in geographic areas, and the community resistance to solutions.

The unemployment rate for Orange County in March 2009 was 8.5% (California Employment Development Department, Orange County Profile). The opportunities for retraining so that people can earn a living wage are severely impacted by the current economic climate. However, there are many programs focused on education and job development, and these will continue to be helpful in meeting the challenge.

Due to the absence of any coordinated shelter system or centralized services, it will take a concerted effort to document the resources that are available and a new management structure to allocate the needed resources to all County clients in need of this support. Implementing and sustaining effective collaboration and communication are challenges that must be met for this plan to succeed. In addition to the issues of public opinion and NIMBYism, leadership from non-profits, politicians, and business will be critical. Demonstrating success will require transparency and improved communication between agencies – both public and private.

## SOLUTIONS

The solutions to developing a system capable of ensuring that people have the right resources to remain housed generally involve a continued high level of supportive services once an individual or family has been placed in permanent housing. The support should continue as long as necessary to maintain the client in the housing. It is much less costly to keep someone in housing than to try to find housing for them and provide assistance with moving and setting up a home once the individual or family has been living on the street.

Continuing a relationship with a case manager once a person is housed will improve the communication necessary to provide assistance proactively. It is also important to become proactive in furthering education and developing job skills that will allow the client to become self sufficient in the long run. By making sure that the necessary training and supportive services are available, it is possible to break the cycle of multiple generations of homelessness experienced by some families.

Implementation of the Mental Health Services Act in Orange County has provided a large array of supportive services for those who are homeless or at high-risk of homelessness as well as having a serious mental illness. Supportive services include, but are not limited to, employment services, mentoring, in-home crisis stabilization, education and training, centralized assessment team services, recovery centers, residential treatment, a wellness center, and a transitional age youth discovery program. These services for those who are mentally ill cannot meet the needs of the whole target population; however, they provide a step in the right direction. It is important that homeless services providers coordinate with MHSA programs to maximize the use of services available to this sub-population.



## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 6

### GOAL # 6 : ENSURE THAT PEOPLE HAVE THE RIGHT RESOURCES, PROGRAMS, AND SERVICES TO REMAIN HOUSED

#	STRATEGY	IMPLEMENTATION ACTION
<b>29</b>	Identify and enhance employment and training that enables homeless adults and youth to secure living wage jobs.	<p><b>29.1</b> Provide career counseling and job development assistance.</p> <p><b>29.2</b> Offer a declining subsidy for housing to allow an individual to afford housing while in school or being trained.</p>
<b>30</b>	Increase and coordinate benefits and services provided by mainstream government programs, e.g., use a navigator to lead the client through the benefits acquisition process.	<b>30.1</b> Systems Navigators have been used by the Mental Health Services Act programs provided in Orange County as well as in other U.S and foreign jurisdictions. Study these successful models to see how they could be implemented for this target population.
<b>31</b>	Increase and support communication between service providers.	<b>31.1</b> Reward collaborative efforts amongst service providers and support excellent model programs.
<b>32</b>	Increase options for transportation to services, work, and school.	<b>32.1</b> Given the inadequate public transportation system and the large size of the County, find innovative ways to meet transportation needs. Examples might be: carpooling, and paying for gas and basic car repairs.
<b>33</b>	Increase the supply of and access to affordable childcare for homeless and at-risk families.	<b>33.1</b> Explore babysitting cooperatives and partial subsidies for childcare expenses.
<b>34</b>	Develop/implement model performance standards for supportive services.	<b>34.1</b> Review existing performance standards and compare to models that have been effective.
<b>35</b>	Increase the supply of and access to legal services related to housing and homeless issues.	<b>35.1</b> Work with Orange County Public Law Center to identify and coordinate the pro bono services of local attorneys.
<b>36</b>	Develop a housing scholarship fund to support declining rental subsidies for clients.	<b>36.1</b> Engage local philanthropists and corporate foundations to leverage their resources and reach out to others to establish the fund.
<b>37</b>	Expand case management and other supportive services to individuals after they move into permanent housing.	<b>37.1</b> Review eligibility requirements for case management services and explore sources of funding to expand length of client eligibility for such services.

# DISCUSSION OF GOALS AND STRATEGIES

## DISCUSSION OF THE STRATEGIES

**STRATEGY # 29:** The unemployment and underemployment of many Orange County residents is a major contributing factor for homelessness. Identifying programs focused on job training for all segments of the homeless will support the objective of providing adequate financial resources to sustain housing. This strategy encourages participation in effective short-term certificate programs through community college, Regional Occupation Programs, and adult school programs so the individuals can regain employment or increase wages as soon as possible.

**STRATEGY # 30:** An inventory of government resources and a process for accessing them must be developed. The complexity of programs and resources, and the means of access to them, requires a knowledgeable and focused advocate to navigate the maze of services. Types of public assistance include General Relief, Food Stamps and CalWORKs. (The CalWORKs program provides temporary financial assistance and employment-focused services to families with minor children who have income and property below State maximum limits for their family size.)

Coordination of services and access to those services is currently inefficient at best. To prevent duplication and increase access to various important services needed to sustain housing, service providers must coordinate their efforts. Doing so will not only increase the effectiveness of programs county-wide, but is fiscally responsible, saving tax and donor dollars.

**STRATEGY # 31:** Sharing the expertise of experienced providers and developing mentors for newer providers will result in the development of new resources and better utilization of existing resources.

Coordinating regional communication and collaboration among service providers and government agencies will decrease duplication of services and promote best practices and mentoring opportunities. In addition, this type of coordination should result in cost-savings for the agencies providing the services.

One way to increase coordination/collaboration is to find ways to reward such efforts among service providers. Another way is to support the implementation of excellent model programs.

**STRATEGY # 32:** Employment programs, benefits and education will require access to transportation services. Without transportation or location of services in accessible places, clients will be unable to improve their situations.

**STRATEGY # 33:** Critical to family self-sufficiency is access to quality and affordable child care. In addition, breaking the cycle of poverty will not occur if children do not have access to quality early childhood learning. Stipends for childcare, as well as development of child care centers, are critical to family success. Families will require access to subsidized child care to allow them to benefit from mainstream resources.

**STRATEGY # 34:** While supportive services appear to be the key to successful housing stability, the range, cost, and quality of these services varies widely. Developing “Best Practices” models will provide a template for quality and achievement, and measuring success will be more consistent.



**STRATEGY # 35:** Knowledgeable advocates and access to legal resources will be required to sustain and promote the successful re-housing of many clients, since many low-income individuals are unaware of their legal rights with respect to housing and the obligations of landlords.

**STRATEGY # 36:** Financial support for housing subsidies must be developed, as well as incentives for stability and successful re-housing.

**STRATEGY # 37:** Tracking clients for a two-year period after they move into permanent housing should be the evaluation target. Many chronically homeless will require on-going lifelong support to ensure that they remain housed and many special needs populations will require varying levels of support over their lifetimes to maintain permanent housing. This will require an on-going investment in supportive services. Others may access services if they are knowledgeable about the availability and encouraged to connect with service providers once they move into permanent housing.

## **GOAL 7: IMPROVE DATA SYSTEMS TO PROVIDE TIMELY, ACCURATE DATA THAT CAN BE USED TO DEFINE THE NEED FOR HOUSING AND RELATED SERVICES AND TO MEASURE OUTCOMES**

### **CURRENT STATUS**

The National Alliance to End Homelessness reports that 671,859 people across the United States were estimated to be homeless on a given January night in 2007. Of these, 159,732 were reported to be homeless in California, the equivalent of 44 homeless persons per every 10,000 persons. California has the fourth highest incidence of homelessness in the nation. (*Homelessness Counts, Changes in Homelessness from 2005 – 2007*. National Alliance to End Homelessness, January 2009.) The circumstances that lead to the high incidence of homelessness in California are reflected in Orange County as well.

According to the 2011 Housing Inventory, there are 3,357 shelter beds in Orange County. Of those, 1,156 are emergency shelter beds and 2,201 are transitional shelter beds. At 2011 year end, there were 20 programs providing some kind of emergency services and 58 transitional shelter programs in the County.

The most recent Point-In-Time Count, occurring January 2011, reports that 6,939 persons, 1,651 of which are defined as chronic, are homeless on any given night in Orange County.

In 2004, in response to a congressional mandate, efforts began to implement a centralized Homeless Management Information System (HMIS) in Orange County. Orange County entered into collaboration with Los Angeles Homeless Services Authority (LAHSA) and the cities of Glendale and Pasadena. The LA/OC HMIS Collaborative agreed to make joint decisions on requirements design, vendor selection, system customization and ongoing enhancements. The LA/OC Collaborative is one of the largest in the nation and represents the bulk of homeless individuals in Southern California. The four jurisdictions that comprise the LA/OC HMIS Collaborative store client information in a single, regionally shared web based database.

At the end of 2008, only 26 shelter providers were contributing client data to HMIS, representing a 48% HMIS participation bed coverage rate. Several hundred organizations provide non-housing supportive services to homeless and at-risk persons and only a few were reporting client information to HMIS as of December 31,

# DISCUSSION OF GOALS AND STRATEGIES

2008. Since its inception in late 2005, demographic and service usage information on more than 15,443 residents seeking service in Orange County has been collected. During the 2008 calendar year, 6,288 homeless and at-risk individuals received services from participating providers.

## CHALLENGES

Measuring the extent of homelessness has been and continues to be a challenge both in Orange County and across the nation. Reasons include: an inconsistency in the type and frequency of data collected; varied definitions of an “episode” of homelessness; the compartmentalization of service delivery; variations in the definition as to who truly qualifies as homeless; the logistical burden tied to a regional and accurate data collection effort; the occasional reluctance of the homeless and their providers to probe too deeply for personal information; the lack of a well-defined list of supportive services only providers; and the reality that a significant percentage of homeless individuals do not seek assistance from traditional service providers. Another significant barrier is the hesitation on the part of providers to share the identifying pieces of client information required to ascertain unduplicated statistics.

The most notable challenge to an accurate assessment of homelessness is the lack of broad-based usage of a centralized system for capturing a consistent set of key client data and agency service data. At present, the majority of homeless clients served in Orange County are not represented in the centralized database. Without a clear strategy for obtaining accurate counts and a widely-supported and adopted method for capturing the information, the County must continue to rely on approximations, as well as anecdotal, incomplete, and often duplicated information to make strategic decisions on funding and policy.

Although not an exhaustive list, the most significant challenges to accurate homelessness data collection include:

- No uniform, centralized process is in place at the homeless system of care access points to collect unduplicated information on those seeking resources and services.
- Current data collection processes vary widely among service providers.
- No process is in place to track people turned away, to provide follow-up on access to services, and identify service resistant individuals.
- No real time system exists to identify open shelter beds.
- There is a need to conduct research on programs from a performance measurement approach and recommend adjustments of programs and strategies based on outcomes.
- Agencies with limited staff and financial resources do not see data collection as a priority given their other challenges.
- A paradigm shift, from operating individually to sharing client information for coordinated case management, is required.
- There is no mechanism to require participation of non-HUD mandated service providers in the centralized database.



- Incongruent and sometimes conflicting funder reporting requirements lead to duplicate data collection processes.
- Confidentiality concerns and perceived inconsistency between various data protection laws (e.g., Drug and Alcohol 42 CFR Part 2, HIPAA, and Violence Against Women Act) must be addressed.
- Software and reporting limitations constrain comprehensive standardized reporting.
- Agencies' technological and/or infrastructure readiness barriers interfere with improving the data system.
- Maximizing participation in HMIS and PITS to create a more balanced picture of homelessness in Orange County.

The largest barrier to widespread participation in HMIS is due to regional phenomena. Many Orange County service providers do not seek federal funding to support their homeless programs. In fact, often state and local public funding opportunities are bypassed in lieu of social enterprise and private fundraising strategies. HMIS implementation has been most successful in continuums that rely heavily on HUD funding to support their homeless beds. Due to the HUD participation mandate to each directly funded agency, garnering HMIS buy-in is quite achievable in many communities. Here, neither HUD nor the local Continuum of Care (CoC) can mandate participation of the vast majority of Orange County providers, and there is perceived to be no immediate and/or direct negative impact to these agencies for not participating.

## **SOLUTIONS**

The intent of the strategies and implementation actions described here is to increase data collection participation of providers and increase the reporting capabilities of our systems to ensure transparency and accountability.

Achieving this goal is critical because it will allow for:

- Greater ability to systematically communicate regional successes and improved coordination of client services across service providers.
- An increase in the capacity of the non-profit agencies to use data to advocate for, develop, implement, and sustain housing programs that are a vital safety net for the disadvantaged populations that rely on their services.
- Empowering providers with greater ability to communicate program success; make more informed program decisions; use the information gathered to share successes across the region; and replicate successful programs.
- The integration of HMIS with other existing social service systems for the purpose of linking clients with mainstream services and evaluating the costs and benefits associated with services.

# DISCUSSION OF GOALS AND STRATEGIES

## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 7

### GOAL # 7 : IMPROVE DATA SYSTEMS TO PROVIDE TIMELY, ACCURATE DATA THAT CAN BE USED TO DEFINE THE NEED FOR HOUSING AND RELATED SERVICES AND TO MEASURE OUTCOMES

#	STRATEGY	IMPLEMENTATION ACTION
38	Ensure that County agencies contribute data to the countywide centralized homeless information system.	<p><b>38.1</b> Build an internal “data mart” structure for the County’s centralized intake process across its agencies including but not limited to Social Services Agency and the Health Care Agency and others as appropriate.</p> <p><b>38.2</b> Convert County legacy applications to an intranet-based case management system.</p> <p><b>38.3</b> Create a process for aggregating and transmitting anonymous data in a format compatible with the centralized homeless information system.</p> <p><b>38.4</b> Remove confidentiality barriers between agencies while complying with all applicable Federal and State regulations (e.g., HIPAA).</p> <p><b>38.5</b> Facilitate the blending of existing County referral resources into 2-1-1 in a format that encourages broader access.</p>
39	Use Central Intake to track a client from point of entry to obtaining permanent housing, and any follow-up services provided for at least one year after placement in permanent housing. This system should have the ability to track individuals who have been turned away.	<p><b>39.1</b> Design and build a system with multiple data functions, including the HUD required universal data elements.</p> <p><b>39.2</b> Develop a strategy with service providers to ensure the collection of follow-up data on clients six and twelve months following exit from program.</p> <p><b>39.3</b> Allow for the tracking and communication of real time shelter bed availability.</p>



**GOAL # 7 : IMPROVE DATA SYSTEMS TO PROVIDE TIMELY, ACCURATE DATA THAT CAN BE USED TO DEFINE THE NEED FOR HOUSING AND RELATED SERVICES AND TO MEASURE OUTCOMES (CONTINUED)**

#	STRATEGY	IMPLEMENTATION ACTION
40	Increase countywide participation in data collection by using: incentives, marketing, system improvements, and other strategies.	<p><b>40.1</b> Work with other data collecting agencies to streamline the collection process to provide incentives by reducing the data collection burden.</p> <p><b>40.2</b> Align local funder reporting requirements with regional data collection system.</p> <p><b>40.3</b> Design reporting in such a way that it meets multiple provider needs.</p> <p><b>40.4</b> Communicate provider participation, as well as regional demographic and performance data to local funding agencies.</p> <p><b>40.5</b> Improve the system of data collection by expanding the ways that agencies provide data collection through direct data entry, data migration, and data collection through paper intake.</p> <p><b>40.6</b> Remove cost barriers to participation.</p> <p><b>40.7</b> Implement system improvements related to ad hoc reporting, and user friendly/intuitive interface.</p>
41	Support the federally mandated Point-In-Time homeless count and survey.	<p><b>41.1</b> Improve the process of identifying locations where the homeless congregate during the counting period.</p> <p><b>41.2</b> Improve engagement of local jurisdictions and discharging institutions in including their populations.</p> <p><b>41.3</b> Consideration of more frequent Point-In-Time Counts to minimize the effects of specific 'day of' phenomena (such as rain) on the results.</p> <p><b>41.4</b> Improve engagement of currently homeless residents in identifying the homeless and conducting survey interviews.</p> <p><b>41.5</b> Conduct counts as frequently as needed to accurately reflect the county's homeless population.</p>
42	Link existing data repositories.	<p><b>42.1</b> Initiate discussion with external data collectors to facilitate better client information and service provision and increase participation in the countywide centralized homeless information system.</p> <p><b>42.2</b> Data should be passed electronically between systems to avoid duplication.</p>
43	Engage local universities to conduct academic research to study efficacy of local homeless programs.	<p><b>43.1</b> Identify appropriate faculty and graduate students who might be interested in this area of research.</p>

# DISCUSSION OF GOALS AND STRATEGIES

## GOAL # 7 : IMPROVE DATA SYSTEMS TO PROVIDE TIMELY, ACCURATE DATA THAT CAN BE USED TO DEFINE THE NEED FOR HOUSING AND RELATED SERVICES AND TO MEASURE OUTCOMES (CONTINUED)

#	STRATEGY	IMPLEMENTATION ACTION
44	Identify consistent measures of success and educate service providers and funders about them.	<p><b>44.1</b> Design pre- and post-assessment tools for each client to measure impact of program/services.</p> <p><b>44.2</b> Implement strategies that encourage utilizing pre- and post-assessments.</p>
45	Produce an annual report that provides an aggregate picture of the Orange County homeless population demographics, services received, goals achieved, recidivism, and stabilization in permanent housing.	<b>45.1</b> Utilize the data in the countywide centralized homeless information system to increase interagency communication about and effectiveness with common populations through data matching and sharing.
46	Facilitate the collection of key public service data (e.g., ER, police) to measure cost/benefit of interventions.	<b>46.1</b> Link with Commission to End Homelessness and encourage its participation in gathering key public service data related to the cost of serving the homeless population (i.e., police, fire, and other public service data).

### DISCUSSION OF THE STRATEGIES

The Strategies listed here include a multi-faceted approach to focusing on increasing the participation in the countywide centralized homeless information system. Ultimately, this will result in increased information about the demographics of the county's homeless population, services available and provided to them, and what has been successful.

**STRATEGY # 38:** is aimed at coordinating the various County reporting systems so that the same information is collected and stored in a manner that can benefit cross agency communication within the County and add to the countywide homeless information system. This includes incorporating County public data repositories with the countywide HMIS.

**STRATEGY # 39:** is intended to increase the ability of the service providers, funders, and the community at large to learn about the system of care for homeless individuals and families. Ultimately, the information gathered in this system will be used by evaluators to determine the most effective ways to serve this population.

**STRATEGY # 40:** involves focusing on increasing the number of service providers that submit data to the countywide HMIS. With the increase in data in the system, the reports and findings derived from the data will be more meaningful and present a more accurate picture of the homeless population and the service intervention models.



**STRATEGY # 41:** includes strategies that will improve the homeless count and survey. Conducting a count is a HUD requirement and must be maintained. However, once the level of reporting into the countywide HMIS increases, this will be the most accurate way to understand the size and demographics of the county's current homeless population.

**STRATEGY # 42:** consists of linking the existing databases within the County to reduce the data entry burden, increase the completeness of the information system, and provide a more thorough picture of the services provided to the homeless.

**STRATEGY # 43:** targets local universities to analyze the homeless data collected in HMIS to assist the community, funders and providers in better understanding the effectiveness of various interventions on different populations.

**STRATEGY # 44:** concentrates on establishing a consistent way in which providers can measure their programs. By working with the local universities and service providers to design and implement pre and post tests that all providers can use will lend credibility to the analysis performed.

**STRATEGY # 45:** provides information to the community on the strategies and success of cities, counties, and service providers to serve the homeless community.

**STRATEGY # 46:** lays the groundwork for preparation of a cost/benefit analysis focused on prevention services and supportive housing models.

## **GOAL 8: DEVELOP THE SYSTEMS AND ORGANIZATIONAL STRUCTURES TO PROVIDE OVERSIGHT AND ACCOUNTABILITY**

### **CURRENT STATUS**

Currently, the only oversight body for homeless service provision that exists in Orange County is the Continuum of Care (CoC). This group serves as the regional convener of the year-round planning process for homeless assistance and funding and is a catalyst for the involvement of the public and private agencies that make up the regional homeless system of care. Please see **Appendix 7** for further information about the current organizational structure for planning and oversight of services.

For the past several years, leadership and coordination of Orange County's CoC planning process has been the shared responsibility of OC Partnership and OC Community Services. This public/private partnership helps ensure comprehensive, regional coordination of efforts and resources to reduce the number of homeless and persons at risk of homelessness throughout Orange County. The Leadership Cabinet, appointed by the Orange County Housing & Community Development (H&CD) Commission, oversees Continuum of Care Activities.

The Orange County CoC system consists of six basic components:

1. Advocacy on behalf of those who are homeless or at-risk of becoming homeless;

# DISCUSSION OF GOALS AND STRATEGIES

2. A system of outreach, assessment, and prevention for determining the needs and conditions of an individual or family who is homeless;
3. Emergency shelters with appropriate supportive services to help ensure that homeless individuals and families receive adequate emergency shelter and referrals;
4. Transitional housing to help those homeless individuals and families who are not prepared to make the transition to permanent housing and independent living;
5. Permanent housing, or permanent supportive housing, to help meet the long term needs of homeless individuals and families; and
6. Reducing the number of chronically homeless people in Orange County and addressing the needs of homeless families and individuals that use motels as shelter.

## CHALLENGES:

There are some key challenges that limit the impact of the CoC:

- The existing structure is made up almost entirely of service providers.
- This body was formed specifically to provide oversight of the HUD Homeless Assistance Grant funding.

The lack of agency diversity and breadth of oversight limit the reach and impact of this oversight group. While it has a structure in place to allow for the public to engage and learn about the resulting services, this is an underutilized vehicle for communicating to other stakeholder groups.

Additionally, the group has limited effectiveness or coordination of the services not funded through the HUD grant process. While the funding that is allocated through the HUD grant process is used to provide a significant amount of homeless services in the County, it is far less than all other funding that supports the system of care for the homeless.

Therefore, a new structure is recommended to make systemic changes to the countywide system, evaluate the impact of those changes, increase the level of accountability, and communicate across various stakeholder groups.

## SOLUTIONS

Developing and implementing a plan to end homelessness is a daunting challenge that will require a new vision for change. A collaborative group of community leaders that represents different sectors of government, funders, business, and direct service providers should be appointed to the Commission. The leaders of this effort need to be capable of challenging the assumptions and past beliefs about the effectiveness of past services.

The Plan also requires that volunteers who serve in a leadership capacity be committed to promoting effective solutions, monitoring results, improving data collection, and participating in research.

For additional information on the proposed detailed leadership structure, roles, and responsibilities, please see [Appendix 2](#).



## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 8

### GOAL 8: DEVELOP THE SYSTEMS AND ORGANIZATIONAL STRUCTURE TO PROVIDE OVERSIGHT AND ACCOUNTABILITY

#	STRATEGY	IMPLEMENTATION ACTION
47	Establish a Commission to End Homelessness with paid staff to provide strategic leadership, communicate best practices, monitor outcomes, and report results.	<p><b>47.1</b> Advocate for each city in Orange County to sign off in support of the regional Ten-Year Plan and develop a set of local strategies to implement The Plan.</p> <p><b>47.2</b> Bring public agencies (county, city, state, and federal) together to regionally plan and coordinate efforts to maximize available government assistance.</p>
48	<p>Create and maintain implementing groups for each of the following goal areas:</p> <ul style="list-style-type: none"> <li>* Data</li> <li>* Homelessness Prevention</li> <li>* Outreach</li> <li>* Emergency Shelter and Access system</li> <li>* Transitional Shelter</li> <li>* Permanent Housing</li> <li>* Resources to Remain Housed</li> <li>* Advocacy</li> </ul>	<p><b>48.1</b> The Commission to End Homelessness will schedule report submittal and presentations from each implementing group. These reports shall detail the progress made toward completing strategies and implementing actions as defined in the Ten-Year Plan.</p> <p><b>48.2</b> The Commission to End Homelessness and each implementation group will engage the faith-based community in collaborative efforts to align the faith-based community's resources and missions with opportunities to fill unmet gaps.</p> <p><b>48.3</b> The Commission to End Homelessness will work with the implementing groups to facilitate that standards of client responsibility and accountability have been established.</p> <p><b>48.4</b> It will also work with the implementing groups to facilitate the development of shelter standards for both agency accountability practices and service delivery. The standards shall include a process for clients and/or stakeholders to file complaints.</p>
49	Align Continuum of Care priorities with the strategies identified in The Plan.	<p><b>49.1</b> Staff will ensure coordination and collaboration between Continuum of Care and Commission to End Homelessness and Implementing Groups.</p>

## DISCUSSION OF THE STRATEGIES

**STRATEGY # 47:** This strategy establishes a Commission to End Homelessness of community leaders to provide strategic direction, oversight, and advocacy for the Plan.

**STRATEGY # 48:** Coordinating and reporting on the progress in implementing the goals and strategies as defined in the Ten-Year Plan will be the major task of Implementation Groups. Members of these groups will work with the professionals that are providing the services to the at-risk and homeless populations.

# DISCUSSION OF GOALS AND STRATEGIES

**STRATEGY # 49:** Ensuring that the work of the CoC and the Ten-Year Plan to End Homelessness are explicitly linked and work in concert will be critical in maximizing the amount of grant awards received from HUD. It will be important to utilize these HUD funds for activities that coordinate with and support the Ten-Year Plan to End Homelessness.

## GOAL 9: ADVOCATE FOR SOCIAL POLICY AND SYSTEMIC CHANGES NECESSARY TO SUCCEED

### CURRENT STATUS

While the homeless in Orange County are often hidden from the general public, those who are seen are often stigmatized and ostracized by individuals and communities. It is widely assumed that homeless people are alcoholics, drug addicts, mentally ill, or are simply lazy and unwilling to work. They sleep in parks, rarely shower, and are an eyesore in any community. While there is a percentage of the chronically homeless population who suffer from one or more of these conditions, the majority of Orange County's homeless are the county's working poor.

They are single mothers raising families. They are victims of the country's economic downturn and the state's high unemployment rate. They are individuals who lost everything when they or a family member experienced a serious illness. The stories are diverse and endless.

Regardless of the reasons people find themselves homeless, Orange County is committed to ending homelessness. To do so, an essential component requires enlisting community support, advocating for new social policy and implementing systemic changes.

For this Plan to be implemented successfully, collaboration is essential. Homelessness is a national problem, but can be ended in Orange County if city governments, county agencies, academics, industry experts, business leaders, non-profit organizations, faith communities and philanthropists dialogue and agree to work together to advocate for policy changes and legislative solutions.

Another essential factor in this Plan's success is a concentrated effort to educate the public and correct misconceptions about poverty and homelessness. Few people understand the direct and indirect costs to taxpayers and the community at large of offering "band-aid" solutions or maintaining homelessness. Homeless families tap the resources of social service agencies as they seek assistance for basic needs such as food, shelter, transportation and clothing.

It is possible to end homelessness in Orange County through a collaborative effort from all corners of the community. Such a collaborative can create the positive change needed to conquer this systemic community issue, and benefit all residents of Orange County.

### CHALLENGES

Regardless of the political, social, or moral arguments for or against assisting the homeless, the fact remains that homelessness exists in Orange County, and federal and state policy and funding initiatives currently endorse ending homelessness.

As previously mentioned, there is a great lack of data on the homeless in Orange County. In addition, there is a



need for additional education about the issue and awareness of the help that is available. An educational campaign that includes a description of resources and how to access those resources could prove effective.

Many of the emergency and transitional shelter providers in Orange County are already well known to their volunteers and donors, and many of them have already been operating for ten to thirty years. However, the level of communication and cooperation among these 50+ agencies varies from year to year, as staffing and funding availability changes. The implementation of the HUD mandated HMIS is an initiative intended to address one element of the cooperation issue by allowing providers to share intake and program information about clients who are served by multiple providers. Implementation of the HMIS system has been hindered locally by concerns over technology upgrades, staff training on the software, and resistance to the conversion to new software from providers who do not receive HUD funding.

Also, the loose network of faith-based organizations that provide homeless services (such as meals or clothing) are largely not connected to the services the full-time homeless service providers offer. Although the reasons for this are not clear, collaboration among the full-time and volunteer faith-based providers would help eliminate duplication of services and preserve volunteers and funding resources that can be diverted to other more critical service needs.

## **SOLUTIONS**

The strategies and implementation actions in this section address the need to change public perception of homelessness and to garner support and cooperation of organizations throughout the County to make ending homelessness a priority.

Currently, advocacy is done through a network of community organizations such as: The Kennedy Commission, Orange County Congregation Community Organizations (OCCCCO), Orange County Communities Organized for Responsible Development (OCCORD) as well as individual advocates around the County. These groups and individuals organize large numbers of their members and supporters for long-term programs or issues, as well as short-term initiatives. Such advocacy can be as easy as writing letters to elected officials urging support of a particular issue, or speaking at a City Council meeting.

The community organizing approach taken by these agencies proves the value of the adage, “all politics are local”. These organizations and the many individual advocates in the County use the benefits of both grass-roots connections and 21st century technology to organize meetings with local officials, coordinate public demonstrations, sponsor letter writing campaigns, and use other inclusive means of engaging local policy makers in implementing strategies that both serve the homeless and the community.



# DISCUSSION OF GOALS AND STRATEGIES

## STRATEGIES AND IMPLEMENTATION ACTIONS FOR GOAL # 9

GOAL 9: ADVOCATE FOR SOCIAL POLICY AND SYSTEMIC CHANGES NECESSARY TO SUCCEED		
#	STRATEGY	IMPLEMENTATION ACTION
50	Educate the public that it is in their best interest, both financially and socially, to end homelessness.	<p><b>50.1</b> Emphasize the cost-effectiveness of ending homelessness.</p> <p><b>50.2</b> Emphasize the effectiveness and societal benefits of proven programs.</p>
51	Create incentives for local government and business to support policy to end homelessness.	<p><b>51.1</b> Engage local community advocates and the local policy-makers in a collaborative effort to overcome misconceptions about homelessness that may have previously discouraged substantive policy change.</p>
52	Implement a broad program to engage local organizations, faith-based organizations, neighborhood associations and the public in supporting proven solutions to ending homelessness.	<p><b>52.1</b> Establish a website that can be used to disseminate information, report on progress, and obtain feedback from stakeholders.</p> <p><b>52.2</b> Establish and implement an initiative to coordinate and enhance faith based participation in ending homelessness.</p>
53	Work with appropriate agencies and entities to find a balance between public safety needs and quality of life issues for all residents.	<p><b>53.1</b> Host an annual homeless summit bringing together elected officials, national advocates, service providers, funders, and government agency representatives (city, county, state, and local) to discuss progress and future strategies.</p>
54	Have subject area experts, including those from economics, education, and housing, provide the technical assistance needed to be successful.	<p><b>54.1</b> Identify areas where Technical Assistance is needed.</p> <p><b>54.2</b> Identify and contact subject matter experts.</p> <p><b>54.3</b> Chair of the Implementation Group for goal # 9 assigns members of the Implementation Group to work with subject matter expert.</p>



**EDUCATE THE PUBLIC  
BOTH FINANCIALLY AND SOCIALLY**



## DISCUSSION OF THE STRATEGIES

**STRATEGY # 50:** It is important to raise the public awareness of the costs and consequences of homelessness. Further, federal homeless services funding is now primarily intended for the expansion of permanent housing opportunities, rather than temporary shelter housing options. Many private funders are also making a shift in their giving policies of a similar nature. In order for local communities to take advantage of these funding opportunities, there needs to be a stated and proven commitment to ending homelessness through the creation of more permanent housing options.

**STRATEGY # 51:** Local jurisdictions are usually not aware of providers and programs that serve the homeless, both in their community as well as on a larger regional basis.

# DISCUSSION OF GOALS AND STRATEGIES

With this in mind, a small group of local experts from across the homeless service provider and advocacy community can assist in doing an inventory of the available housing and services for the homeless in a particular area, keeping in mind the larger Ten-Year Plan regional re-housing philosophy. If an inventory shows particular housing and service gaps, the jurisdiction should work with the local providers to help fill those gaps.

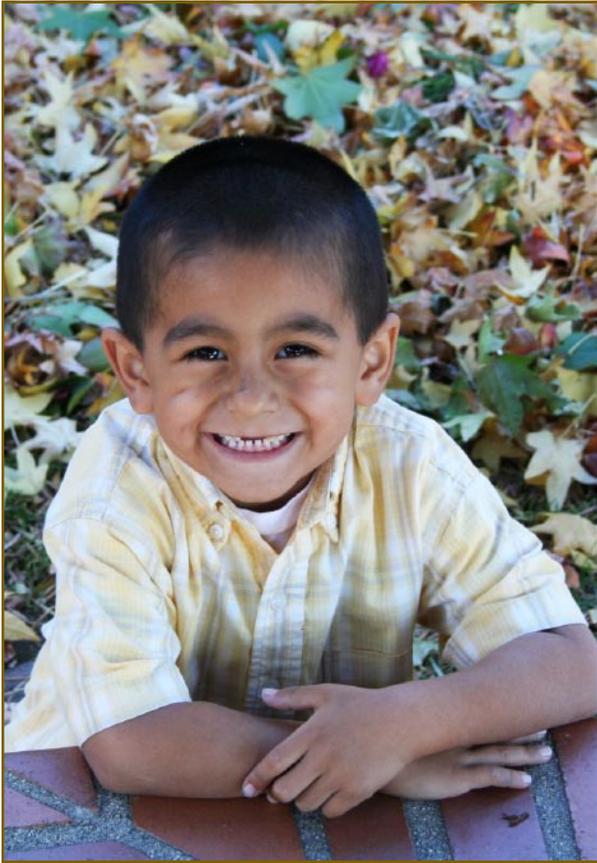
Those same local providers are encouraged to comprise a speakers' bureau to offer trainings to government staff, elected officials, and community members about what local and regional services are available to serve their community's homeless population. Such presentations might also present the financial and social benefits of ending homelessness. This approach can both engage the local community advocates and the local policymakers in a collaborative effort to overcome misconceptions about homelessness that may have previously discouraged substantive policy change.

**STRATEGY # 52:** Although the Ten-Year Plan governing structure includes Implementation Groups with representatives from a number of community organizations, there also needs to be a mechanism for encouraging regular communication among providers and other organizations to be sure that the Ten-Year Plan goals are implemented, and in a way that includes all of the critical stakeholders. Further, increased collaboration decreases the likelihood of duplicated services or the diversion of grant funds away from the core mission of the Ten-Year Plan. A central organizing entity needs to take responsibility for this strategy so that there can be continuity in the collaborative effort. In addition, this central entity can act as a main educational resource to the community organizations when they need information to create or support new initiatives. A website should be established to serve as a central point of contact and information.

**STRATEGY # 53:** Recognizes the concerns of residents of our community who are securely housed. There are many similarities among various communities and there are best practices from other areas that can be successfully implemented in Orange County. Holding an annual summit that includes local providers, advocates and policy makers in a conversation with experienced colleagues from other parts of the country would bring a higher level of sophistication to the homelessness prevention efforts in Orange County.

**STRATEGY # 54:** Acknowledges that there are others in our community who are experts in relevant areas, whose research and experience can help to develop policies and advocate for their implementation. Most research regarding homelessness prevention and programs comes from HUD-sponsored projects, designed and implemented by a select number of researchers. Although that research is incredibly valuable, there is little in the way of local evaluation or demographic research other than the two primary HUD-mandated research sources – the HMIS client data software and biennial Point-In-Time homeless counts.

Using the national data as a guide, the community needs to engage the County's local research institutions in research about homelessness in Orange County. This would enable policy makers and service providers to have specific information about the population they are serving. It would also allow tracking of local trends and changes over time.



## F. TIMING, PRIORITIES FOR ACTION, AND NEXT STEPS

*"We must open the doors of opportunity.  
But we must also equip our people to  
walk through those doors."*

Lyndon B. Johnson



# TIMING, PRIORITIES FOR ACTION, AND NEXT STEPS

The timing, sequence, and implementation of the goals and strategies will greatly influence the effectiveness of Orange County's Ten-Year Plan. Orange County's limited amount of reliable data and its commitment to using only credible data necessitates that data collection and analysis is a first phase priority. The development of reliable cost estimates for implementing The Plan's goals and strategies depends upon accurate data regarding the number of people needing each specific type of assistance and their demographic and situational characteristics. Therefore, cost estimates must be sequenced after data development.

To ensure that The Plan is launched and progresses in a timely, effective manner, the accountability and oversight organizational structure must be established immediately. Since a basic planning assumption is that prevention is essential to ending homelessness, the implementation of new prevention strategies will occur in phase two after data development and cost estimates. New rapid re-housing programs using the existing housing and service infrastructure will also be implemented in phase two and will carry on throughout the implementation of the entire plan.

Replacing the existing Cold Weather Shelter with one or two year-round emergency shelters, improving the access system and transitional housing system will require planning, time, and broad-based support and cooperation. Therefore, these strategies will be sequenced and implemented in phase three. Since the ultimate solution to ending homelessness is the availability of affordable permanent housing, phase four and beyond will focus on providing the appropriate levels of permanent housing, permanent supportive housing, and permanent housing with support services.

Outreach to the homeless and those at risk of homelessness and ensuring that people have the right resources, programs and services to remain housed will occur throughout plan implementation as priorities and resources allow.

While sequencing is central to optimizing the effectiveness of The Plan, the availability of funding is vital to its success. Therefore, appropriate and prudent implementation of various elements of The Plan may be taken out of sequence if funding is available. Since the mission of The Plan is providing sufficient affordable permanent housing to meet the need, anything that fosters the creation of affordable permanent and permanent supportive housing will be treated as a priority and will be moved forward immediately.

Timing and sequencing the implementation of strategies does not mean that services to the homeless are suspended while The Plan's implementation evolves. Services will continue to be delivered just as they are today through Orange County's Continuum of Care system. Exercising discipline and patience while accurate data and cost estimates are developed and planning occurs for the implementation of other strategies will position Orange County to achieve an even higher level of effectiveness, fill the gaps in its existing Continuum of Care system, and achieve its vision of putting in place "a dynamic, comprehensive housing and services system, proportionate to the need, to end homelessness."



## TEN-YEAR PLAN IMPLEMENTATION SCHEDULE

PHASE AND YEAR	GOAL	STRATEGY
<p><b>Phase I: (Year 1)</b></p>	<p><b>Goal 8:</b> Develop the systems and organizational structures to provide oversight and accountability.</p> <p><b>Goal 7:</b> Improve data systems to provide timely, accurate data that can be used to define the need for housing and related services and to measure outcomes.</p>	<ul style="list-style-type: none"> <li>■ Establish a Commission to End Homelessness, support staff, Commission work plan and funding (Goal 8)</li> <li>■ Establish Implementation Groups, management structure, and work plan (Goal 8)</li> <li>■ Begin creation of County centralized data resource across agencies (Goal 7)</li> <li>■ Continue HMIS data collection from county-wide Continuum of Care providers (Goal 7)</li> </ul>
<p><b>Phase II: (Year 2-3)</b></p>	<p><b>Goal 2:</b> Outreach to those who are homeless and at-risk of homelessness.</p> <p><b>Goal 7:</b> Improve data systems to provide timely, accurate data that can be used to define the need for housing and related services and to measure outcomes.</p> <p><b>Goal 1:</b> Prevent Homelessness – Ensure that no one in our community becomes homeless.</p>	<ul style="list-style-type: none"> <li>■ Complete creation of County centralized data resource across agencies (Goals 2 and 7)</li> <li>■ Complete HMIS data collection from county-wide Continuum of Care providers (Goal 7)</li> <li>■ Launch Centralized Intake (Goal 7)</li> <li>■ Develop implementation plans and cost estimates for Goals 1-9 (Goals 2 and 7)</li> <li>■ Begin implementation of new prevention strategies (Goal 1)</li> <li>■ Continue to develop and implement rapid re-housing strategies</li> </ul>
<p><b>Phase III: (Year 3-4)</b></p>	<p><b>Goal 3:</b> Improve the efficacy of the emergency shelter and access system.</p> <p><b>Goal 4:</b> Make strategic improvements in the transitional housing system.</p> <p><b>Goal 1:</b> Prevent Homelessness - Ensure that no one in our community becomes homeless.</p>	<ul style="list-style-type: none"> <li>■ Begin implementations of plans to replace cold weather shelter with one or two year-round emergency access centers (Goal 3)</li> <li>■ Continue to develop and augment Centralized Intake; strengthen access system (Goal 3)</li> <li>■ Strategically strengthen transitional housing system as resources allow (Goal 4)</li> <li>■ Continue prevention strategies (Goal 1)</li> <li>■ Continue rapid re-housing strategies (Goals 3 and 4)</li> </ul>
<p><b>Phase IV: (Year 5-10)</b></p>	<p><b>Goal 5:</b> Develop permanent housing options linked to a range of supportive services.</p>	<ul style="list-style-type: none"> <li>■ Focus on creation of affordable permanent housing, permanent supportive housing and permanent housing with support services (Goal 5)</li> <li>■ Continue implementation of strategies initiated in Phases I, II, and III</li> </ul>

# TIMING, PRIORITIES FOR ACTION, AND NEXT STEPS

## ASSUMPTIONS:

- Implementation of any plan element will be accelerated if funding becomes available for that element.
- Development of all categories of affordable permanent housing and supportive housing is ongoing and a priority.
- Prevention, rapid re-housing, and outreach are ongoing activities.

## NEXT STEPS FOR THE PLAN AS A WHOLE

Once the Plan has been reviewed by cities, nonprofit organizations and other stakeholders in the community, it will be presented to the Orange County Board of Supervisors (BOS) for its consideration. Upon approval by the BOS, the final Plan will then go to the 34 cities in Orange County to provide information on how they will participate in implementation. The next important step (which may be taken concurrently with review by the cities) is establishing the oversight and accountability structure, including an implementation group for each goal. At the end of the first year, a review and progress report will be issued. Implementation will continue consistent with the timing sequence described previously. The Plan is expected to be a living document that will respond to changes in resources, identified need, and the success of strategies already adopted and, thus, will be reviewed and updated as needed. The next steps are outlined in the chart below.

## NEXT STEPS

- Approval from BOS
- Concurrence of Cities
- Setting up the oversight and accountability structure
- Appointing implementation committees for each goal
- Further development of implementation strategies
- First year review and update





## G. APPENDICES

*"How can I find a job when I don't have housing first?"*

Brenda, homeless two years



# APPENDICES

## APPENDIX 1: GLOSSARY OF TERMS

### AFFORDABLE HOUSING

– refers to housing costs that do not exceed 30% of the gross annual income for extremely low, very low, low, and moderate income households. For a rental unit, total housing costs include the monthly rent payment as well as utility costs. With for sale units, total housing costs include the mortgage payment (principal and interest), utilities, homeowners' association dues, taxes, mortgage insurance and any related assessments.

### AT-RISK OF HOMELESSNESS

– a person or family that is experiencing extreme difficulty maintaining their housing and has no reasonable alternatives for obtaining subsequent housing is considered "at-risk". Circumstances that often contribute to becoming at-risk of homelessness include: eviction, loss of income, low-income, disability, unaffordable increase in the cost of housing, discharge from an institution without subsequent housing in place, irreparable damage or deterioration to residences, and fleeing from family violence.

### CHRONICALLY HOMELESS

– HUD defines a person who is chronically homeless as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

### CONTINUUM OF CARE SYSTEM

– HUD defines continuum of care as an approach for providing a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons at the point in time that they need them. The approach is based on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social. Designed to encourage localities to develop a coordinated and comprehensive long-term approach to homelessness, the Continuum of Care consolidates the planning, application, and reporting documents for the HUD's Shelter Plus Care Program, Section 8 Moderate Rehabilitation Single-Room Occupancy Dwellings (SRO) Program, and Supportive Housing Program.

#### **The Continuum of Care serves three main purposes:**

1. It is a strategic plan for addressing homelessness in the community, based on the identified needs of homeless individuals and families, the availability and accessibility of existing housing and services, and the opportunities for linkages with non-homeless mainstream housing and service resources;
2. It is a strategic process to develop a broad based, community wide, year round initiative; and
3. It is an application to HUD for homeless-targeted housing and services resources.

#### **Services and resources include, but are not limited to:**

- Homeless Prevention



- Outreach, Intake and Assessment
- Emergency Shelter
- Transitional Housing
- Supportive Services
- Permanent Housing

## **DISABILITY**

– is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living and maintain stable housing. A person is considered disabled if the person has (1) such a physical or mental impairment, (2) has a record of such an impairment, or is (3) regarded as having such an impairment. [HUD Supportive Housing Program (SHP)]

## **DISCHARGE PLANNING**

– refers to actions taken with a homeless person prior to discharge from a public or private system of care to help ensure that the person is not discharged into homelessness.

## **EMERGENCY ASSISTANCE**

– is assistance that attempts to prevent homelessness or that attempts to meet the emergency needs of homeless individuals and/or families including prevention, outreach and assessment, and emergency shelter.

## **HOMELESS**

According to HUD, homelessness is defined as:

1. An individual or family who lacks a regular, fixed, stable nighttime residence including:
  - A. A place not meant for human habitation;
  - B. Publicly or privately supervised shelter or temporary living arrangement including emergency shelter, transitional housing, hotel or motel paid for by an agency;
  - C. Persons in institutions for 90 days or less provided they were homeless prior to entry.
2. An individual or family at imminent risk of losing housing:
  - A. Will lose residence within 14 days – including owned or rented units, hotel/motel paid for with household funds, staying with family or friends;
  - B. No subsequent residence has been identified;
  - C. Lacks resources or networks (friends, family, faith-based) to obtain other housing.
3. Unaccompanied youth 25 or younger and families who don’t qualify under the HUD definition but:
  - A. Qualify as homeless under other federal statutes;

# APPENDICES

- B. Have not had lease, ownership agreement or occupancy agreement in permanent housing for last 60 days;
  - C. Have experienced instability defined as 2 moves within the last 60 days;
  - D. Expect continued instability due to one of the following:
    - ▶ Chronic Disability
    - ▶ Chronic physical health or mental health condition
    - ▶ Substance addiction
    - ▶ History of domestic violence or childhood abuse
    - ▶ Presence of child or youth with disability
    - ▶ Two or more employment barriers
4. Individual or family:
- A. Fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening condition related to violence that has taken place at residence or makes household fearful of returning to residence;
  - B. Has no other residence;
  - C. Lacks resources or support network to obtain permanent housing.

## HOMELESSNESS:

Homelessness typically refers to both:

1. A personal or family condition of living without access to an adequate, permanent, safe, and secure home; and
2. A societal problem consisting of a growing number of people living without access to adequate, permanent, safe, and secure homes.

## HOMELESS PREVENTION

– HUD defines homeless prevention as activities or programs designed to prevent the incidence of homelessness, including, but not limited to: short-term subsidies to defray rent and utility arrearages for households who have received eviction or utility termination notices; security deposits or first month's rent to permit a homeless family to move into its own apartment; mediation programs for landlord-tenant disputes; legal services programs for the representation of indigent tenants in eviction proceedings; payments to prevent foreclosure on a home; other innovative programs and activities designed to prevent the incidence of homelessness.

## HOUSING FIRST

– HUD defines Housing First as a concept of providing homeless persons with permanent housing and services immediately rather than placing them in a shelter or transitional housing unit. This concept assumes that housing stabilization is key in the return of the individual or family to independent living and that needed supportive services can effectively be provided to clients either on site in the permanent housing environment or at agency offices.



## HUD

– is the U.S. Department of Housing and Urban Development, first created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low income persons; working to create, rehabilitate and maintain the nation’s affordable housing; enforcing the nation’s fair housing laws; helping the homeless; spurring economic growth in distressed neighborhoods; and helping local communities meet their development needs.

## HOUSING WAGE

– is the hourly wage an individual or family would need to earn, in aggregate, to afford rent at the county’s median market rental price. Median rental rates mean that half of available rental units are priced above that rate and half are priced below that rate. It is based on HUD Fair Market Rent determinations (the median rent in a region) and assumes 30% of income spent on housing is affordable.

## LOWER-INCOME HOUSEHOLD

– refers to low-, very low-, and extremely low-income households as determined annually by HUD.

**EXTREMELY LOW INCOME** – refers to a household whose gross annual income is equal to or less than 30% of median income for Orange County.

**VERY LOW INCOME** – refers to a household whose gross annual income is more than 30% but does not exceed 50% of the median income for Orange County.

**LOW INCOME** – refers to a household whose gross income is more than 50% but does not exceed 80% of the median income for Orange County.

**MEDIAN HOUSEHOLD INCOME** – divides households into two equal segments with the first half of households earning less than the median household income and the other half earning more. According to HUD, the 2011 Area Median Income for a family of four in Orange County is \$84,200.

**MODERATE INCOME** – refers to a household income that is more than 80% but does not exceed 120% of the median income for the County.

## MAINSTREAM BENEFITS

– refers to federal and state-funded programs generally designed to help low-income individuals either achieve or retain their economic independence and self-sufficiency. Programs provide for housing, food, health care, transportation, and job training.

# APPENDICES

## PERMANENT HOUSING

– HUD defines permanent housing as housing which is intended to be the tenant’s home for as long as they choose. In the supportive housing model, services are available to the tenant, but accepting services cannot be required of tenants or in any way impact their tenancy. Tenants of permanent housing sign legal lease documents.

## PERMANENT SUPPORTIVE HOUSING

– HUD defines permanent supportive housing as a long-term, community-based housing and supportive services for homeless persons. The intent of permanent supportive housing is to enable special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or provided by other public or private service agencies.

## PRECARIOUSLY HOUSED

– People who are precariously housed are in danger of becoming homeless because they have no place of their own to live or their current housing situation is tenuous. This group includes, among others, people who are doubled-up (living for short periods of time with friends or relatives) or living day-to-day in motels, and thus lack a fixed, regular nighttime residence.

## PREVENTION

– refers to a number of strategies used to keep individuals and families from becoming homeless. These strategies typically link homeless individuals and families with services and referrals.

## RAPID RE-HOUSING

– HUD defines rapid re-housing as a program that provides financial assistance and services to help those who are experiencing homelessness to be quickly re-housed and stabilized. Examples of assistance include, but are not limited to, rental assistance, move-in costs, security deposits, utility assistance, case management, and other supportive services that may be needed to secure and maintain permanent housing. Individuals and families can be rapidly rehoused from homeless situations such as the street, emergency shelter, motels, and transitional shelter.

## RECUPERATIVE CARE

– Provides a clean, safe place for continuing recovery to patients who are homeless when they no longer need acute care services in a hospital.

## SHELTER

– refers to temporary housing with varying levels of services to help residents obtain and maintain appropriate permanent housing.



**EMERGENCY SHELTER:** HUD defines emergency shelter as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons. The length of stay can range from one night up to as much as three months or more.

**TRANSITIONAL HOUSING:** HUD defines transitional housing as a program that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months.

### **SUPPLEMENTAL SECURITY INCOME (SSI)**

– is a federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income and thus, these individuals have severely limited housing options.

### **SUPPORTIVE SERVICES**

– include case management, medical or psychological counseling and supervision, childcare, transportation, and job training provided for the purpose of facilitating a person’s stability and independence, and other services that support housing stability.

### **WRAPAROUND SERVICES**

– refers to client/family-centered culturally competent services to promote recovery, self-sufficiency, and housing stability using a “whatever it takes” approach. Examples of services that may be provided include, but are not limited to, case management provided in conjunction with medical or psychological services and supervision, childcare, transportation, job training and other services identified in the client’s case management plan.



# APPENDICES

## APPENDIX 2: DRAFT GUIDELINES FOR COMMISSION TO END HOMELESSNESS

The diagram below shows the leadership structure, types of participants and proposed responsibilities.

### ORANGE COUNTY TEN-YEAR PLAN TO END HOMELESSNESS LEADERSHIP STRUCTURE





## Implementing Groups

<p><b>Implementing Groups Membership</b> Each Implementing Group has a minimum of 3 members of the Commission to End Homelessness.</p>	<p><b>Goals for Each of the 8 Implementing Groups</b> Each of the following topics will have an implementing group focused on executing the strategies.</p> <ul style="list-style-type: none"> <li>■ Prevent Homelessness</li> </ul>
<p><b>Responsibilities</b></p> <ul style="list-style-type: none"> <li>■ Coordination of Plan Activities Under Each Goal</li> <li>■ Implementation of Strategies for Each of the Goals</li> <li>■ Reporting Results of those Strategies (Success and Barriers)</li> <li>■ Recommendations to Commission to End Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach to those who are Homeless and At-Risk</li> <li>■ Improve the Efficacy of the Emergency and Access System</li> <li>■ Make Strategic Improvements in the Transitional Housing System</li> <li>■ Develop Permanent Housing Options Linked to a Range of Support Services</li> <li>■ Resources to Remain Housed</li> <li>■ Improvement of Data Systems</li> <li>■ Advocate for Community Support, Social Policy, and Systemic Changes Necessary to Succeed</li> </ul>

### GOAL/VISION:

The **Commission to End Homelessness** provides strategic leadership, promotes best practices, monitors outcomes, and reports results to ensure the success of Orange County’s Ten-Year Plan to End Homelessness.

### COMMISSION MEETINGS:

The **Commission** shall meet publicly at minimum three times per year to receive reports on progress made on each of the goal areas set forth in the Orange County Ten-Year Plan to End Homelessness. The initial meeting shall take place once The Plan has been approved by the County Board of Supervisors. As a matter of public business during the first meeting, the Commission shall set its next public meeting. Meeting agendas shall be posted and distributed no less than 72 hours prior to the meeting.

### COMMISSION MEMBERSHIP:

The appointing bodies as identified in The Plan shall submit the name of their representative(s) to the Executive Director. The names and affiliations of the initial members will be included in The Plan. When there is a vacancy, the appointing bodies will be notified of the vacancy and will follow their internal process to fill the vacancy consistent with the criteria listed in the Bylaws.

### COMMISSION LEADERSHIP:

The Chair of the **Commission** shall be an appointee from the County Board of Supervisors and the Vice Chairperson shall be an appointee that represents the private or non-profit sector.

# APPENDICES

## COMMISSION RESPONSIBILITIES\*:

1. Provide oversight and accountability for the implementation of the goals and strategies as defined in the County's Ten-Year Plan to End Homelessness.
2. Receive reports from implementing groups from each of the goal areas. The reports will be filed with the Orange County Grand Jurors Association, County of Orange, all Orange County Cities, and the appointing bodies for review, presented to the Orange County Board of Supervisors at a regularly scheduled meeting, and made available for public comment.
3. Promote and support plan strategies with each of their appointing agencies/entities and professional affiliates to facilitate financial and political support.

## TERMS OF OFFICE:

For the initial term of office, each member shall be randomly assigned a term of two years or three years. Once the **Commission** is established, the term of all members will be two years; however, terms of office may be renewed at the discretion of the member and agency. In the event an elected official's term of office expires prior to the completion of their term of service on the **Commission**, his or her appointing agency may nominate a replacement candidate who would serve for the remainder of the term.

## STAFFING SUPPORT:

A minimum of one publicly/private funded position (full-time Executive Director/Consultant with staff support from OC Community Services clerical staff and Homeless Coordinator) shall be required to support the **Commission**, with the possibility of adding staff in the future. The Executive Director will be responsible to facilitate an active flow of communication and coordination between the Implementing Groups and the **Commission to End Homelessness**. Additionally, the Executive Director will also be responsible for engaging and updating countywide homeless service groups and other stakeholders on implementation of the Ten-Year Plan.

## RESOURCES:

A minimum of \$100,000 to \$150,000 will need to be raised annually to provide the funding necessary to hire and maintain staff and ensure plan implementation. It is anticipated that staff will be able to use in-kind support for office space, equipment, and supplies.

## IMPLEMENTING GROUPS

Implementing groups will be formed around eight goals included in the Ten-Year Plan. If updates to The Plan are needed, the implementing group for the relevant goal shall draft the recommended section update. The revisions shall be approved by the Commission to End Homelessness and the Orange County Board of Supervisors.

Nominations for the Chair of the implementing group will be agendized by the Chair of the Commission annually. Implementing groups must meet at least once annually and must hold at least two (2) public workshops annually.

\*By-laws, operating procedures and job descriptions will be developed for the Commission to End Homelessness.



### **APPENDIX 3: ADDITIONAL STUDIES OF MODEL OUTREACH PROGRAMS**

The City of San Diego implements a Serial Inebriate Program (SIP), an alternative sentencing program, in order to “halt the revolving door of substance abuse and homelessness.” This program was developed in response to the findings of a University of California/San Diego Medical Center study, which tracked 15 serial inebriates (i.e., chronic alcohol abusers) as they utilized public resources (i.e., emergency and police services) throughout the course of a year. The study found that the taxpayer bill for these services amounted to over \$3 million annually. SIP consists of a team of law enforcement, prosecutors, public defenders, the court, and non-profit alcohol abuse treatment providers. It offers persons in custody for public inebriation treatment instead of jail time. In addition to substance abuse treatment, participants are provided with access to a multitude of resources including: psychological counseling, job readiness, and housing. In its first two years of operation, 63% of persons who were offered it as an option chose to participate in it (*Collaboration: SIP Saves Lives and Public Funds*, Interagency Council on Homelessness). The program has received national recognition as a law enforcement innovation.

The City of Santa Monica operates a similar program, the Serial Inebriate Outreach Program (SIOP), which involves conducting outreach to persons who have been jailed for offenses involving public inebriation, and then inviting them to come to the CLARE Foundation for detoxification and further recovery services. The CLARE Foundation is a substance abuse treatment agency, which serves homeless and non-homeless people through detoxification, 30-day and 180-day treatment programs, and sober living transitional housing. In addition, it assists numerous persons each week to find openings in treatment programs elsewhere in the County through its assessment and referral department (Burt, Martha and Laudan Aron, *Ending Homelessness in Santa Monica: Current Efforts and Recommended Next Steps*).

Another innovative example of criminal justice system involvement exists in the City of Pasadena. Pasadena’s Police Department and the Los Angeles Department of Health partner to form the Homeless Outreach Psychiatric Evaluation (HOPE) Team. There are a total of three HOPE teams of patrol officers and mental health specialists, which assist homeless individuals in need of mental health assessments and services. These teams are responsible for “diffusing potentially volatile situations through learned crisis intervention techniques with less confrontational means, providing department-wide training on dealing with mentally ill individuals, helping patrol officers assess a person’s need for mental health care, and identifying chronic or acute disturbances or individuals that could be served best through non-arrest solutions. (*A Dream Denied: the Criminalization of Homelessness in US Cities*, The National Coalition for the Homeless and the National Center on Homelessness and Poverty, 2006, p. 22-23.) Like San Diego’s SIP, this program prevents the unnecessary incarceration of persons with disabilities, and in doing so, it allows patrol officers to attend to more pressing matters. Additionally, it sensitizes law enforcement officials to the plight of the homeless.

The City of San Diego operates a program, the Homeless Outreach Team (HOT), which is similar to the City of Pasadena’s HOPE Team. The Homeless Outreach Team operates in conjunction with the Psychiatric Emergency Response Team to provide outreach and engagement services throughout the City. They are intended to serve as the City’s initial point of contact with the chronic homeless and chronic inebriates living on the streets. Each HOT Team is composed of police officers, County psychiatric clinicians, and County Mental Health eligibility technicians. They conduct outreach to these homeless persons, and when possible, place them in housing linked with appropriate services. The San Diego Police Department and the Community Services Department fund this program.

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To complement criminal justice outreach programs, several communities have implemented Homeless Court Programs. In 1989, a public defender from San Diego created the nation's first Homeless Court Program, which was "a special monthly Superior Court session held at local shelters for homeless defendants to resolve outstanding misdemeanor criminal cases," and since then, its model has been replicated throughout the country, including Orange County. The purpose of the Homeless Court is twofold: first, to expand access to the judicial system, and second, to allow homeless defendants to more effectively and responsibly address their outstanding warrants and criminal offenses, such as panhandling, public inebriation and illegal encampment. These warrants and offenses often serve as barriers to accessing a variety of public benefits, treatment, housing, and employment. Instead of jail time or being issued fines, the clients enroll in service programs, which can help them transition out of homelessness by addressing their issues (e.g., lack of job training or substance dependence), or they can commit to performing volunteer work.





## APPENDIX 4: HOUSING FIRST STUDIES

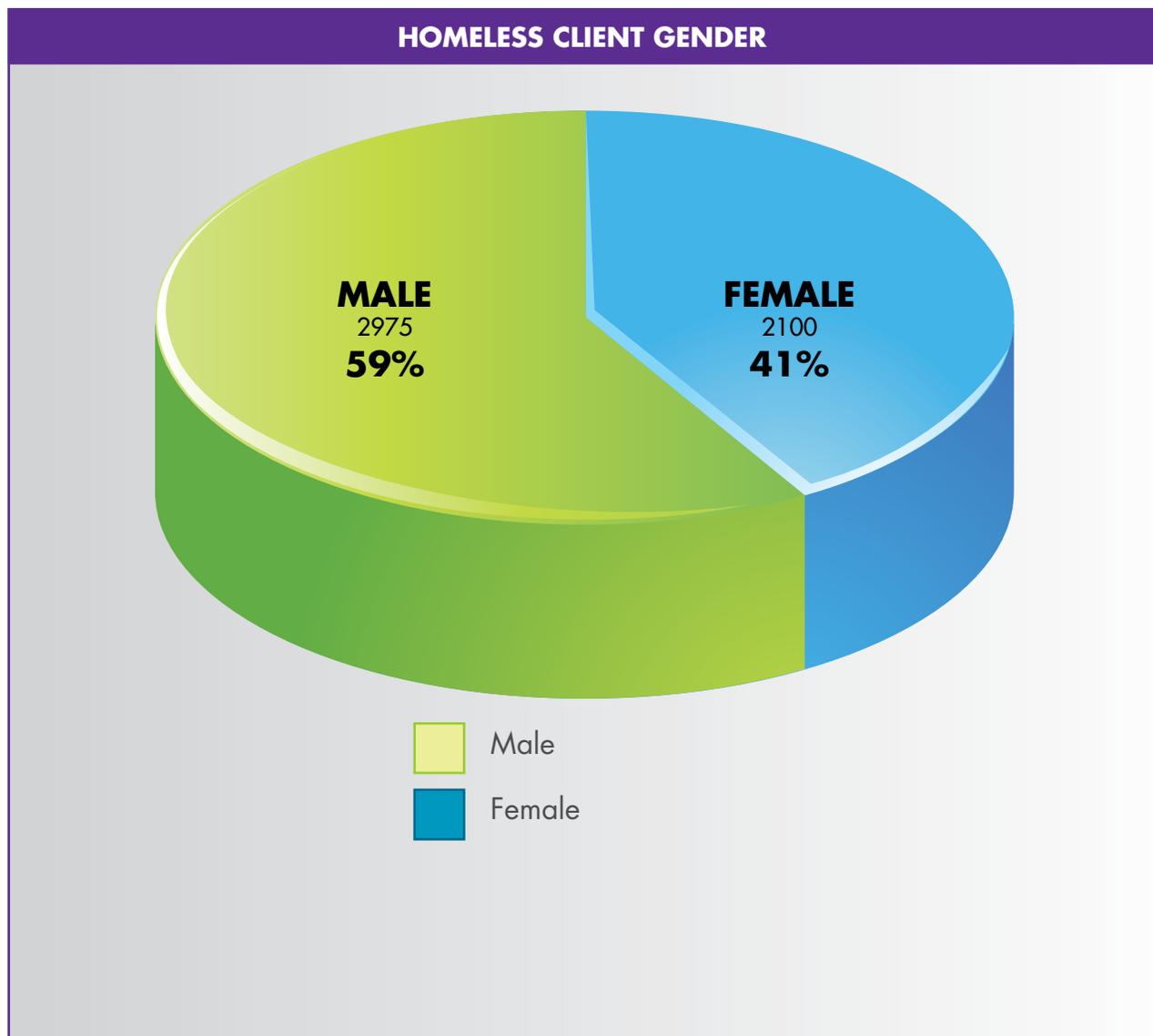
Housing First Studies	
Sam Tsemberis, et al. - <i>Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis</i>	This is an evaluation of the Pathways to Housing model in New York City. The study used an experimental design (random assignment) with a control group that received service through the “Continuum of Care” model.
Robert Rosenheck, et al. – <i>Early outcomes from the Collaborative Initiative to Help End Chronic Homelessness (CICH)</i>	This study is still in progress, but the researchers conducted an early analysis of client outcomes in the eleven sites. They compared outcomes in sites using the housing first model with sites requiring residential treatment prior to placement.
Susan Barrow, et al. - <i>Final Report on the Evaluation of the Closer to Home Initiative</i>	This study evaluated the Closer to Home Initiative. Researchers compared outcomes of supportive housing projects using the housing first model with shelter and lodging programs that were designed to get long-term shelter residents into existing housing options.
Tia Martinez and Martha Burt. - <i>Impact of Permanent Supportive Housing on Chronically Homeless Disabled Adults’ Use of Acute Care Health Services in a Public Hospital</i>	This study evaluates the impact of two supportive housing projects in San Francisco – the Canon Kip and The Lyric Hotel – that use the housing first model.
Martha Burt and Jacquelyn Anderson. <i>AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness</i>	<p>This is an analysis of client outcomes in the AB2034 pilot community mental health programs for the homeless in California.</p> <p>The AB2034 data analysis shows that being housed is strongly correlated with retention in a mental health program, providing evidence that housing is a key component – and a necessary foundation – to start addressing serious mental health issues.</p>

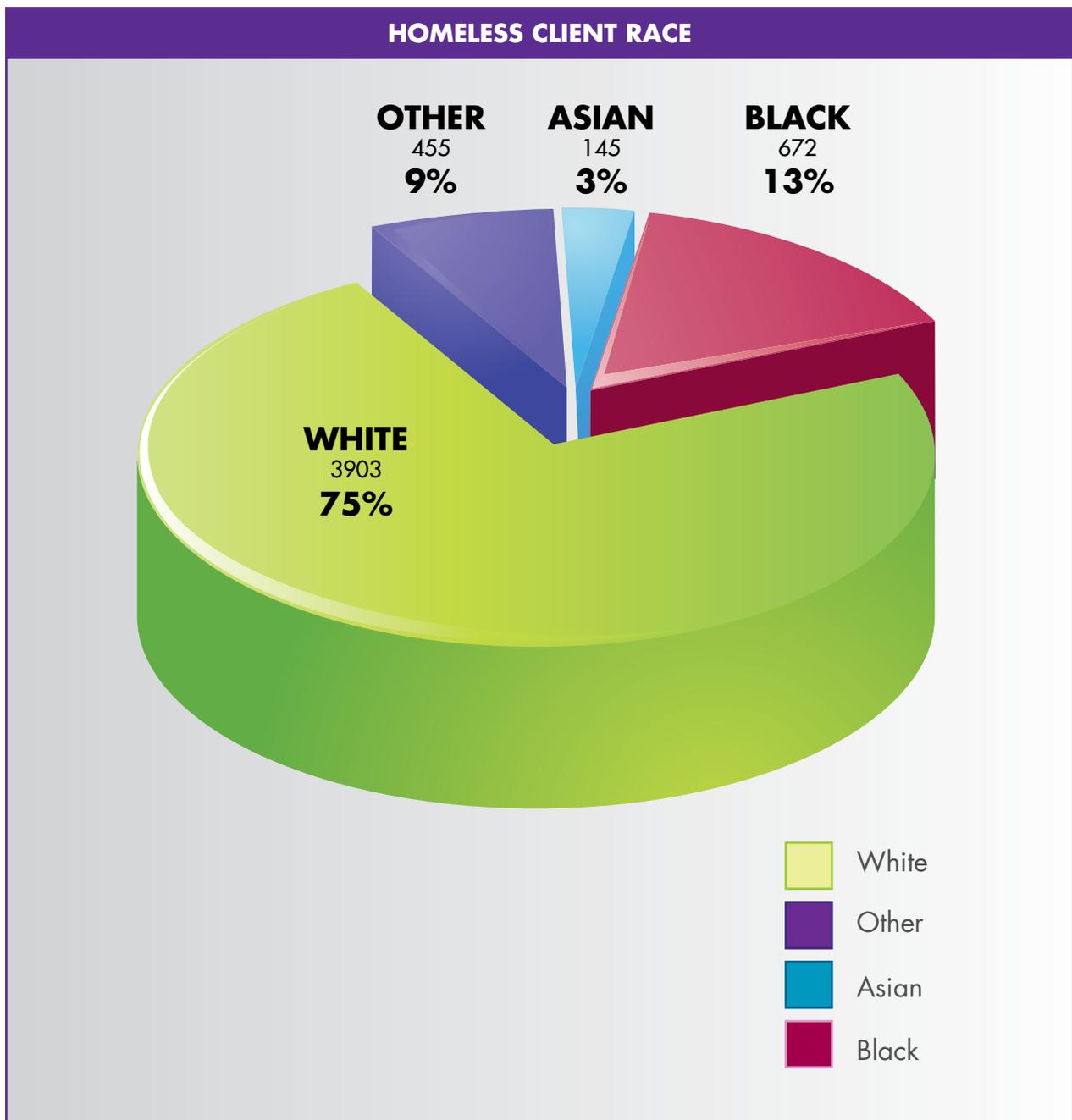
# APPENDICES

## APPENDIX 5: GRAPHIC INFORMATION ON ORANGE COUNTY'S HOMELESS POPULATION

This appendix includes selected graphic illustrations of the homeless population in Orange County. The data source is: *Homeless Management Information System (HMIS) Year End Progress Report 2008*.

Based on HMIS data, 41% of the homeless clients served in 2008 were female and 59% male.

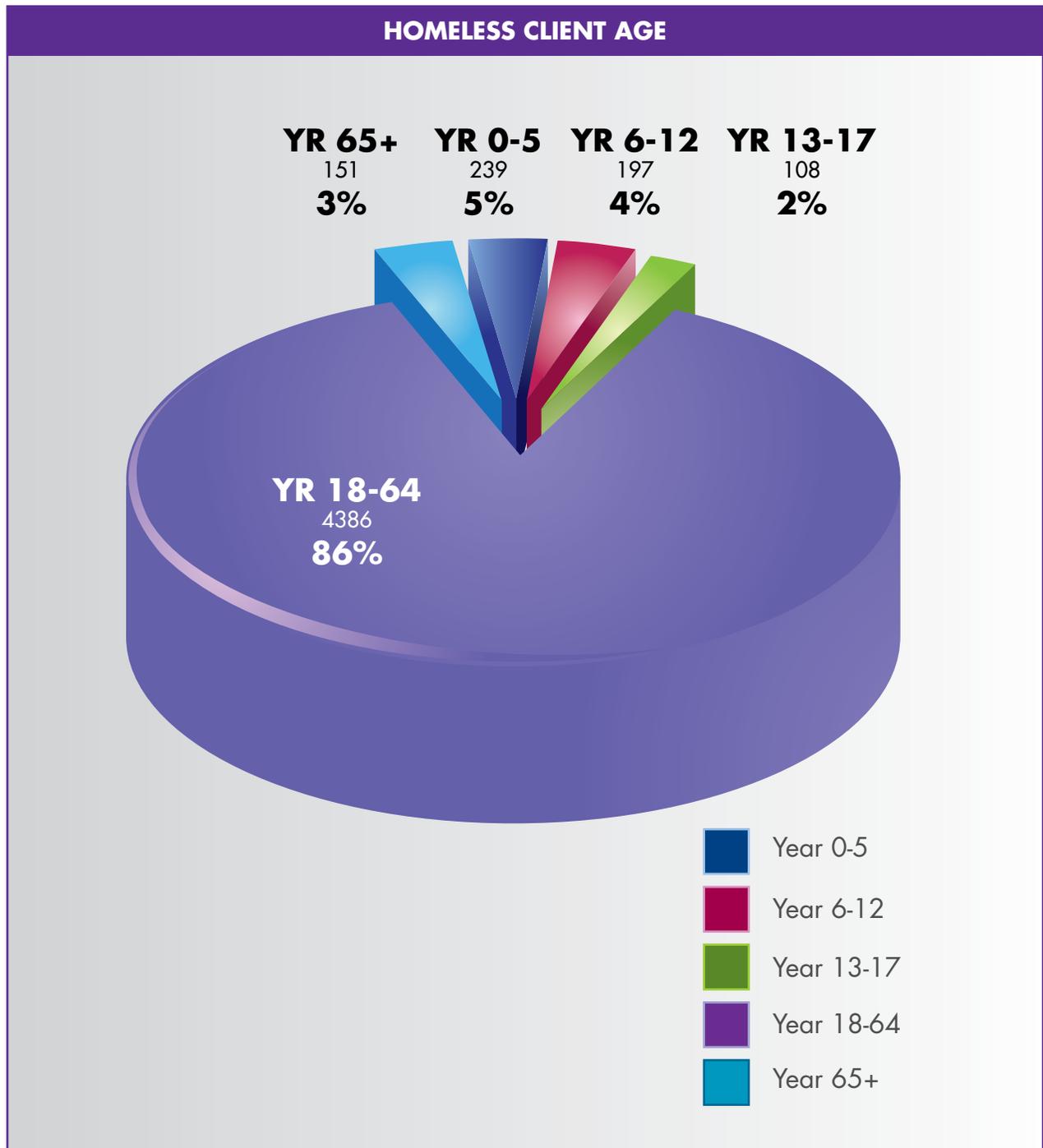




Compared to the Orange County population as a whole, African Americans (2% of the total population) are over-represented and Asians (16% of the total population) are under-represented in the homeless population. Total population percentages are based on the US Census Bureau Quick Facts. The data source is: *Homeless Management Information System (HMIS) Year End Progress Report 2008*.

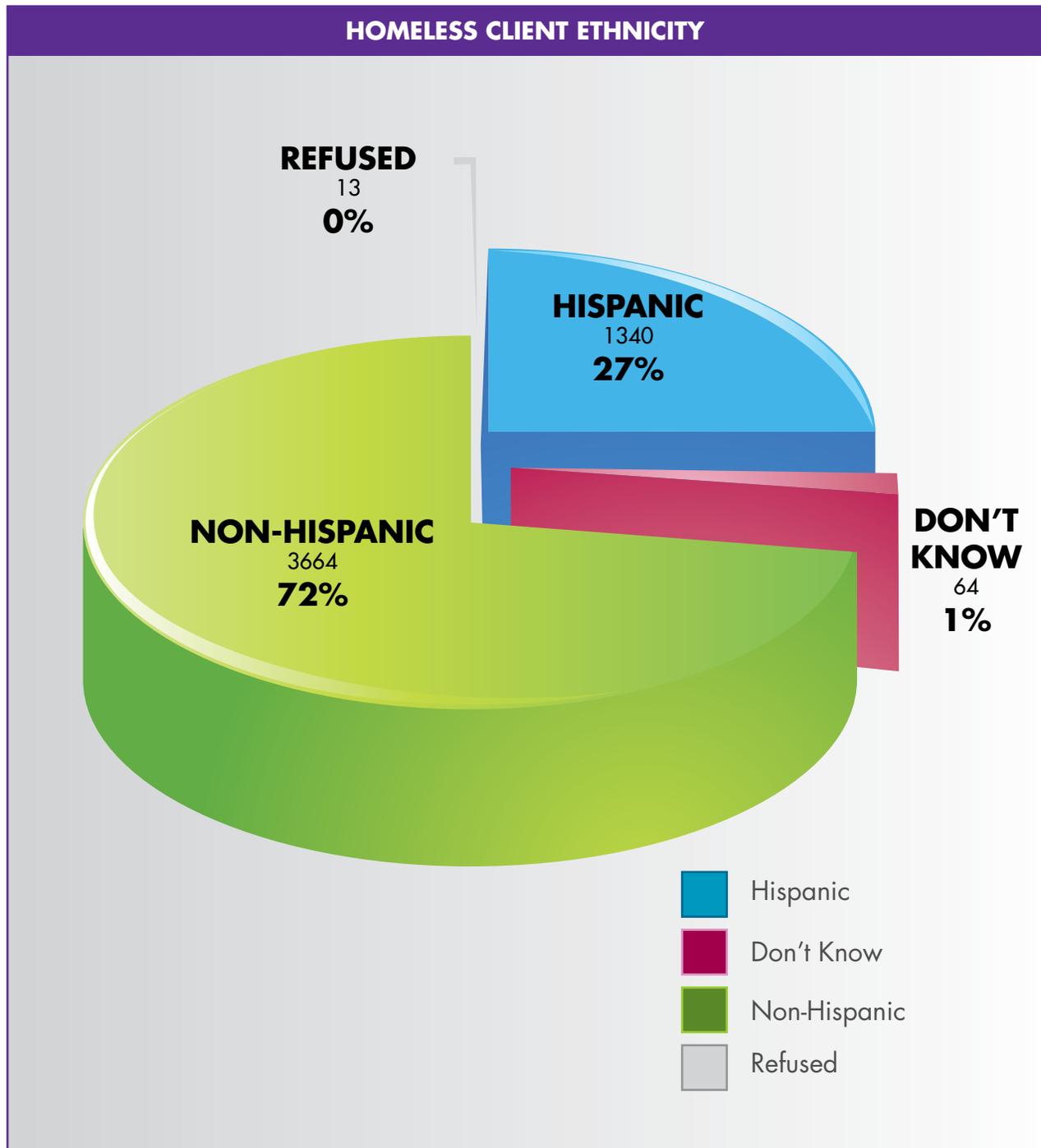
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The majority of clients served in 2008 fall in the 18-64 age group, but more than 500 homeless children and youth and 151 seniors were served. (*HMIS Year-End Progress Report, 2008*)

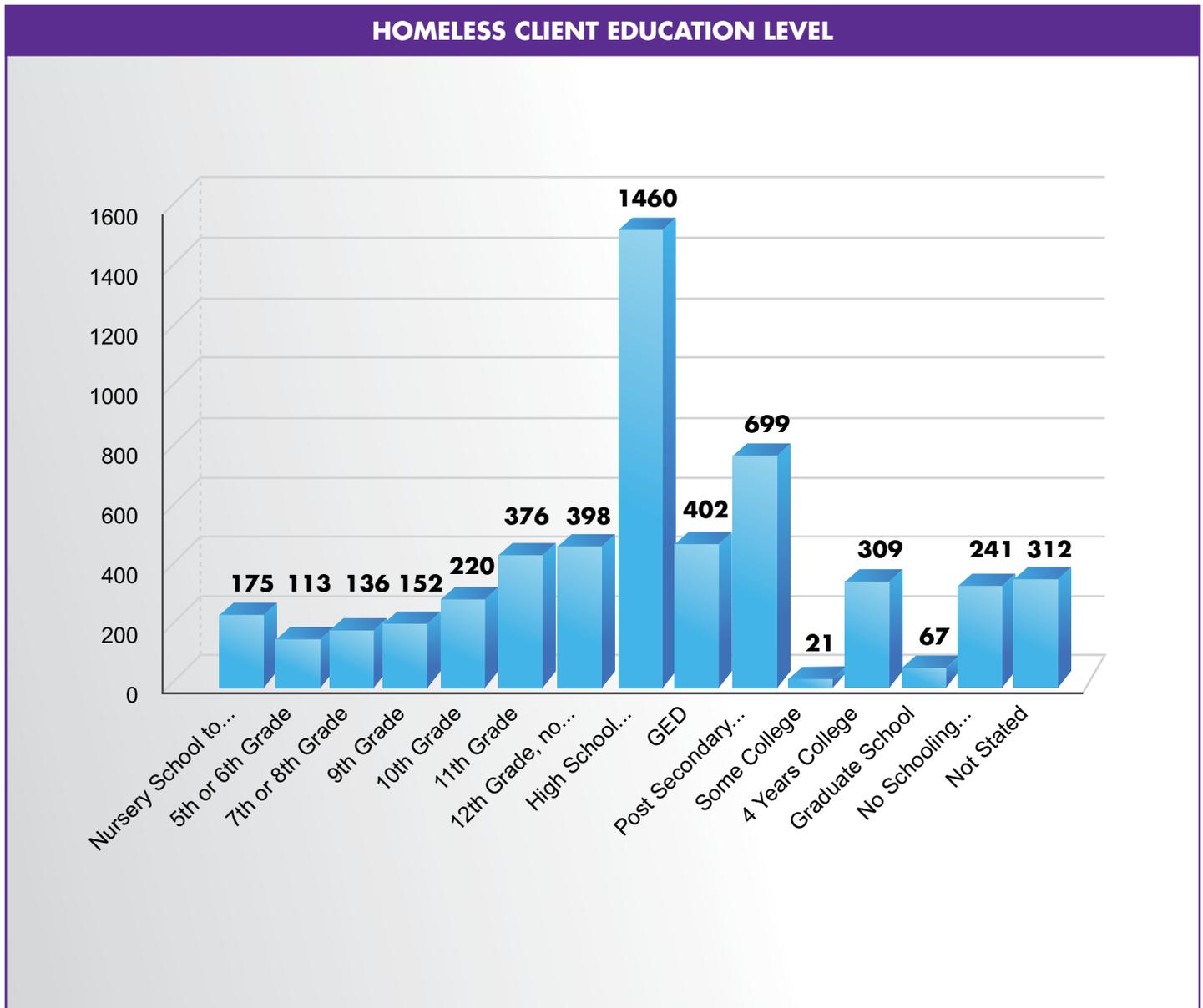




Clients identified themselves as: 72% Non-Hispanic; 27% Hispanic; 1% "don't know"; and 13 refused to state. (HMIS Year-End Progress Report, 2008)



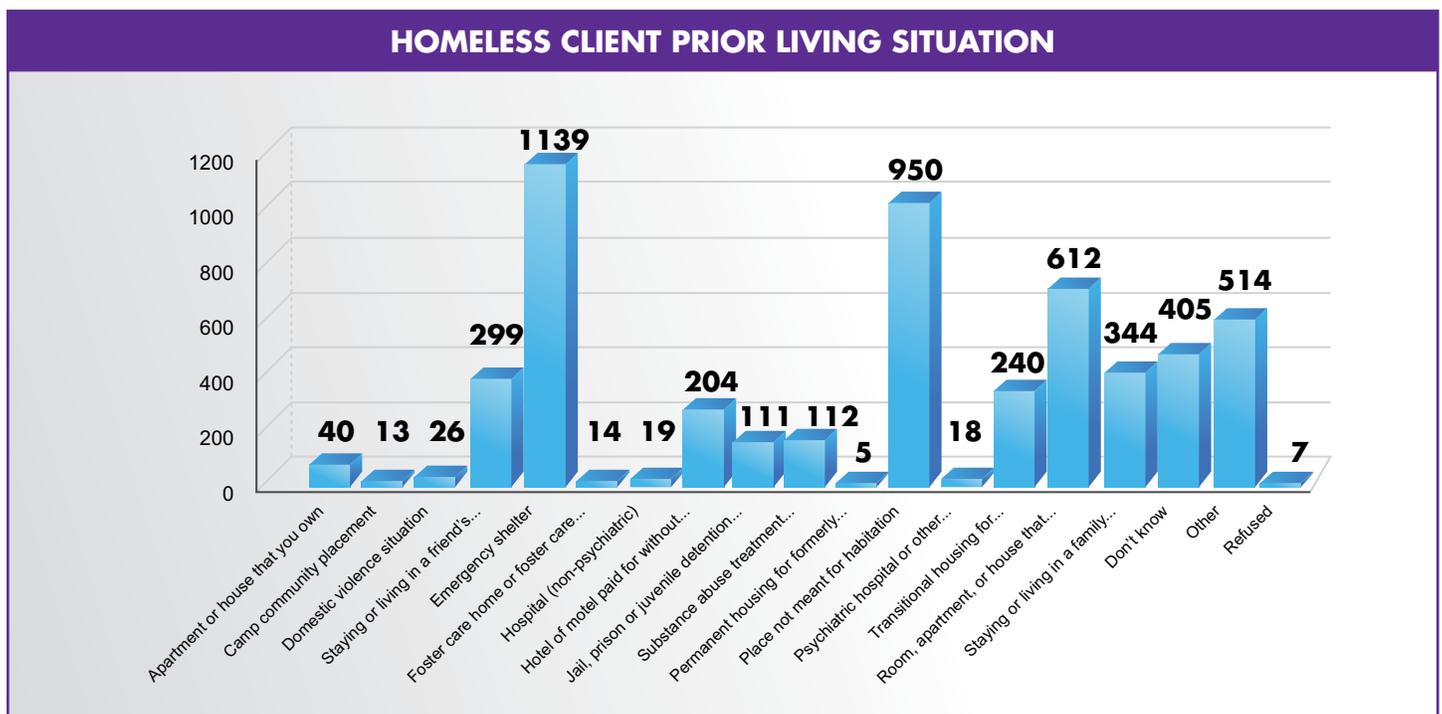
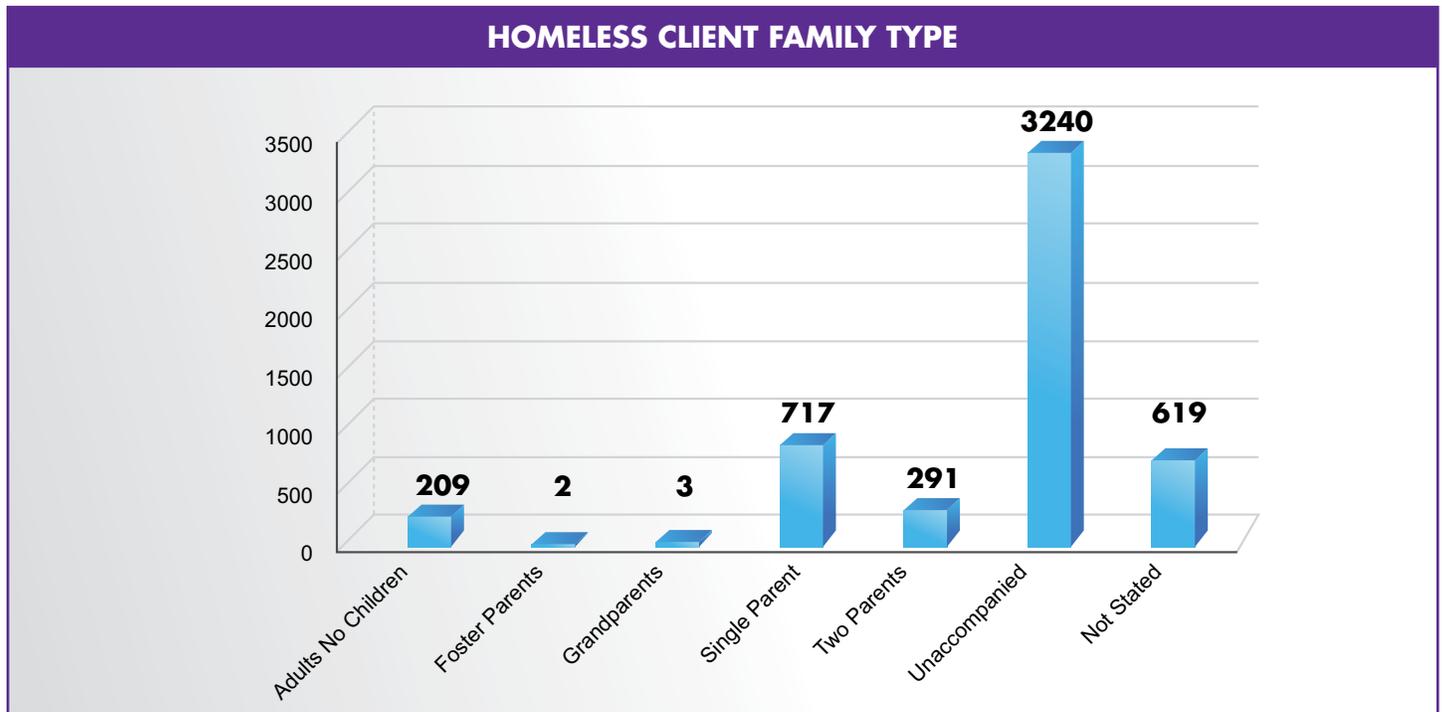
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As may be seen from the chart above, a significant number of homeless clients reported having an education level of high school or above. (HMIS Year-End Progress Report, 2008)



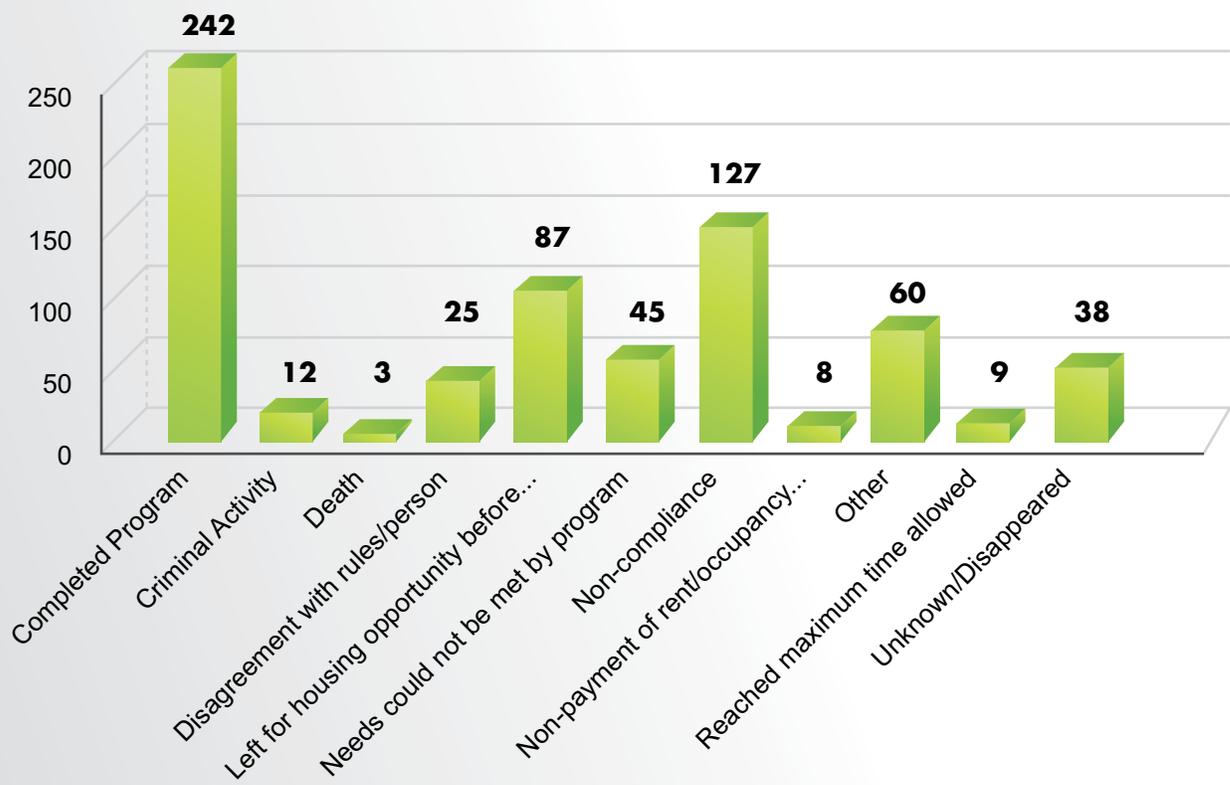
Family Type of all homeless clients: (HMIS Year-End Progress Report, 2008). The most frequent response was "unaccompanied."



The two most frequent responses were "emergency shelter" and "place not meant for human habitation". (HMIS Year-End Progress Report, 2008)

# APPENDICES

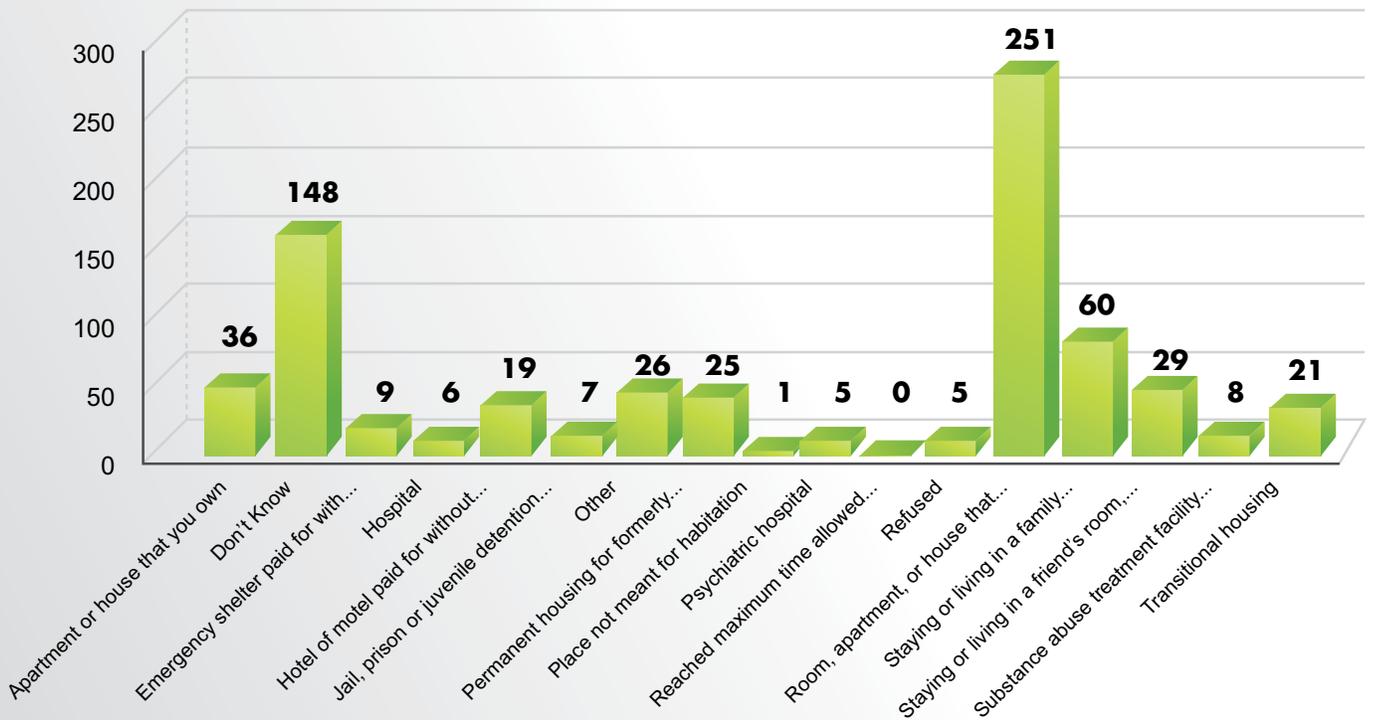
## MAIN REASON FOR LEAVING TRANSITIONAL PROGRAM



The top three reasons for leaving a transitional shelter program in 2008 were: (1) Program Completion (37%); (2) Non-Compliance (19%); and (3) Left early for a housing opportunity (13%). (HMIS Year-End Progress Report, 2008)



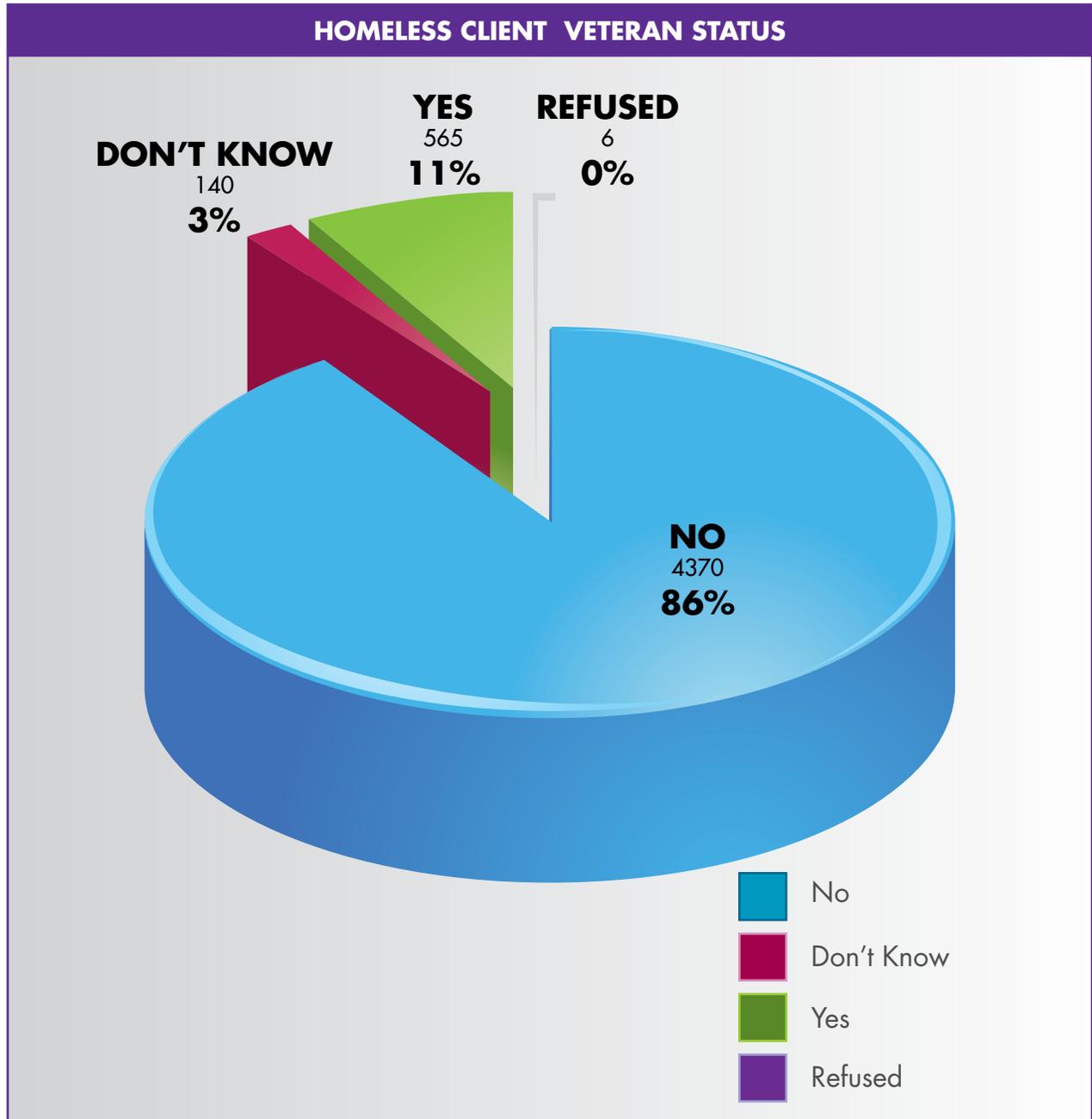
## DESTINATION UPON EXIT - TRANSITIONAL PROGRAMS



The most frequent response to the question about destination on leaving a transitional program indicates that clients moved on to stable housing. The second most frequent response was "I don't know." This suggests that there is room for improvement in maintaining contact and tracking the sustainability of skills gained while in a program. (*HMIS Year-End Progress Report, 2008*)

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Veterans are often seen as a special population at high risk for homelessness.



Veteran status of all homeless clients: 11% of individuals reported having served in the military. (HMIS Year-End Progress Report, 2008)



## **APPENDIX 6: DATA ON POPULATIONS “AT-RISK” OF HOMELESSNESS**

### **POPULATIONS AT-RISK FOR HOMELESSNESS**

The following section provides information on subpopulations that are disproportionately prone to homelessness. The estimated number of individuals in each risk population in Orange County is provided, as well as estimates for risk for homelessness within each population. Estimates are made based on the best information available at the time of conducting research (Fall 2008).

#### **DEFINING RISK**

Risk can be defined in many ways. For example, in one national report on homeless veterans, “at-risk” for homelessness was defined as being below the poverty level, paying more than 50% of household income on rent, and one or more of the following characteristics: living in a household with a member who has a disability, living alone, or being unemployed (*National Alliance to End Homelessness, Vital Mission: Ending Homelessness Among Veterans*). Often, as in this case, a person is considered at risk if they have a set of risk conditions. Risk increases with the number of compounding risk factors. However, for this analysis, which examines discrete subpopulations, risk is defined very simply by the current prevalence of homelessness in that cohort.

#### **ASSESSING RISK**

There are two lenses through which one can analyze homeless prevalence among subpopulations. One is to conduct a scan of the homeless population and ascertain what proportion falls into a particular subcategory (e.g., among the homeless population, 26% are veterans). Another way is to scan the particular subpopulation and ascertain what proportion is homeless (e.g., among veterans, 2% are homeless). The former is referred to in this analysis as the “homeless population scan” and the latter is referred to as the “subpopulation scan.” In this analysis, the subpopulation scan is considered the best way of assessing risk for any one cohort. Thus, the specific methodology employed was to ascertain the estimated number of individuals who fall into a particular cohort and then, using research or data available, estimate the proportion of individuals in this population who are currently homeless. These proportions provide a relative sense of risk for homelessness by subpopulation.

Proportions using the homeless population scan are provided when available to provide additional information, but are not considered an assessment of risk.

#### **PURPOSE AND LIMITATIONS OF RISK ASSESSMENT BY SUBPOPULATION**

Since residents may fall in two or more of these populations, and because there are more potential risk populations than those studied here, the estimated number in each population cannot be summed to arrive at a total number considered at-risk for homelessness in Orange County. Rather, the purpose of this analysis is to better understand the magnitude of, and potential for, homelessness among key risk populations. While the numbers cannot be summed, it can be assumed that the risk for homelessness would increase for individuals who fall into two or more of the subpopulations.

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## SUBPOPULATION RISK ESTIMATES

Summary Table of Annual Counts in Key Risk Categories for Homelessness				
Orange County, Most Recent Year Available				
	TOTAL NUMBER IN COHORT	ESTIMATED PERCENT HOMELESS	ESTIMATED NUMBER HOMELESS	LEVEL OF CONFIDENCE IN ESTIMATE
<b>ACUTE POVERTY</b>	124,756	N/A	N/A	N/A
<b>PUBLIC ASSISTANCE</b>	96,373	3%	2,469	Likely low estimate
<b>PAROLEES (FEDERAL AND STATE)</b>	6,154	10-50%	615 - 3,076	25% likely closest estimate
<b>EMANCIPATED FOSTER YOUTH</b>	146	40-50%	58 - 73	Strong estimate
<b>VETERANS</b>	156,053	2.30%	3,589	Fairly strong estimate
<b>MENTAL ILLNESS</b>	40,186	16%	6,938	Fairly strong estimate
<b>SUBSTANCE ABUSE</b>	11,795	20%	2,334	Fairly strong estimate

### ACUTE POVERTY

#### Significance

The most fundamental risk factor for becoming homeless is acute poverty, defined as having an income of less than 50% of the federal poverty line (The Urban Institute; Economic Roundtable and Institute for the Study of Homelessness and Poverty at the Weingart Center). In the 2007 U.S. Conference of Mayors Status Report on Hunger and Homelessness, among families with children, poverty was second only to lack of affordable housing as the reason for falling into homelessness.

#### Data Description

This subpopulation is defined as the number of people (both children and adults, living individually or in a family) with an individual annual income of less than half the poverty level or, for children, a family annual income of less than half of the poverty level (U.S. Census Bureau; Economic Roundtable and Institute for the Study of Homelessness and Poverty at the Weingart Center). This equates to earning less than \$4,250 annually for an individual or \$6,645 for a 3-person family (1999 data), when 2000 Census was fielded (U.S. Census Bureau, *Poverty Thresholds*). In today's dollars, acute poverty equates to earning less than \$5,295 annually for an individual or less than \$8,265 for a 3-person family. Federal poverty thresholds are nationwide and do not change based on state or county.

Below is a chart showing the number and percent of households in Orange County, 2005-2007 by household income. Although it is not adjusted for family size, it provides an overview of the distribution of household income in Orange County.



Household Income		
Orange County, 2005-2007 (Three-Year Average)		
	NUMBER OF HOUSEHOLDS	PERCENT OF TOTAL HOUSEHOLDS
LESS THAN \$10,000	39,022	4.0%
\$10,000 - \$14,999	39,461	4.0%
\$15,000 - \$24,999	68,436	7.0%
\$25,000 - \$34,999	76,620	7.9%
\$35,000 - \$49,999	115,896	11.9%
\$50,000 - \$74,999	173,926	17.9%
\$75,000 - \$99,999	133,534	13.7%
\$100,000 - \$149,999	173,339	17.8%
\$150,000 - \$199,999	76,388	7.9%
\$200,000 OR MORE	82,418	8.5%

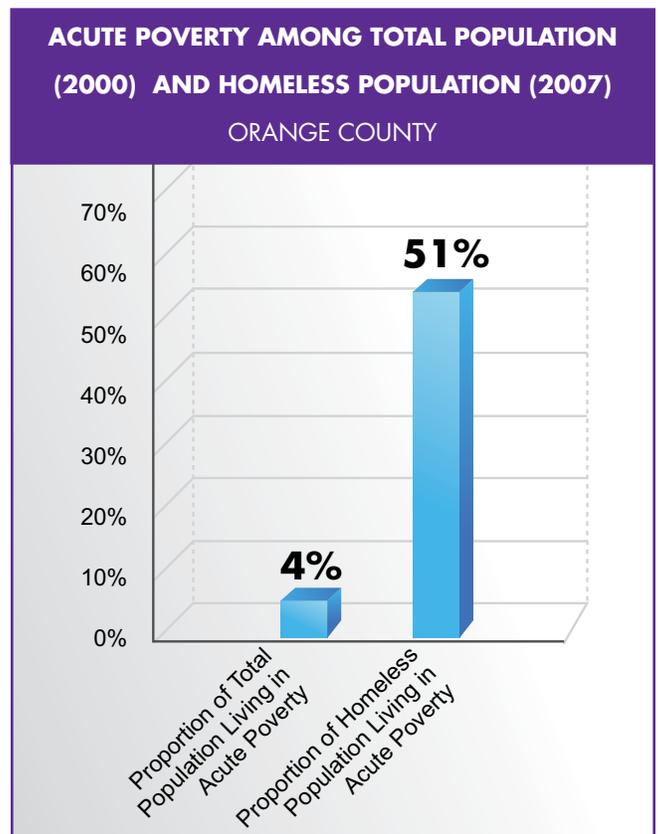
Source: U.S. Census Bureau, American Community Survey, 2005-2007 (Three-Year Average) (<http://factfinder.census.gov>)

### Acute Poverty Subpopulation Scan and Risk Assessment

- There are an estimated **124,756** individuals in acute poverty in Orange County (year 2000 data). (*U.S. Census Bureau, 2000 Census, Summary File 3, Table P88*).
- This is equivalent to **4%** of the total population (year 2000 data).
- A more extensive review of the literature is needed to research what proportion of those living in acute poverty experience homelessness.

### Homeless Population Scan for Acute Poverty

- Scans of the local homeless population indicate that half are living in acute poverty (2007 *Orange County Point in Time Count and Survey of the Homeless: Final Report*, Social Science Research Center at California State University, Fullerton).



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- Among sheltered and unsheltered homeless in Orange County, 51% earned less than \$500 per month (*2007 Orange County Point in Time Count and Survey of the Homeless: Final Report, Social Science Research Center at California State University, Fullerton*).
- Individuals in acute poverty earn less than \$441 per month. Three-person families in acute poverty earn less than \$689 per month (*U.S. Census Bureau, Poverty Thresholds*).

## MENTAL ILLNESS

### Significance

Mental health issues are a factor for many homeless individuals, particularly the chronically homeless. Mental health issues contribute to homelessness both among youth and among adults equally.

### Data Description

The estimates below are based on the number of admissions to Orange County Health Care Agency/Behavioral Health Services mental health programs for which clients indicated they were homeless upon admission. This data is a meaningful estimate for mentally ill homeless in Orange County because the clients are typically low income and because discharge from an inpatient facility is a risk factor for homelessness. The data include both adults and youth.

### Mental Illness Subpopulation Scan and Risk Assessment

According to information from the Health Care Agency, Behavioral Health Services, IRIS database, 2007/08:

- Number of unduplicated clients served by Behavioral Health Services between July 1, 2007 and June 30, 2008: **40,186**
- Number of clients served by Behavioral Health Services between July 1, 2007 and June 30, 2008 who were homeless: **6,938**
- This is equivalent to **17%** of clients.

### Homeless Population Scan for Mental Illness

- It is estimated that nationwide, 16% of single adult homeless suffer from severe and persistent mental illness (National Coalition on Homelessness, Fact Sheet: Mental Illness and Homelessness).
- Other estimates place the figure at 22% (*U.S. Conference of Mayors 2007 Status Report on Hunger and Homelessness*).
- Four percent (4%) of homeless surveyed in Orange County consider mental illness a key contributor to their homelessness. Over one-quarter indicate they have a mental illness (26%). Over half (51%) reported depression (*2009 Point in Time Count and Survey, Applied Survey Research*).



## PUBLIC ASSISTANCE

### Significance

A variety of research studies indicate that many homeless families were receiving some type of public assistance before they became homeless (Lewis, D., *Trends in Homelessness and Housing Insecurity: Implications for Welfare Reform, Illinois Family Study, 2002* and Lowin, A., *Homeless Families with Children Receiving Welfare Assistance in Washington State, Research & Data Analysis*, Washington State Department of Social and Health Services, Olympia, WA, 1998).

### Data Description

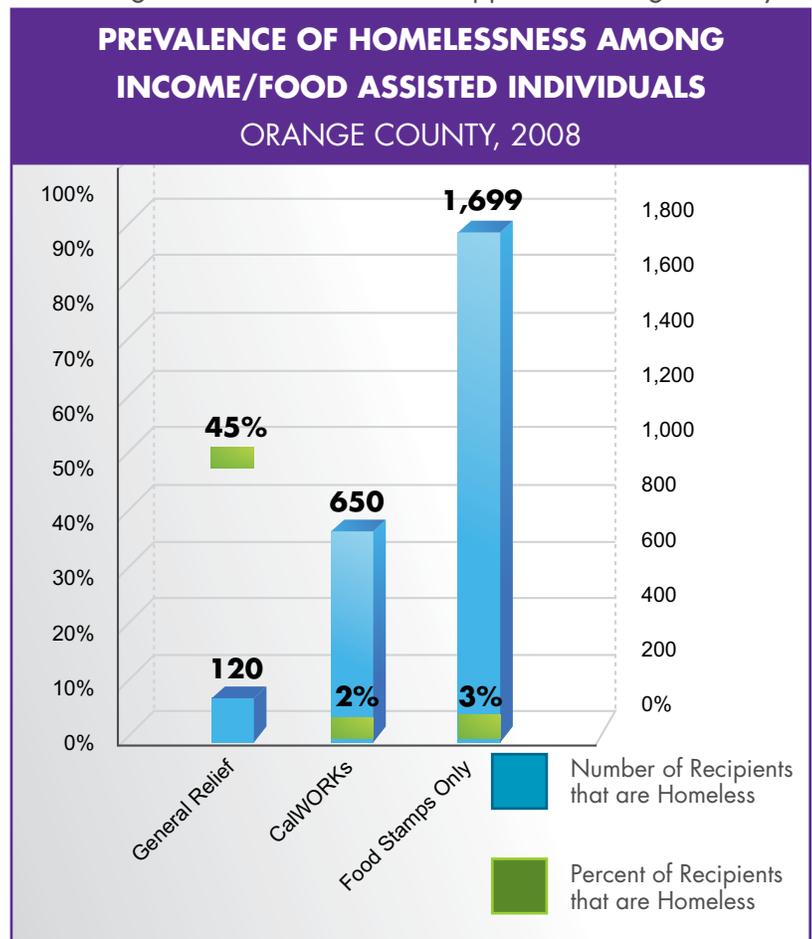
The data for this subpopulation includes residents receiving General Relief, CalWORKs, or Food Stamps only (not receiving other cash assistance or foster care services) in Orange County.

### Public Assistance Subpopulation Scan and Risk Assessment

Research estimating the number of welfare recipients who experience homelessness varies. A survey of current and former welfare recipients in Illinois reported 5-7% had experienced homelessness in the past 12 months (Lewis, D., 2002, cited above).

In Orange County, Social Services Agency data show that:

- In June 2008, the number of people receiving General Relief income support in Orange County was: **269**
- In June 2008, the number of people receiving General Relief who were homeless: **120**
- This is equivalent to **45%** of all General Relief recipients.
- In 2006/07, the average monthly number of people receiving CalWORKs income support was: **38,498**
- The number of CalWORKs recipients who received Homeless Assistance in 2007 (more could be homeless than received Homeless Assistance): **650**
- This is equivalent to **2%** of CalWORKs recipients.
- In June 2008, the number of people receiving Food Stamps only was: **57,606**



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- In June 2008, the number of Food Stamps only recipients who were homeless was: **1,699**
- This is equivalent to **3%** of all Food Stamps only recipients.
- Total number of assisted individuals: **96,373**
- Total number of assisted individuals who were homeless: **2,469**
- This is equivalent to **3%** of all assisted individuals.

## Homeless Population Scan for Public Assistance Recipients

- A Washington State study found 60% of homeless families on welfare were on welfare before they became homeless. In a study of large American cities, 72% of newly homeless women with children reported receiving some sort of public assistance in the 30 days prior (Lowin, 1998, cited above).
- In Orange County, 39% of homeless surveyed received some level of income from the government (2009 Orange County Point in Time Count and Survey, Applied Survey Research).

## EXITING INCARCERATION

### Significance

Those released from prison or jail may face a number of challenges, including insufficient discharge planning and transition services, difficulty getting a job, minimal or no support networks, and numerous barriers to housing including ineligibility for subsidized housing or housing that is too expensive. While jail stays are typically much shorter than prison stays, they are still disruptive, impacting an individual's ability to retain a job or housing. Shelter use before incarceration is a strong predictor of shelter use after release, as is substance abuse and/or mental illness, findings that have implications for targeting at-risk individuals (Metraux, J. et. al., *Incarceration and Homelessness, Toward Understanding Homelessness: 2007 National Symposium on Homelessness Research*, U.S. Department of Health & Human Services and U.S. Department of Housing & Urban Development, 2007).

### Data Description

This cohort is defined as individuals leaving federal and state prisons falling under community supervision (parole) in Orange County. Parolees are typically released back into the county where they were convicted. Using State of California Department of Corrections parolee counts and U.S. Department of Justice proportions of state versus federal parolees nationwide (11% and 89%, respectively), the federal counts are estimated. (Glaze, L. et. al., *Probation and Parole in the United States, 2007 Statistical Tables*, U.S. Department of Justice, Bureau of Justice Statistics.) Point-in-Time, unduplicated counts are provided, as well as annual totals that may include duplication.

This analysis also includes individuals released from Orange County Sheriff-Coroner jail facilities. Point-in-Time and annual totals are provided.



## Point in Time (Unduplicated)

### Exiting Incarceration Subpopulation Scan and Risk Assessment

#### Prison

- Total estimated number of parolees of federal institutions who are under community supervision in Orange County as of January 1, 2007: **677** (Glaze L. et al., cited above).
- Total number of parolees of state institutions who are under community supervision in Orange County as of January 5, 2009: **5,477** (Jerome Marsh, California State Department of Corrections, telephone interview January 13, 2009).
- Anecdotal estimates by a local California state parole officer are that between **20-25%** of state parolees have housing challenges.
- Research estimates vary depending on the study. A California Department of Corrections study indicated **10%** of state parolees are homeless, with much higher concentrations (**30-50%**) in urban areas, including Los Angeles.
- Using the broad prison estimates, on a given day, between **615** and **3,076** state and federal parolees are homeless.

#### Jail

- The 2008 average daily number of releases from all Orange County Sheriff-Coroner jail facilities: **168** (Orange County Sheriff-Coroner Automated Jail System Output, 2008).
- Estimates of episodes of homelessness following jail release are scarce; however, one study found **5.5%** of prisoners from New York City jails were homeless following release. (Metraux, J. et. al., cited above).
- Applying this percentage, roughly **9** jail inmates may become homeless upon release on any given day.

## Annual Totals (With Potential Duplication)

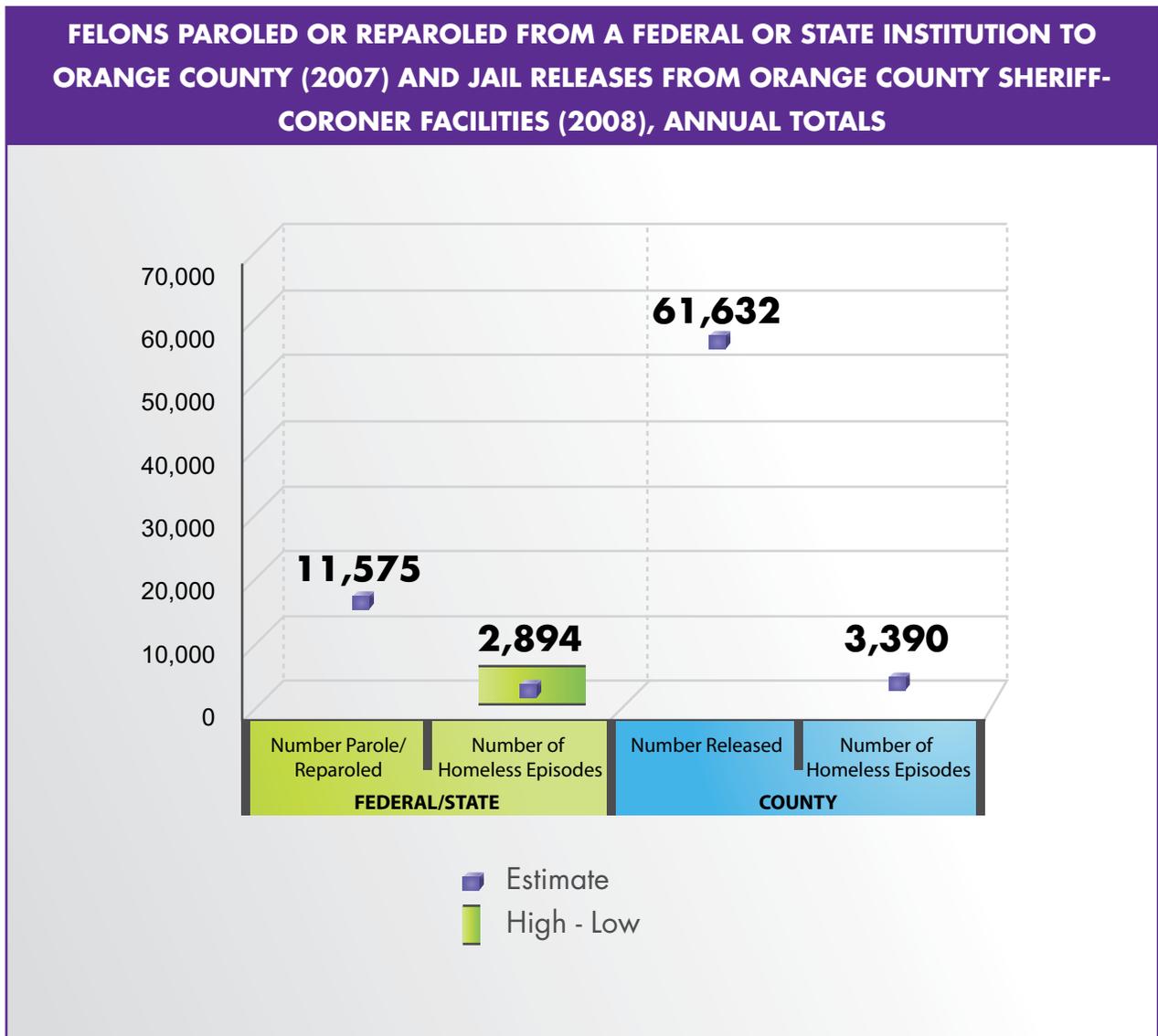
#### Prison

- Estimated number of felons paroled or re-paroled from a federal institution to Orange County in 2007: **1,273** (California Department of Corrections and Rehabilitation, Data Analysis Unit, Total Number of Felons Paroled or Re-paroled from an Institution, Orange County, Calendar Year 2007) and (Jerome Marsh, cited above).
- Total number of felons paroled or re-paroled from a state institution to Orange County in 2007: **10,302** (Jerome Marsh, cited above).
- Applying the **10-50%** range to the total, between **1,157** and **5,788** of state and federal parolees are homeless annually.

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## Jail

- During 2008, total number of releases from all Orange County Sheriff-Coroner jail facilities: **61,632** (Orange County Sheriff-Coroner Automated Jail System Output, 2008).
- Applying the 5.5% estimate to the total, approximately **3,390** jail releases are at-risk of homelessness annually.



## Homeless Population Scan for Exiting Incarceration

In 2009, among Orange County's homeless, 6% said that exiting incarceration was the primary cause of their homelessness (2009 Orange County Point in Time Count and Survey, Applied Survey Research).



## EMANCIPATED FOSTER YOUTH

### Significance

Estimates vary, but nationwide, approximately a quarter of those who experience homelessness have spent some time in out-of-home placement in their lives. Youth homelessness is a predictor for adult homelessness. Homeless youth often have limited or no family ties and a history of abuse. This limits their ability to form stable relationships with people who could help them get out of homelessness. (Burt, M., *Understanding Homeless Youth: Numbers, Characteristics, Multisystem Involvement, and Intervention Options*, testimony before U.S. House Committee on Ways and Means, Subcommittee on Income Security and Family Support, 2007; Roman, N. et. al., *Web of Failure: The Relationship Between Foster Care and Homelessness*, National Alliance to End Homelessness, 1995).

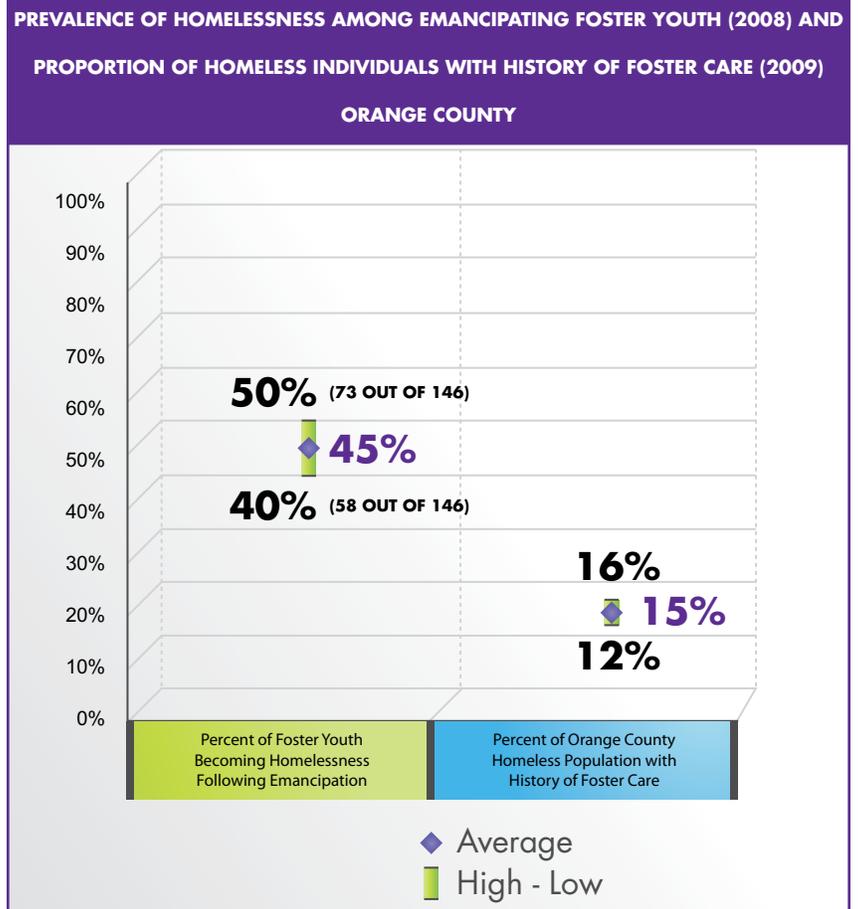
### Data Description

For this subpopulation, the data are the aggregate number of youth emancipating from Orange County's foster care system in a year and the estimated proportion who experience homelessness following emancipation. The annual number of emancipated foster youth presented does not include youth who run away prior to emancipation or are reunited with their families just prior to emancipation. Including these youth would increase the number by about 70 to 130 (Orange County Social Services Agency, Transitional Planning Services Program, 2009).

### Foster Youth Subpopulation Scan and Risk Assessment

Total number of youth who emancipated from Orange County's foster care system in 2007: **146** (Orange County Social Services Agency, Transitional Planning Services Program, 2009).

- Estimated percent of emancipated foster youth in the state or nation who become homeless upon emancipation: **40-50%** (*Life After Foster Care*. League of Women Voters of California Education Fund, Juvenile Justice Study Committee, 2002; Roman, N. et. al., cited above; Piasecki, Joe. 2006, *Throwaway Kids*, Pasadena Weekly).
- Applying these percentages to Orange County's number of youth who emancipated from the foster care system in



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2007, approximate annual number of homeless foster youth: **58 to 73**

## Homeless Population Scan for Foster Youth

- Scanning the homeless population, 61% of homeless youth ages 18-19 in the “National Survey of Homeless Assistance Providers and Clients” had been in out-of-home placements (Burt, M., 2007, cited above).
- Risk for homelessness goes down steadily with age among former foster youth. Nationwide, less than one quarter of homeless adults ages 25 and older report having been in out-of-home placements (Burt, M., 2007, cited above).
- Fifteen percent (15%) of Orange County homeless individuals reported they had been in foster care at some point in their lives. Unsheltered homeless were more likely to report foster care history (16%) compared to sheltered homeless (12%). (2009 Orange County Point in Time Count and Survey, Applied Survey Research).

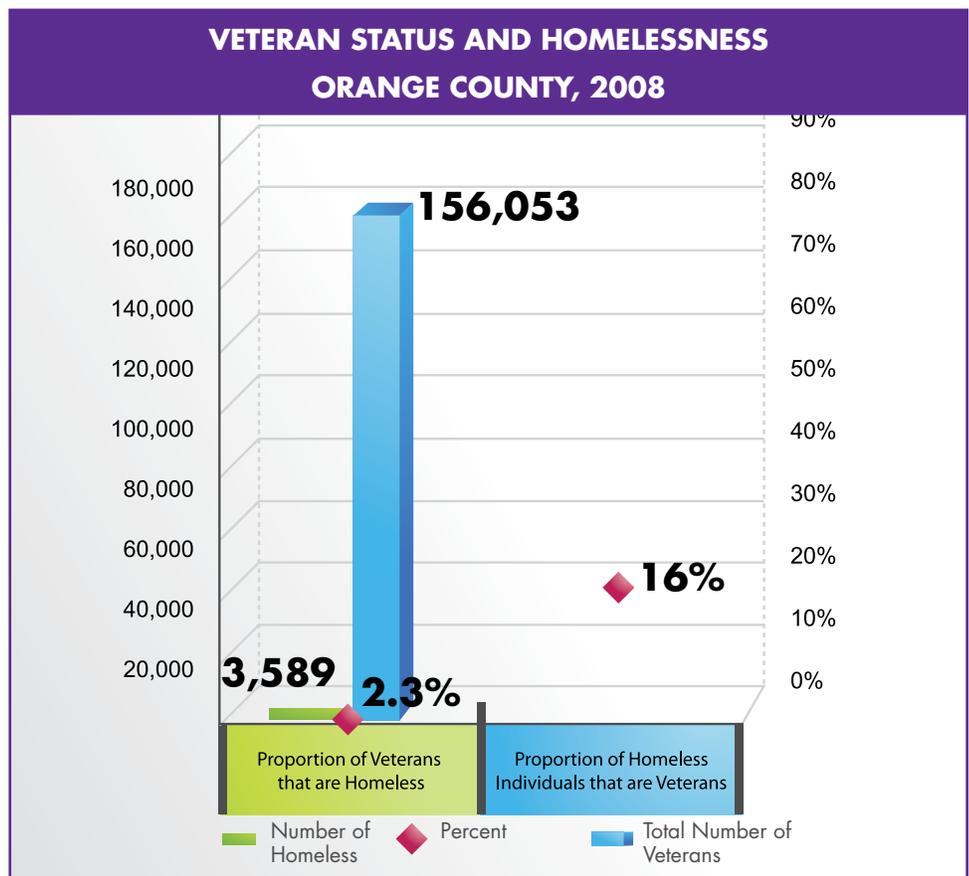
## VETERANS

### Significance

Nationwide, veterans represent roughly 26% of the homeless population, but only 11% of the civilian population 18 years and older. This is true despite the fact veterans are typically better educated, more likely to be employed, have a lower poverty rate, and higher homeownership rate than the general population (National Alliance to End Homelessness, *Vital Mission: Ending Homelessness Among Veterans*; 2001 National Survey of Veterans, U.S. Veteran’s Administration).

### Data Description

The subpopulation includes people identified as veterans living in Orange County, with an estimate of the number who are homeless applied to that percentage.





## Veterans Subpopulation Scan and Risk Assessment

- Approximate number of veterans in Orange County (2005-2007 three-year aggregated data): **156,053** (U.S. Census Bureau, *American Community Survey, 2005-2007*), (Three-year average).
- Estimated percent of veterans in California in 2006 that were homeless: **2.3%** (National Alliance to End Homelessness, *Vital Mission: Ending Homelessness Among Veterans*).
- Applying this percentage to the number of veterans in Orange County, approximate number of homeless veterans: **3,589**

## Homeless Population Scan for Veterans

- In 2009, among Orange County's homeless, 16% were veterans of the United States Armed Forces. (*2009 Orange County Point in Time Count and Survey*, Applied Survey Research.)

## SUBSTANCE ABUSE

### Significance

Aside from numerous public health and safety problems linked with substance abuse, substance abuse can impact an individual's ability to hold a job and maintain the high-level of functioning needed to retain housing. (Semansky, R., et. al., *Assessing the Effectiveness of Discharge Planning to Prevent Subsequent Homelessness: Literature Review and Issues*. unpublished manuscript available at [www.westat.com](http://www.westat.com).)

### Data Description

For estimating risk for homelessness among this population, admissions to publicly-funded treatment services is a strong proxy measure given clients of these services are typically low income, and at the point of discharge from a residential treatment programs, clients are at increased risk for homelessness. At intake, a clients' housing status, including homelessness, is determined. The proportion homeless can provide a proxy for the overall prevalence of homelessness in this cohort. These estimates include clients of inpatient and outpatient treatment services.

## Substance Abuse Subpopulation Scan and Risk Assessment

Based on data from the Orange County Health Care Agency, Behavioral Health Services, CalOMS database, 2007/08:

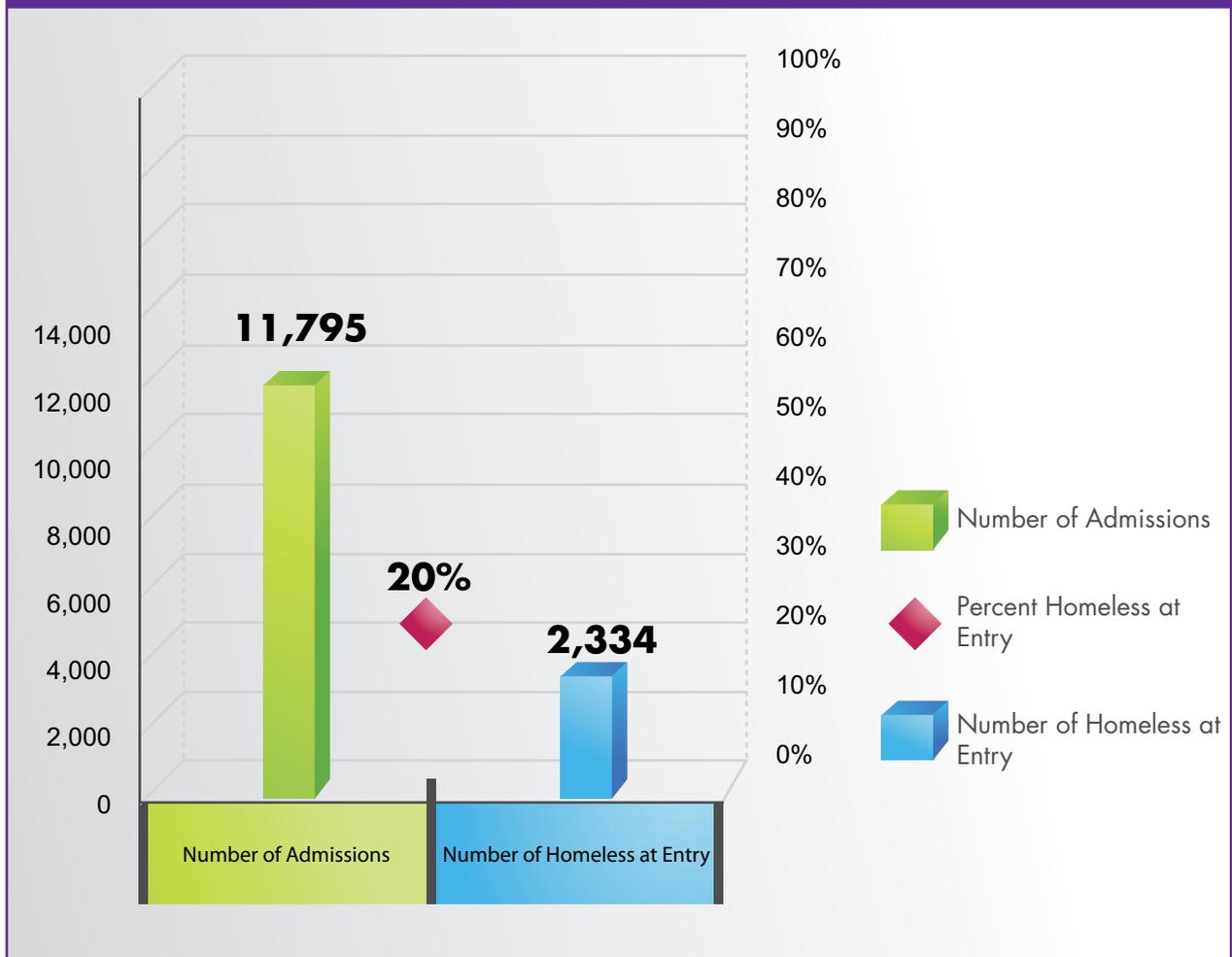
- Number of admissions to publicly-funded or state-licensed recovery and treatment services in 2007/08: **11,795**
- Number of clients admitted to publicly-funded or state-licensed recovery and treatment services in 2007/08 that indicated they were homeless at entry: **2,334**
- This is equivalent to **20%** of admissions.

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## Homeless Population Scan for Substance Abuse

- In the U.S. Conference of Mayors 2007 Status Report on Hunger and Homelessness, substance abuse was one of the top two reasons cited for homelessness among single adults and unaccompanied youth.
- Substance abuse was one of the top cited reasons for becoming homeless, with 18% of Orange County's homeless considering substance abuse a key contributing factor to their homelessness. As many as 38% have an existing substance abuse problem (2009 Orange County Point in Time Count and Survey, Applied Survey Research).

### COUNT OF ADMISSIONS TO PUBLICLY FUNDED OR STATE LICENSED RECOVERY AND TREATMENT SERVICES AND PROPORTION THAT WERE HOMELESS AT ENTRY ORANGE COUNTY, 2007/08





## OTHER COMPOUNDING FACTORS INCREASING RISK

In addition to the risk factors above, there are further factors that could increase an individual’s risk for homelessness. Following are several potential compounding risk factors not already discussed above:

ADULTS/FAMILIES/YOUTH	YOUTH
■ Pregnant	■ School difficulties (not graduating, expulsion)
■ Unemployment	■ Juvenile justice involvement
■ Home foreclosure	
■ Domestic violence	
■ Difficulty paying rent (no housing subsidy)	
■ Doubled-up in housing	
■ Physical disabilities	
■ Ill-health, including AIDS	
■ Lack of affordable housing	
■ Lack of social support	

(Burt, M., *Understanding Homeless Youth: Numbers, Characteristics, Multisystem Involvement, and Intervention Options*, testimony before U.S. House Committee on Ways and Means, Subcommittee on Income security and Family support, 2007; Lewis, D., *Trends in Homelessness and Housing Insecurity: Implications for Welfare Reform, Illinois Family Study*, 2002; The Urban Institute, Researcher Toolkit, “Five Questions for the Expert: Martha Burt, PhD,” [www.urban.org/toolkit/fivequestions/MBurt.cfm](http://www.urban.org/toolkit/fivequestions/MBurt.cfm), retrieved January 2009.)

**REDUCE THE COMPOUNDING FACTORS INCREASING RISK**



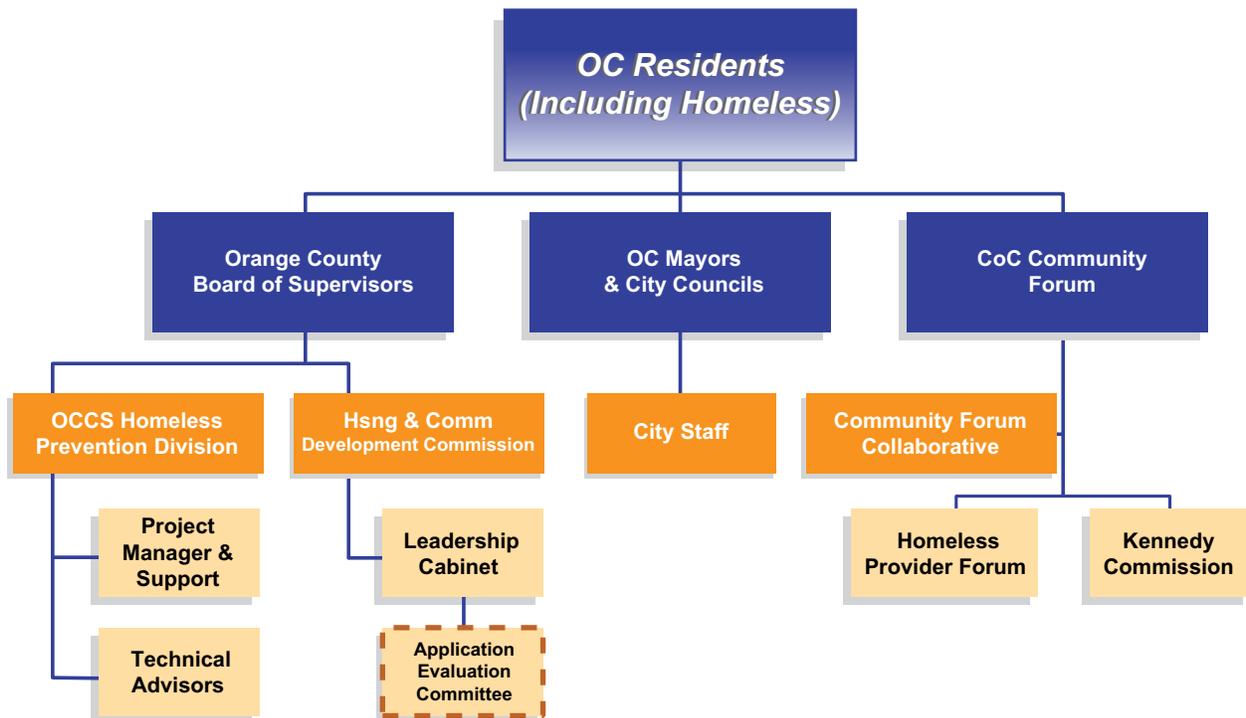
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## APPENDIX 7: OVERVIEW OF THE CURRENT LEADERSHIP SYSTEM

In 1998, the Continuum of Care (CoC) Community Collaborative Forum was created to address homeless issues. The leadership and coordination of Orange County’s CoC is the shared responsibility of OC Community Services, the Housing and Community Development Commission (H&CD) and the non-profit organization OC Partnership. The eleven members of the H&CD Commission are appointed by the Board of Supervisors and are represented by local government officials from cities, nonprofit providers, consumers, community members, and the faith based community. Three members of the H&CD Commission are appointed to serve on the CoC Homeless Issues Leadership Cabinet (the Leadership Cabinet). The Leadership Cabinet is an advisory committee, which specifically focuses on homelessness, the SuperNOFA Continuum of Care application, the Ten-Year Plan, Point-In-Time Count and other homeless policy issues.

The Leadership Cabinet is comprised of representatives from nonprofit homeless service and shelter providers, H&CD Commission members, the County’s Public Health Officer and the County’s Homeless Coordinator. Each member of the Leadership Cabinet plays an important role in planning efforts. OC Partnership is the regional Homeless Management Information System (HMIS) provider and technical advisor. OC Partnership acts as the voice for the CoC network. The Homeless Coordinator, a County staff member, addresses the government challenges facing the CoC, acts as the County liaison to the CoC, focuses on building public/private partnerships to strengthen the system of care, and coordinates the annual SuperNOFA grant application process.

The figure below represents **Orange County’s comprehensive CoC planning structure:**





This public/non-profit partnership helps ensure comprehensive, regional coordination of efforts and resources to reduce the number of homeless and persons at risk of homelessness throughout Orange County. Each partner of the Collaborative has a unique role in the regional CoC planning process; however, the collective role of the Collaborative is to act as the regional convener of the year-round CoC planning process and to act as a catalyst for the involvement of the public and private agencies that make-up the regional homeless system of care. The specific roles of the Collaborative partners are as follows:

### **OC Community Services, Homeless Prevention Division (OCCS/HPD):**

OCCS/HPD is primarily responsible for addressing the government challenges faced by the CoC. To this end, OCCS/HPD is responsible for developing public/private partnerships that expand and enhance the region's CoC system. This task includes the marshalling and coordinating of resources from County agencies, local governments, school districts, businesses, community/faith-based agencies, and homeless/formerly homeless. In cooperation with its Collaborative partners, OCCS/HPD is also instrumental in organizing community meetings, conferences, and training sessions that sustain the year-round regional CoC planning process and also helps build the capacity of homeless shelter and service providers. The HPD also works closely with other public and quasi-public entities to develop resources that supplement the regional system of care. As a member of the local Emergency Food and Shelter Program (EFSP) designated local board, OCCS participates in the allocation of federal emergency resources and thus is able to advocate for awarding EFSP resources to components of the system of care that are not eligible for federal Homeless Assistance Grant funds (e.g., emergency shelter and homelessness prevention). The HPD is also a participant in local initiatives to address the needs of the region's homeless such as the Homeless Court, Proposition 63 (Mental Health Services Act), and Orange County's McKinney-Vento Plan for the education of homeless children/youth.

OCCS also serves as the lead agency that prepares Orange County's CoC Associated Homeless Assistance Grant application. OCCS staff provides personnel and consultant support services for the CoC planning process and is HUD's primary CoC contact. It is also responsible for collecting mainstream funds data from local government entities and is the lead agency for placing action items on Commission and Board of Supervisor agendas. This latter responsibility was the impetus for the creation of the **Leadership Cabinet**.

### **Leadership Cabinet:**

The Leadership Cabinet is a subcommittee of the Orange County Housing and Community Development (H&CD) Commission. It is responsible for advising the Orange County Board of Supervisors. The Leadership Cabinet aids the Commission in developing, monitoring, and sustaining homeless issues public policy. The Leadership Cabinet's role in the CoC planning process is unique. It reviews CoC Survey data and community input to ensure Homeless Assistance Grant funded projects match regional CoC priority needs. It also assesses real-world trends and recommends public policy to ensure that the use of limited resources match CoC priorities. Finally, the Leadership Cabinet reviews and approves the annual Request for Proposals document (i.e., grant application solicitation), reviews the ranking process of applications, and addresses other issues related to the CoC planning and application process. The Leadership Cabinet is comprised of three H&CD Commission members and representatives from two non-profit homeless service and shelter providers, OC Partnership, the County's Public Health Officer, and the Homeless Coordinator for the County.

### **OC Partnership:**

OC Partnership's primary role in the Collaborative is that of day-to-day coordinator of the regional CoC planning process. In this capacity, OC Partnership provides technical assistance to homeless service/shelter providers

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in order to build the capacity of the region's homeless system of care. OC Partnership is also primarily responsible for supporting the strategic planning that drives the year-round CoC planning process. OC Partnership is the lead agency for planning and managing Orange County's HMIS with service providers, preparing them for HMIS implementation. In partnership with the County HPD office, OC Partnership coordinates regional CoC Community Forum and Assessment Group meetings (discussed below). Additionally, OC Partnership helps community-based organizations address the challenges that reduce the resources available to them to carry out their respective missions. OC Partnership assists service providers with preparing grant applications, provides technical training, and facilitates collaboration among partner agencies. OC Partnership also advocates on behalf of shelter and service providers and monitors regional trends to help ensure that limited resources are utilized in an efficient and cost-effective manner. Finally, OC Partnership serves as the Designated Local Board for Orange County's state-funded Emergency Housing Assistance Program and serves on local and national task forces that address homeless issues.

## **Continuum of Care Forum (Community Forum):**

Orange County's regional CoC planning process has been devised to ensure a single well-coordinated process, with a well-defined organizational structure that minimizes or eliminates overlapping and duplicative efforts. While the Collaborative is Orange County's lead entity for implementing the regional homeless CoC strategy, the Collaborative is only the mechanism to facilitate the process. Orange County's real CoC planning process is rooted in the community, specifically in the CoC Community Forum (Community Forum). The Community Forum is an entity comprised of agencies, individuals, and groups that want to participate in efforts to eliminate homelessness in Orange County. The Community Forum has an open membership – this structure encourages broad and diverse participation in a forum that is informative and participatory. Community Forum meetings are held quarterly. On average, 100 public and private agencies are represented at these meetings. Approximately 70% of Community Forum members are non-profit agencies. Non-profits play a critical role in the regional planning process since they have direct experience and knowledge of the challenges faced by the region's homeless. Non-profits also have access to resources that can fund components of the CoC not eligible for Homeless Assistance Grant funds.

## **Homeless Provider Forum:**

The Homeless Provider Forum is charged with improving the region's base of shelter and supportive services for the homeless. These efforts include supporting the development of new emergency and transitional beds, and ensuring appropriate supportive services are provided by housing/service agencies to facilitate successful transition of the homeless into permanent affordable housing. This group's membership includes homeless shelter/service agencies, health care providers, public agencies, and individuals dedicated to ensuring that the homeless have the resources necessary to transition into permanent housing and self-sufficiency.

## **The Kennedy Commission:**

The mission of the Kennedy Commission is to advocate for the development of permanent affordable housing for Orange County households earning less than \$10/hour. This group consists of representatives from a diverse set of stakeholders including housing developers, health/human service providers, low-income housing advocates, government agencies, and other community members. The Kennedy Commission has assisted several cities and the County in developing five-year housing strategies such as Housing Elements and Consolidated Plans. The Kennedy Commission also works in partnership with housing advocates such as the Southern California Association of Nonprofit Housing to represent the affordable housing needs of Orange County on a statewide and regional basis. The Commission's collaborative nature helps ensure that the needs of the region's lowest income households are included in the development of housing public policy.



## TEN-YEAR PLAN GOVERNANCE AND THE CONTINUUM OF CARE

The current system, as described, has developed over the past 11 years to address the needs of the homeless in Orange County and to develop a Continuum of Care that is inclusive of homeless service providers, business, government, the faith-based community, consumers and community members. The Ten-Year Plan governance structure and the “Commission to End Homelessness” (more fully described in **Appendix 2** of the Plan) will become an integral part of the Continuum.

The Commission’s focus will be to provide leadership for the Ten-Year Plan and promote best practices, monitor outcomes, and report results to facilitate the success of Orange County’s Ten-Year Plan. This will have a positive impact on the current system by providing focus on the strategies designed to end homelessness in Orange County and continuing to visit the progress made on each strategy and holding implementing groups (many of which are part of the current Continuum system) accountable. The current system may change over time as needed to respond to the Ten-Year Plan strategies and governance structure.



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## APPENDIX 8: POTENTIAL FUNDING SOURCES FOR HOMELESS SERVICES AND PROGRAMS

### SOURCES FOR DEVELOPMENT OF PERMANENT SUPPORTIVE HOUSING:

#### Local:

- Redevelopment
- Mental Health Services Act (Prop 63 funds)

#### State:

- Low Income Housing Tax Credits
- State of California Multi-family Housing Program (MHP)
- State Governor's Homeless Initiative (GHI)

#### Federal:

- Home Investment Partnership Program (HOME)
- Neighborhood Stabilization Program
- Housing Opportunities for Persons with AIDS (HOPWA)
- Community Development Block Grant (CDBG)
- Supportive Housing Program (SHP)
- Supportive Housing for Persons with Disabilities (Section 811)
- Supportive Housing for the Elderly (Section 202)

For more information visit:

<http://documents.csh.org/documents/ResourceCenter/FinancingGuide/CapitalIntroFINAL.pdf>

### GENERAL SOURCES FOR HOMELESS SERVICES AND HOUSING PROGRAMS

#### Local:

- Redevelopment
- Mental Health Services Act (Prop 63)
- The Children and Families First Act (Prop 10)
- Measure H- Tobacco Settlement Revenue
- Health Care Agency (various)

#### State:

- Low Income Housing Tax Credits



- State of California Multi-family Housing Program (MHP)
- State Governor's Homeless Initiative (GHI)
- Emergency Housing Assistance Program (EHAP)

## **Federal:**

### **U.S. Department of Housing and Urban Development (HUD)**

#### **■ Shelter Plus Care (S+C)**

Shelter Plus Care provides rental assistance combined with social service supports for people who are homeless and have a disability, particularly those people with serious mental illness, chronic alcohol and/or drug problems, and AIDS or related diseases, and their families. S+C funds a variety of housing options such as apartments, group homes and individual units for those who do not have families. S+C grants require that support services be offered in conjunction with the housing; however, the community must secure funding from sources other than S+C to fund the support services. In addition, these support services must be of at least equal value to the rental assistance provided by HUD through the S+C grant.

For more information, visit [www.hud.gov/offices/cpd/homeless/programs/splus](http://www.hud.gov/offices/cpd/homeless/programs/splus)

#### **■ The Supportive Housing Program (SHP)**

SHP provides supportive housing and support services to people who are homeless. SHP funds can be used to create transitional housing, implement permanent supportive housing for people with disabilities, and provide support services that are not offered in conjunction with SHP-funded activities.

Some activities that can be funded through SHP include: acquisition, rehabilitation, construction, or leasing of structures that can be used for supportive housing, operating costs of supportive housing and support services.

For more information, visit [www.hud.gov/offices/cpd/homeless/programs/shp](http://www.hud.gov/offices/cpd/homeless/programs/shp).

#### **■ Section 811 Supportive Housing for Persons with Disabilities**

Section 811 is designed to increase rental opportunities with support services to enable persons with disabilities who are very low-income to live independently in the community. The program provides interest-free capital advances to nonprofit organizations to construct or rehabilitate rental housing with support services for very low-income persons with disabilities who are at least 18 years old. The advance remains interest-free and need not be repaid as long as the housing remains available for very low-income persons with disabilities for a minimum of 40 years. In addition, the program provides rental assistance for residents in the housing. Residents pay 30 percent of their adjusted gross income in rent and Section 811 pays the difference between the monthly approved operating cost and the rent received from the tenant.

For more information, visit [www.hud.gov/offices/hsg/mfh/progdesc/disab811.cfm](http://www.hud.gov/offices/hsg/mfh/progdesc/disab811.cfm).

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## ■ **American Recovery and Reinvestment Act of 2009 (ARRA) – Economic Stimulus Package**

The ARRA is an economic stimulus package enacted by the 111th United States Congress and signed into law by President Barack Obama on February 17, 2009. The measures are nominally worth \$787 billion. The Act includes federal tax relief, expansion of unemployment benefits and other social welfare provisions, and domestic spending in education, health care, and infrastructure, including the energy sector. The Act also includes numerous non-economic recovery related items that were either part of longer-term plans (e.g., a study of the effectiveness of medical treatments) or desired by Congress (e.g., a limitation on executive compensation in federally aided banks).

### ▶ **Homeless Prevention and Rapid Re-Housing Program (HPRP)**

There are four categories of eligible activities for the HPRP: financial assistance, housing relocation and stabilization services, data collection and evaluation, and administrative costs. These eligible activities are focused on housing – either financial assistance to help pay for housing, or services designed to keep people in housing or find housing. The general intent of the program is to rapidly transition participants to stability. Specific services that are eligible for this funding include, but are not limited to, rental assistance for up to 18 months, security deposits, utility deposits, utility payments, moving cost assistance, and hotel vouchers.

## ■ **The Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) Dwellings for People Who Are Homeless**

The Section 8 SRO program provides rental assistance for the development of Single Room Occupancies for people who are homeless. Through periodic competitions, Section 8 funding is awarded to Public Housing Agencies (PHAs) and nonprofits for up to 10 years, which allows the project sponsor to find a long-term financial commitment for project development. Private, non-profits are encouraged to contract with local PHAs to administer the subsidy.

For more information, visit [www.hud.gov/offices/cpd/homeless/programs/sro](http://www.hud.gov/offices/cpd/homeless/programs/sro).

## ■ **Section 8 Housing Choice Vouchers**

The Housing Choice Vouchers program is the federal government's major program that provides assistance to very low-income families, older adults and people with disabilities who seek to obtain decent, safe and sanitary housing in the private market. The participant is free to choose any housing that meets the program's requirements and is not limited to units located in subsidized housing projects.

Public Housing Agencies (PHAs) receive federal funds from HUD to administer the Housing Choice Vouchers. Once a family has found suitable housing, the owner agrees to rent under the program, and the PHA approves the housing according to its health and safety standards, the PHA pays the housing subsidy directly to the landlord. The family is responsible for covering the difference between the actual rent charged by the landlord and the subsidy. Housing Choice Voucher eligibility is determined by individual PHAs based on family income, assets and family composition.

For more information, visit [www.hud.gov/offices/pih/programs/hcv](http://www.hud.gov/offices/pih/programs/hcv).



### ■ **Home Investment Partnership Program (HOME)**

HOME provides grants to states and localities to fund activities such as building, buying and rehabilitating affordable housing for rent or ownership, and provides direct rental assistance for low-income individuals and families. HOME is the largest federal block grant, allocating \$1 billion per year to state and local governments. It is designed exclusively to create affordable housing for low-income households.

For more information, visit: [www.hud.gov/offices/cpd/affordablehousing/programs/home/index](http://www.hud.gov/offices/cpd/affordablehousing/programs/home/index).

### ■ **HUD-VA Supported Housing Program (HUD-VASH)**

HUD-VASH is a supported housing program jointly sponsored by HUD and the Department of Veterans Affairs (VA). The targeted referral population for HUD-VASH includes chronically homeless Veterans and their dependents, homeless Veterans who usually present with mental health or substance use disorders, and other homeless Veterans with diminished functional capacity who need case management to obtain or sustain permanent housing. A period of sustained sobriety is not a prerequisite of the HUD-VASH Program.

The HUD-VASH Program referral sources include:

- ▶ Community source, including shelters, street outreach teams, members of the local continuum of care or community provider networks;
- ▶ The Health Care for Homeless Veterans Program;
- ▶ The Domiciliary or Residential Rehabilitation and Treatment Program;
- ▶ The Health Care for Re-Entry Veterans (HCRV) Program;
- ▶ The Grant & Per Diem Program;
- ▶ VA medical facility inpatient and outpatient programs;
- ▶ VA and community Emergency Services; and
- ▶ Community-based Outpatient Clinics (CBOC).

### ■ **The Emergency Shelter Grants (ESG)**

The Emergency Shelter Grants program provides homeless persons with basic shelter and essential supportive services. It can assist with the operational costs of the shelter facility, and for the administration of the grant. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

Grantees, which are state governments, large cities, urban counties, and U.S. territories, receive ESG grants and make these funds available to eligible recipients, which can be either local government agencies or private nonprofit organizations. The recipient agencies and organizations, which actually run the homeless assistance projects, apply for ESG funds to the governmental grantee, and not directly to HUD. (HUD-CPD)

### ■ **The Housing Opportunities for People With AIDS (HOPWA)**

HUD's Office of HIV/AIDS Housing manages the HOPWA program in collaboration with 44 state

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and area CPD offices in providing guidance and program oversight. The Office works with other HUD offices to ensure that all HUD programs and initiatives are responsive to the special needs of people with HIV/AIDS. One of the primary functions of the Office is to administer the HOPWA program through providing guidance and oversight.

HOPWA funds are awarded as grants from one of three programs:

- ▶ The **HOPWA Formula Program** uses a statutory method to allocate HOPWA funds to eligible States and cities on behalf of their metropolitan areas. HOPWA formula grants are part of the consolidated planning process.
- ▶ The **HOPWA Competitive Program** is a national competition to select model projects or programs.
- ▶ The **HOPWA National Technical Assistance** Funding awards are provided to strengthen the management, operation, and capacity of HOPWA grantees, project sponsors, and potential applicants of HOPWA funding.

HOPWA funding provides housing assistance and related supportive services and grantees are encouraged to develop community-wide strategies and form partnerships with area nonprofit organizations. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include, but are not limited to, the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services.

## ■ **The Community Development Block Grant (CDBG)**

CDBG was authorized by the Housing and Community Development Act of 1974. It provides eligible metropolitan cities, urban counties (called “entitlement communities”), and states with annual direct grants to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low and moderate income people.

## ■ **Center for Mental Health Services (CMHS) Programs Homeless Programs Branch**

The Homeless Programs Branch serves the treatment, support services and housing needs of people who are homeless and have mental illnesses. The branch administers programs to assist states and localities in making services available such as mental health treatment, medical treatment, substance abuse treatment and legal assistance as part of transition efforts from homelessness.

For more information, visit [www.mentalhealth.org/publications/allpubs/KEN95-0015/default.asp](http://www.mentalhealth.org/publications/allpubs/KEN95-0015/default.asp)

## **Department of Health and Human Services (HHS) Services Financing Sources**

### ■ **Projects for Assistance in Transition from Homelessness (PATH)**

PATH is a formula grant program administered by CMHS within the Substance Abuse and Mental



Health Services Administration. PATH provides funding to states and territories that offer community-based services for people who are homeless or at risk of becoming homeless.

PATH funds can be used by providers to offer essential services such as outreach, screening and diagnostic treatment, community mental health services, case management, alcohol or drug treatment, habilitation or rehabilitation, supportive and supervisory services in residential settings, and referrals to other needed services. In addition, the funding may be used to fund limited housing assistance such as minor renovations and repairs to existing housing or one-time rental payments to prevent eviction.

For more information, visit <http://pathprogram.samhsa.gov/>

### ■ **Substance Abuse Mental Health Services Administration (SAMHSA) Mainstream/Block Grants, including but not limited to:**

#### ▶ **Community Mental Health Services (CMHS) Block Grant**

The CMHS Block Grant funds states and territories to support and enhance capacity to provide comprehensive, community-based systems of care for adults with serious mental illnesses (SMI) and children with serious emotional disorders (SED) through outreach, mental and other health care services, individualized supports, rehabilitation, employment, housing, and education.

#### ▶ **Community Services Block Grant (CSBG)**

CSBG funds states, tribes and territories to support a range of services to address the needs of low-income individuals to ameliorate the causes and conditions of poverty through the following services and activities: employment, education, income management, housing, nutrition, emergency services and health. States apply annually for their CSBG award and are required to submit a state plan describing how the state will carry out its program-related assurances.

### ■ **Medicaid/Medi-Cal**

Medicaid is a program that pays for medical assistance for certain individuals and families with low incomes and few resources. This program became law in 1965 and is jointly funded by the Federal and State governments to assist states in providing medical and long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health related services for people with limited income. The California Medicaid program, is named Medi-Cal.

### ■ **Ryan White CARE Act Programs: Title I and II**

The CARE Act was signed into law on August 15, 1990 to improve the quality and availability of care for people with HIV/AIDS and their families. Amended and reauthorized in May 1996, November 2000, and December 2006, the Act is named after the Indiana teenager, Ryan White, who became an active public educator on HIV/AIDS after he contracted the syndrome. He died the same year the legislation was passed.

The Ryan White CARE Act has provided medical care, antiretroviral treatments, and counseling to people living with HIV who would otherwise have little or no access to care. It also supports HIV testing to prevent this disease from spreading further.

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## ■ **Temporary Assistance for Needy Families (TANF)**

TANF (known in California as CalWORKs) is designed to help needy families achieve self-sufficiency. States receive a block grant to design and operate their programs to accomplish the purposes of TANF.

These are:

- ▶ Assisting needy families so that children can be cared for in their own homes;
- ▶ Reducing the dependency of needy parents by promoting job preparation, work and marriage;
- ▶ Preventing out-of-wedlock pregnancies and;
- ▶ Encouraging the formation and maintenance of two-parent families.

## ■ **SAMHSA Discretionary Grants**

Implementation standard grant programs are the majority of discretionary funding for substance abuse and mental health services that can be used in supportive housing. (Services Grants provide funding to implement substance abuse and mental health services. Best Practices and Implementation Grants help communities and providers identify practices to effectively meet local needs, develop strategic plans for implementing/adapting those practices and pilot-test practices prior to full-scale implementation.)

## ■ **Health Center Grants for Homeless Populations**

The purpose of this program is to expand and strengthen treatment services for persons who are homeless (including those who are chronically homeless), who also have substance use disorders, mental disorders, or co-occurring substance use and mental disorders. The primary goal is to link treatment services with housing programs and other services (e.g., primary care).

### ▶ **Transitional Living Program for Older Homeless Youth (TLP)**

In response to the growing concern for these youth, Congress determined that many young people need long-term, supportive assistance that emergency shelter programs were not designed to provide. As a result, Congress created the Transitional Living Program for Older Homeless Youth (TLP) as part of the 1988 Amendments to the Runaway and Homeless Youth Act (RHYA), Title III of the Juvenile Justice and Delinquency Prevention Act (JJDP). The TLP was modeled after several successful demonstration projects funded in the early 1980s by the U.S. Department of Health and Human Services (HHS). Congress assigned administration of the TLP to the HHS. Within HHS, the Family and Youth Services Bureau (FYSB) funded the first TLP projects in 1990.

Today, FYSB continues to fund the Transitional Living Program through the Runaway, Homeless, and Missing Children Protection Act of 2003, as amended by P.L. 108-96, which reauthorizes the Runaway and Homeless Youth Act and provides funding for the organizations and shelters that serve and protect runaway, homeless, missing, and sexually exploited children. In FY 2007, 190 organizations received funding totaling \$35.2 million. This funding will also support the Presidential initiative that created maternity group homes and transitional living programs for young mothers and their children.



■ **Other Potential Funding Sources**

- ▶ **Emergency Food and Shelter Program (EFSP)**
- ▶ **Department of Veterans Affairs (VA)**
  - » HUD/VA Supported Housing (VASH) & VA Supported Housing Programs
- ▶ **Department of Education (DOE):**
  - » Education for Homeless Children & Youth
- ▶ **Department of Labor (DOL):**
  - » Veterans Workforce Investment Program (VWIP)
  - » Workforce Investment Act (WIA)

■ **Potential Private Funding Sources**

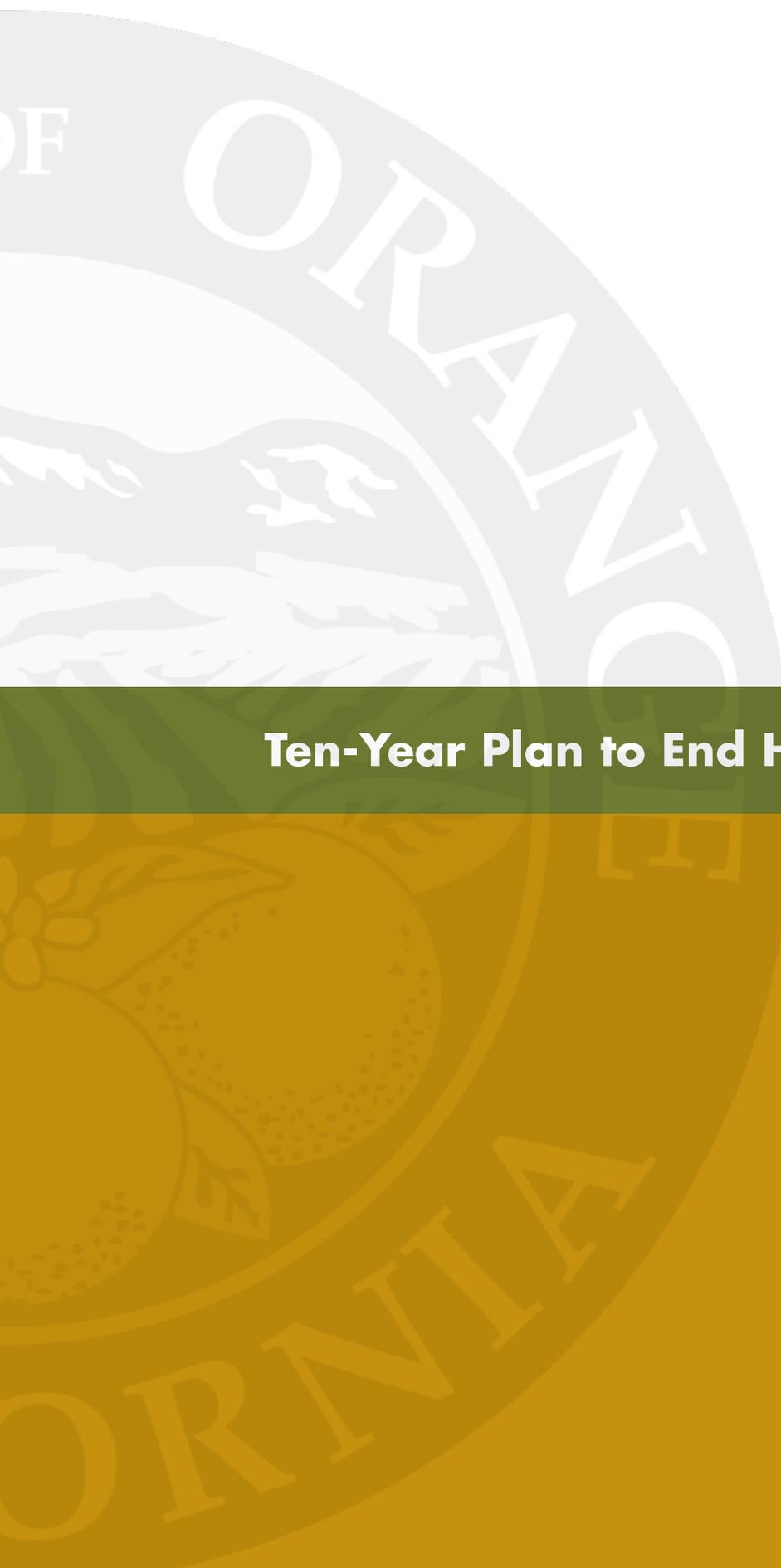
<b>Non-Governmental Funding Sources</b>			
<b>FUNDING AGENCY</b>	<b>FUNDING FOCUS</b>	<b>GRANT RANGE</b>	<b>GEOGRAPHIC FOCUS</b>
<b>Allergan Foundation</b>	Human services	\$5,000 - \$150,000	Orange County
<b>Annenberg Foundation</b>	Health, human services, education, environment	\$5,000 - \$10,000,000	Southern CA
<b>Bank of America</b>	Health and human services	\$5,000 - \$200,000	Nationwide
<b>Croul Family Foundation</b>	Homeless and economically disadvantaged - shelters & food banks	\$10,000 - \$100,000	Orange County
<b>Fieldstone Foundation</b>	Emergency assistance	\$1,500 - \$25,000	Southern CA
<b>Fluor Foundation</b>	Human services with a focus on food, shelter, family assistance, and emergency relief; some focus on Irvine/Aliso Viejo	\$10,000 - \$500,000	Orange County
<b>Irvine Health Foundation</b>	Health Care Services	\$10,000 - \$50,000	Orange County
<b>John Jewett &amp; Helen Chandler Garland Foundation</b>	Homeless, human services	\$15,000 - \$800,000	Southern CA
<b>Kaiser Permanente</b>	Safety net funding	unknown	Southern CA
<b>Kenneth T. and Eileen L. Norris Foundation</b>	Community: Homeless	\$10,000 - \$300,000	Southern CA

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## Non-Governmental Funding Sources (Continued)

<b>Marisla Foundation</b>	Homelessness, focus on women	\$40,000 - \$1,000,000	LA and OC
<b>Orange County Community Foundation</b>	Homelessness, prevention services	\$750,000 raised for See the Need, Seed the Change Funding	Orange County
<b>Pacific Life Foundation</b>	Health and human services, including support for the homeless	\$5,000	Orange County
<b>Pimco Foundation</b>	Human services	\$500 - \$50,000	Orange County
<b>Razi Family Foundation, The (Irvine)</b>	Housing/shelter, homeless	\$5,000 - \$50,000	Orange County
<b>Sisters of St. Joseph Healthcare Foundation</b>	Homeless services	\$50,000 - \$75,000	Southern CA
<b>Ueberroth Family Foundation</b>	Human services	\$2,000 - \$80,000	Orange County
<b>Union Bank of California Foundation</b>	Benefits low & moderate income populations - affordable housing (homeless shelters)	\$10,000 - \$175,000	CA & Pacific Northwest
<b>United Way Orange County</b>	New strategic planning with focus on basic needs	\$25,000 - \$200,000	Orange County
<b>Weingart</b>	Homelessness	\$35,000 - \$2,000,000	Southern CA
<b>Wells Fargo</b>	Basic needs	\$5,000 - \$500,000	California





## **Ten-Year Plan to End Homelessness**

