

Supportive Housing-First in Santa Clara County

Statement of Need

For over twenty years, emergency shelters and transitional housing programs have been the primary public and private response to homelessness in the United States. While such programs may provide access to services for people in crisis, they often fail to address the long-term permanent housing needs of the homeless populations served, creating added expense for the community and the possibility of recurrent homelessness for the clients.

Homeless families need permanent housing to ensure stability, security, and healthy functioning. Unfortunately, emergency shelters and transitional programs rarely assist families in overcoming the tremendous barriers they face in accessing permanent housing, such as poor credit and eviction histories, unemployment and lack of move-in funds. Moreover, for those families who do find permanent housing, the vast majority require a variety of supportive services if they are to stabilize. Yet there is a dearth of support systems for families who are not living in a shelter/transitional housing program. Most communities either lack programs that address these interwoven causes of homelessness, or those programs that do exist are not easily accessible.

Similarly, there has been no definitive answer in this county for effective re-housing methods for chronically homeless adults – a population consisting of individuals with severe mental illness, co-occurring addictions, and other health problems, who have remained homeless or experienced multiple episodes of homelessness over time. Although this group constitutes less than half of the homeless population, these individuals can account for over half of all public shelter stays.

In addition, the chronically homeless population often consumes costly services provided by many institutions in the community (both public and private). Hospitals, emergency rooms, correctional facilities, and mental health and substance abuse programs all have extensive contact with the homeless population. However, they often offer one-dimensional services without coordination across institutions to meet the individuals' multi-dimensional needs. Consequently, the homeless individual's use of these institutions is often frequent and ineffective. These institutions also lack the resources and expertise to assist the individual in accessing and maintaining permanent housing, and they have almost no programs to which they can refer the client upon discharge for comprehensive services.

Housing First Methodology

While emergency shelter and transitional housing programs tend to assume that people need to be made housing ready, "Housing First" suggests that everyone deserves a home as a basic human right. The model is premised on the belief that chronically homeless individuals and families may be more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these clients can begin to regain the self-confidence and control over their lives they lost when they became homeless. By providing permanent, independent housing without prerequisites, Housing First removes significant barriers to housing entry.

Supportive Housing Methodology

It has been shown that flexible and comprehensive consumer-driven support services are needed to assist homeless individuals and families access housing (even in a Housing-First model) and to maximize housing retention. Varying levels of support are often needed depending on the existing support systems, the level of physical & mental health, any involvement with substance abuse, and the severity of any disabilities.

Therefore, supportive services must include access to all the services this population may need. It also must provide real coordination and assistance in maximizing the use of these services in order to stabilize the family and/or individuals' lives. This coordination and assistance requires that case management services be available to assess each family and individual, to facilitate development of a consumer-driven care plan, and to serve as a coordinator of the multi-dimensional services needed. This approach has been shown to increase housing retention.

Even before the homeless are housed, needed services may include removing the barriers to housing that include histories of poor credit, evictions, criminal backgrounds, unemployment, and/or lack of funds for move-in. Assistance may be needed with housing applications, interviews, hygiene and grooming, etc. in order to be accepted into housing.

Proposed Housing First in Santa Clara County with Supportive Services

To address the crisis of homelessness in Santa Clara County it is proposed that rapid re-housing and case management services be provided to chronically homeless families and single adults. While families are not included within the HUD definition of chronic homelessness, this program recognizes the need for a Housing First program to assist families who have been homeless for more than a year or four times in three years and who are unlikely to be able to break that cycle without significant support. The goal is to create a comprehensive and coordinated system of affordable housing and support services for homeless families and chronically homeless adults. The program's ultimate goal is to contribute to the prevention, reduction, and eventual end of homelessness.

Coordinated out of a centralized administrative location (presumably the proposed One-Stop Center), it is recommended that existing comprehensive/intensive case management programs in the county be strengthened and expanded to be able to case manage at least 300 new homeless individuals or families each year for the next 8 years. Each program would contract or register with the One-Stop Center (or its managing entity) as an approved provider of case management services. Comprehensive or intensive case management requires low client case loads, usually 15-25 clients per case manager. The goal to manage 300 new clients each year would require 20 case managers the first year, and a smaller additional number each year as 300 new clients are added, and some longer-term clients stabilize and need less services. (See attachment with proposed scaling of case manager numbers over time.) Building on the strengths of existing case management programs will capitalize on the experience of successful case management programs and shorten start up time.

It is proposed that a Coordinator of Case Management Services be hired in the One-Stop Center. This individual would be responsible for (in addition to other assignments that may be included at the One-Stop Center):

- contracting or approving case management programs that participate in the One-Stop Center
- assuring each client or family is assigned to an appropriate case manager program
- facilitating bi-weekly meetings with case management programs for case conferencing and problem solving
- data collection to measure outcomes of case management and housing

Individuals will be referred through a variety of sources, including priority clients from the Santa Clara County Housing Authority, City programs for the homeless, institutions providing services to homeless clients, and homeless outreach teams.

This program will follow the Housing First approach. Unlike the linear continuum of care¹, clients are rapidly moved into permanent housing in return for agreeing to two main guidelines: 1) they agree to work with a case manager and to allow their case manager to periodically drop-in to inspect their unit; and 2) they agree to some form of money management, either a representative payee arrangement or regular budgeting sessions with their case manager, so that their rent and other bills will be paid on time.

Rapid housing activities would include these activities as applicable: convincing the individual to be housed; facilitating rapid applications for GA, SSI, MediCal and other eligible benefits; assisting with housing applications and interviews; securing funding for applications, credit checks, deposits etc.; working to satisfactorily address histories of eviction, bad credit, and incarceration; assisting with acquiring furniture; and help with move-in activities.

Once housed, Case Managers will continue to provide clients with comprehensive case management activities, including: assistance meeting immediate needs, such as food; goal planning focused on managing the practical problems of daily living and actively participating in treatment; education about basic living skills, health care, getting the most out of treatment, and understanding the stages of change; assistance with access and coordination between medical, mental health, and substance abuse services if needed; support in achieving one to two goals to manage daily living and treatment progress through a close, ongoing relationship; assistance in the development of new informal support systems to sustain the client's improving recovery patterns; response to client crises and assistance in stabilizing the situation; provision of referrals to resources and assistance in acquiring these resources; and advocacy on behalf of individual clients. Clients will remain in the program for a varying amount of time depending on their specific need for support.

Evaluation

An external evaluator or committee will annually review the case management system to ensure that the program is efficiently and effectively meeting goals and objectives. (See attachment for sample evaluation criteria for Goals & Objectives)

¹ In the traditional linear continuum of care model, street-based homeless people are required to enter emergency shelter and then progress to transitional housing before they can "earn" permanent housing by attaining a series of benchmarks, and can lose it by failing to adhere to a laundry list of program rules.

(SAMPLE)

Service Delivery Goals and Outcomes

- 1) ***90% of clients will attain permanent housing in less than 45 days from enrollment in the program:*** Initial intake documents will indicate enrollment date. Length of time to permanent housing will vary based on the housing model used by the program (section 8, scattered site private apartments, new low-income housing developments, etc.).
- 2) ***75% of enrolled clients will maintain housing for at least 12 months:*** Shown in Case Files, clients participate in the program for up to one year and are able to maintain housing through the assistance of staff and services, Case Management and financial needs. Surveys will verify that participants are able to maintain housing and not return to homelessness. Chronically homeless clients will be more successful at maintaining permanent housing if full subsidies are provided.
- 3) ***65% of enrolled clients will improve their self-sufficiency by increasing their income, level of employment or education and/or employment skills within 12 months:*** Shown in Case Files and ongoing income assessments.
- 4) ***100% of enrolled clients will be provided the opportunity to participate in home-based case management:*** Ongoing surveys and questionnaires will prove that participants found program services to be helpful.
- 5) ***80% of enrolled clients will increase their knowledge of mainstream services:*** Measuring tools, including case notes and Individual or Family Action Plans, will demonstrate that Case Managers helped increase knowledge and behavior.