



Appendix H: No Place Like Home Program



No Place Like Home Program

TECHNICAL BACKGROUND REPORT: SANTA CLARA COUNTY PLAN
ADDRESSING HOMELESSNESS

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No Place Like Home Program
Technical Background Report: Santa Clara County Plan Addressing Homelessness

Summary

This summary report describes how the County's existing Continuum of Care Plan – referred to locally as the Community Plan to End Homelessness (**Attachment A**) and the 2015 Implementation Report (**Attachment B**) are consistent with the requirements outlined in Section 201 of the No Place Like Home (NPLH) program.

Plan Development

In 2014, the County of Santa Clara Office of Supportive Housing and Destination: Home, a public-private partnership dedicated to collective impact strategies to end homelessness, convened a series of community summits to develop a coordinated strategy to address homelessness across the county. Representatives of local cities, nonprofit advocacy groups, service providers, philanthropic organizations, elected officials, universities, and people with lived experience of homelessness participated in the planning process. The resulting Community Plan to End Homelessness has been formally endorsed by Santa Clara County's Board of Supervisors, Santa Clara County Housing Authority, Santa Clara Valley Water District, the majority of the county's 15 cities, and other stakeholder organizations. Over 200 individuals participated in the planning process (**Attachment C – Summary of Community Planning Process**). The Community Plan was developed to enhance the community's work towards ending and preventing homelessness among all homeless persons and families.

The Community Plan is intended to build upon and supersede previous plans including the County's 2005 Ten-Year Plan to End Chronic Homelessness, *Keys to Housing*, and the city of San Jose's 2003 *Homeless Strategy*. The Community Plan will be complimented with annual "Implementation Guides," which will have specific actions, goals and milestones.

Housing special needs populations is a County service and therefore the County must take an active role in developing, financing and supportive various types of affordable housing for the populations that we serve. The Community Plan's scope includes all homeless populations and builds upon partnerships with the cities, government agencies, housing and service providers, businesses, and other stakeholders.

The Community Plan is aligned with the goals of the Silicon Valley Health and Hospital System's Strategic Road Map; stable housing is a foundation for health, prosperity and safety. Homeless individuals have significant health needs. According to the 2013 Homeless Census and Survey, two-thirds of homeless individuals reported one or multiple disabling conditions, including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions. Increasing stable housing opportunities for homeless persons could: 1) decrease redundancies, delays and cost of care; 2) decrease the burden of illness and injury; and, 3) increase the number of healthy life years.

Plan Elements

The plan provides a roadmap for the community's work to end homelessness from 2015 to 2020, establishing goals and strategies within a three-part framework:

1. Disrupt Systems. The Community Plan calls for disruptive strategies and innovative programs that transform the systems related to housing homeless people.
 - Deepen partnerships between local governments, nonprofit service providers, and the business sector to improve coordination
 - Use data to implement outcomes-based decisions about the most effective programs and structures to meet community needs
 - Coordinate housing and services through the Coordinated Assessment System to connect each individual with the right housing solution
 - Ensure that all individuals have a plan for housing upon exit from criminal justice or medical institutions and are not discharged into homelessness.

2. Build the Solution. To end homelessness, it is essential to secure the full amount of funding needed to provide affordable housing and services to those who are homeless and those at risk of homelessness. The Community Plan sets a goal of 6,000 new affordable housing opportunities dedicated to people experiencing homelessness, including new physical homes and apartments and new rental subsidies. Tenants in each of these new housing opportunities will have access to case management, health care, employment programs, and other services to ensure they are able to remain housed.

3. Serve the Person. The Community Plan recognizes the need for client-centered strategies that target resources to each specific individual or household based on their unique and different needs. Goals under this section focus on increasing the system's capacity to serve the needs of veterans, children and youth, families, people with disabilities who have experienced long-term homelessness, and other specific subpopulations. Since implementation of the Community Plan began in 2015, the supportive housing system has helped 5,154 people return to safe and permanent housing.

Homelessness in Santa Clara County

Homelessness affects thousands of Santa Clara County residents each year. Individuals and families, adults and children, people with jobs, and those with severe disabling conditions all face challenges to finding and retaining safe and stable housing. Many live without habitable shelter, on streets, in parks, in vehicles, or in sheds or abandoned buildings, while others spend their nights in the community's emergency shelters and transitional housing programs. The County draws upon homelessness data from a few different sources including the Point-in-Time (PIT) Counts, the Continuum of Care's Homeless Management Information System, and Coordinated Entry Assessments. **See attachment D State of the Supportive Housing System for information on the County's homeless population.**

In 2014 the County commissioned a Home Not Found, a study on the costs of homelessness in Santa Clara County. The study identified 46,225 residents who experienced homelessness over the course of the year in 2012 and received some form of County medical, behavioral health, or other social services, or had contact with the criminal justice system. This population represents some of the county's most vulnerable residents, in no small part due to the instability, stigma, loss of resources, and physical vulnerability that accompany the experience of homelessness.

The *Home Not Found* study found that the majority of county residents with experience of homelessness between 2007 and 2012 had used the County of Santa Clara's medical and mental health services or had interacted with the criminal justice system, and many had contact with multiple County of Santa Clara departments or services. The role of Santa Clara County's supportive housing system is to implement the most effective strategies to assist individuals experiencing homelessness in overcoming the barriers keeping them from stable housing, and to make homelessness rare, brief, and non-recurring across the county.

Service and Outreach Challenges

People who are homeless with mental illness face a unique and complex set of barriers to services. Some examples can include confusion about the system, negative interactions with programs, trauma and safety concerns and they may experience program barriers. The Office of Supportive Housing works with the Lived Experience Advisory Board – a leadership development body consisting of members with current or past experience of homelessness. Members use this platform to learn and evaluate the system of care and to make recommendations for improvement.

Available Resources

County and Community Resources Addressing Homelessness

Santa Clara County's supportive housing system provides a continuum of programs and services to meet the needs of the community's most vulnerable residents, including:

- Homelessness prevention programs help individuals and families on the verge of homelessness to remain housed and avoid extended shelter or transitional housing stays.
- Targeted Outreach programs engage with people experiencing homelessness, especially the more than 5,000 county residents living in vehicles, encampments, and other public spaces.
- Emergency Shelters provide a temporary place to stay, access to services, and other basic needs, for up to 1,146 people across the county each night.
- Transitional housing programs offer time-limited housing and services for up to 610 households at a time and are well-suited for populations such as youth or survivors of domestic violence, who may benefit from increased social supports and intensive onsite services.
- Rapid Rehousing Programs with a capacity to serve 619 households at a time, quickly move families and individuals into housing and provide financial assistance and services to help households stabilize, increase income, and eventually take over the cost of their rent. Of clients leaving the program in 2017, 72% had obtained permanent housing.
- Permanent Supportive Housing Programs couple stable, long-term housing with wrap-around supportive services, such as case management and access to physical and behavioral healthcare, for up to 2,846 households at a time. Of those housed in permanent supportive housing programs by 2017, 90% of clients remained stably housed for at least 12 months.

Collectively these services are offered by community based organizations including housing and service providers and the County as the safety net provider. One of the County's main partners in implementing

the Plan to End Homelessness is Destination: Home, a public-private partnership dedicated to collective impact strategies to end homelessness.

County Efforts to Prevent Criminalization of Homelessness

Permanent Supportive Housing for Public Safety and Justice

County programs enhance public safety by helping homeless individuals overcome past criminal history and find safe and stable housing upon release, allowing them to reintegrate and contribute to the community. Through programming coordinated by the County of Santa Clara Behavioral Health Services Department, the County seeks to interrupt the complex feedback loop between homelessness and incarceration by connecting high-needs incarcerated individuals who would otherwise exit to homelessness with permanent supportive housing. The program employs a range of medical, behavioral health, and housing-related supports to reduce the rate of incarceration of individuals with serious mental illness and to address the social and health factors that can lead to further involvement with the justice system.

Commencing in April 2017, the County of Santa Clara Office of Supportive Housing and Behavioral Health Services Department fund and coordinate the program, which serves 90 individuals with serious mental illness and a history of chronic homelessness who would otherwise exit jail to the streets or emergency shelters. To identify participants, clinicians and staff from several county departments work closely with the local courts to ascertain which individuals may be most in need of mental health and housing services. Community Solutions, a nonprofit housing and service provider, supplies case management services, working with each individual prior to release to develop a plan for connecting to medical, behavioral health, and other services in the community and to secure housing after release.

By connecting seriously mentally ill individuals to permanent supportive housing prior to discharge, the program prevents homelessness for individuals with complex health needs. As of December 2017, the program had already enrolled 35 participants, and placed four in stable housing. Additional components of this innovative approach include the following:

1. **Anticipating Risk Factors to End Cycle of Incarceration and Homelessness.** By ensuring that multi-disciplinary clinicians have access to and a consistent presence within the local courts, staff are able to observe and identify risk factors that lead individuals to repeat cycles of incarceration and homelessness to better anticipate how and when to intervene.
2. **Coordinating and Prioritizing Interventions for the Most Vulnerable.** The program uses evidence-based approaches to coordinate and prioritize participants for permanent supportive housing, by gathering information on individual service utilization and length of time homeless. This ensures that housing and services are connected to individuals most at risk of exiting to homelessness and eventual return to incarceration.
3. **Streamlining Communication to Minimize Gaps in Housing.** Through enhanced communication with local courts, case managers are aware of important dates for participants, and are able to arrange a “warm hand-off” where case managers provide transportation to interim housing for newly released participants.

Rapid Rehousing for Public Safety and Justice

In partnership with the County of Santa Clara Office of Reentry Services, the County of Santa Clara Office of Supportive Housing offers a rapid rehousing program to address a significant risk factor for long-term homelessness in Santa Clara County by providing much needed linkages to housing and case management for persons experiencing homelessness who are reentering society after involvement with the criminal justice system. The program has provided housing search assistance, case management, and time-limited rental subsidies to incarcerated and recently released individuals for the past six years, and in 2017 the program has seen significant expansion and enhanced interagency coordination and collaboration.

Initially implemented in 2012 with capacity to serve 25 clients, the program currently leverages \$3.3 million in annual state and federal funding to serve up to 190 clients at a time. The County of Santa Clara Office of Reentry Services dedicates California Assembly Bill 109 (AB 109) funds to the program, which are supplemented by federal and state funding provided to the Office of Supportive Housing. Participants can access the program through the County's Reentry Resource Center, which acts as a coordinated service hub for formerly incarcerated residents. Multiple County departments and non-profit partners locate staff at the Reentry Resource Center to offer on-site counseling, public benefits application assistance, peer mentoring, medical care, health, housing, and other referrals, and a range of other resources in a one-stop-shop model. If a Reentry Resource Center client indicates housing is a need, the client receives an assessment of vulnerability and is prioritized for housing via the Coordinated Assessment System.

The program leverages collaboration across behavioral health, supportive housing, and criminal justice systems to reduce both homelessness and recidivism among prior serious offenders through the following strategies:

1. Ending Cycles of Homelessness and Criminal Justice Involvement. The program employs federal and state funding, to break the connection between homelessness and criminal justice involvement, whereby homelessness itself can lead to incarceration and criminal justice involvement can make it more difficult to obtain housing.
2. Employing Collaborative, One-Stop-Shop Program Design. The County of Santa Clara Offices of Reentry Services and Supportive Housing, in close collaboration with Abode Services, have designed the program to be client-centered, ensuring a clear path from housing needs assessment to connection to housing. By concentrating resources and case management services into one convenient location, the collaboration is maximized to best meet the housing needs of the Reentry participant.
3. Prioritizing Employment Partnerships. The program connects reentry clients with employment through partnerships with employment programs and referrals to the Destination: Work employment initiative, supporting participants to maintain housing stability and participate fully as members of the community.

Coordinated Entry System

The Coordinated Assessment System, administered by the County of Santa Clara Office of Supportive Housing, is a streamlined system for matching the community's most vulnerable households to the appropriate housing resources. In Santa Clara County, Coordinated Assessment operates with a "no

wrong door” access model, so that a household presenting at any access point across the county will receive the same brief assessment, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), to determine their relative vulnerability and priority for the community’s supportive housing. Access points for Coordinated Assessment include street outreach teams, emergency shelters, County benefits offices, drop-in and community centers, the County’s Reentry Resource Center, community medical clinics, and many other community resources.

Once an individual or family has been assessed, they are placed on a single community queue in the County’s Homelessness Management Information System.

Coordinated Assessment staff use this database to identify the most vulnerable individuals and families for referral to supportive housing, as vacancies become available. Because the Coordinated Assessment System is informed of all vacancies in participating housing programs, it is able to connect assessed households to a countywide inventory of supportive housing, prioritizing people with the most need first. Based on VI-SPDAT score, each household is prioritized for either permanent supportive housing, rapid rehousing, or referral to other resources such as emergency shelters, legal aid, government benefits, or employment programs.¹ When a vacancy occurs in a participating housing program, the Coordinated Assessment System refers the household with the highest assessed vulnerability who is prioritized for that program type. Once a household is contacted and accepts the offered vacancy, the supportive housing program begins working with their new client to find housing.

NPLH Units

For NPLH, the County will prioritize households in the target population by referring individuals with the highest need on the community queue when an NPLH unit becomes available. Staff will then verify the referred individual/household is an adult or older adult with a serious mental illness or seriously emotionally disturbed children or adolescents. If the individual meets eligibility requirements for NPLH, they will be enrolled in the program. Additionally, the CoC is in the process of improving the CES by integrating a newly developed empirical tool for Permanent Supportive Housing (PSH) triage. This predictive model of public spending on homeless individuals in the county will be utilized with the VI-SPDAT to assist in identifying individuals in the most need, including those at risk of chronic homelessness. The County expects to implement the Triage Tool in the CES by July 1, 2019. The current CES is used to identify the most vulnerable homeless households. Additionally, to identify and assess the needs of persons at risk of chronic homelessness, the County will expand the CES to persons exiting institutionalized settings, such as jail or prison, hospitals, institutes of mental disease, nursing facilities, or long-term residential substance use disorder treatment, who were homeless prior to admission. The County currently utilizes the Justice Discharge VI-SPDAT to assess the needs of individuals exiting jail or prison. The County will work with other institutional partners to conduct the assessment with individuals prior to exiting, so individuals at-risk of chronic homelessness can be referred to housing opportunities when available, utilizing the CES.

Client Engagement Team

The goal of Coordinated Assessment is to connect the community’s most vulnerable individuals and families to case management and other housing-focused services as quickly as possible. In 2017, housing providers and the County of Santa Clara Office of Supportive Housing identified one of the primary

¹ Beginning in 2018, some households will be prioritized for transitional housing vacancies.

challenges in the housing process was locating clients to offer them referrals to programs. To reach and house clients more swiftly, the Office of Supportive Housing committed its Client Engagement Team, an outreach team with expertise in locating and building relationships with individuals experiencing homelessness, to take on this role. Under this novel approach, the Client Engagement Team mobilizes immediately to make contact with households as they are referred through Coordinated Assessment, to explain the available housing opportunity and help put them in contact with the supportive housing program. To further streamline the Coordinated Assessment System, the County's Client Engagement Team ensures that households meet all eligibility criteria before they attempt to enroll in a housing program. By centralizing the process of client location and verifying eligibility for the majority of individuals and families referred through Coordinated Assessment, the Client Engagement Team increases the efficiency of supportive housing referrals throughout the county and connects hard-to-reach individuals with scarce housing resources.