

### ***Causes and the Problem***

What consensus can be inferred from Continuum of Care and ten-year planning administrative documents written at the city and county level? HomeBase reviewed the 42 documents extant in California localities in 2005 and extracted their statements into the annotated bullet lists on the following pages. Explanatory text is based on the experience of program operators within this state and supported by the works of leading researchers nationally.

### **What is the Definition of “Chronic Homelessness”?**

Chronic homelessness is defined by the federal government as an unaccompanied, homeless individual with a disabling condition who has either been continuously homeless for a year or has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, the homeless individual must be in an emergency homeless shelter or sleeping in a place not meant for human habitation (e.g. living on the streets).

This definition is accepted by localities for accessing federal funds, but in most planning documents the needs of families (one or more adults accompanied by children), who have been continuously/repeatedly homeless, are also included. Programs and projects addressing the needs of each group differ.

### **Can We Prevent and End Chronic Homelessness?**

Chronic homelessness can be prevented and ended by:

- Intervening with individuals at-risk to prevent a future episode of homelessness by providing the services and supports needed to maintain housing stability, or
- Ending the current episode through the provision of integrated outreach, services, treatment and housing.

### **What Barriers and Challenges are California's Localities Currently Confronting in Their Efforts to End Chronic Homelessness?**

The 37 Continua of Care in California, including 11 with adopted ten-year plans to end homelessness, have specific programmatic and policy responses underway to end chronic homelessness. They report a number of challenges threatening their success, beyond the very common problems of insufficient funding, inadequate data tracking systems, and lack of adequate cooperation between homeless-specific programs and those compromising the public safety net.

## **What Solutions are Needed?**

### **Prevention**

#### ***Adequate Discharge Practices and Resources Upon Institutional Exit***

- Improve early identification and intervention by service providers.
- Enhance discharge planning efforts.
- Target services to “graduating” foster care youth to support their transition to independence.
- Hold all state departments and agencies accountable for their success in preventing and ending homelessness.

### **Outreach and Engagement**

#### ***Adequate Resources to Reach Out to and Re-Engage People who are Chronically Homeless***

- Provide dedicated funding to expand Multi-Disciplinary Outreach and Services Teams operating according to the principles of Assertive Community Treatment (ACT) – these teams are proven in their effectiveness in engaging the chronic homeless population.
- Invest in strong, comprehensive support systems.

### **Integration of Services**

#### ***Sufficient Integration of Health-Related Services (including physical health, mental health, substance abuse treatment)***

- Integrate services at the system level.
- Integrate services at the client level.
- Enhance homeless people’s access to mainstream services.
- Improve interventions when homeless patients are brought to psychiatric emergency services for protective custody and treatment.
- Enhance access to SSI by connecting potentially eligible SSI recipients with benefits advocacy programs prior to being discharged from hospitals and requiring doctors to prioritize SSI documentation.
- Integrate funding criteria and application schedules into one housing plus services program at federal and at state level. Could have unified application with supplemental questions for specific agency needs.
- Provide more residential alcohol and drug treatment funding including detox beds.

### **Housing**

#### ***Affordable Housing for People With Disabling Health And Behavioral Health Conditions***

- Utilize State Consolidated Plan to identify geographic areas with gaps in affordable housing stock.
- Monitor the number of units needed to end chronic homelessness by determining:

- Fund the leasing and development of units at a pace to ensure that units will become available immediately, that affordability is sustained and that the goal is met of ending homelessness in 10 years.
- Sponsor statewide initiative to educate, support and encourage Public Housing Authorities to facilitate access by homeless persons to Section 8 Housing, and encourage maximization of Section 8 resources for project-based subsidies dedicated to homeless people. Create a new state rental assistance program with funding enough to cover the length of rental restrictions. Expand federal funding for vouchers, make vouchers more flexible. Allow use at assisted living facilities.
- Create funding stream for partial and graduated rent subsidy programs for those who don't need long-term subsidy to maintain housing.
- Increase federal supportive housing dollars.
- Expand the availability and accessibility of permanent housing affordable to people with extremely low incomes.
- Facilitate the development of more supportive housing.
- Foster the use of a master-leasing approach to secure and make affordable additional housing for chronically homeless individuals and homeless families.
- Conduct education and outreach to landlords to encourage renting to formerly homeless, people with Section 8 vouchers and those with SSI income.

## **Income**

### ***Adequate Income from Benefits, Entitlements or Employment***

- Create more employment opportunities for homeless people.
- Streamline access to benefits for un-housed people.
- Fund SSI Access programs in an immediate, large scale and effective manner.
- Increase minimum wage. Consider "living wage".

## **Public Education**

- Counter NIMBYism through PR campaign.
- Exert executive leadership. Use the "bully pulpit" of Governor's office to stress ending homelessness.
- Take action to de-stigmatize homelessness.

## **Administration and Coordination**

- Link homeless two-year planning efforts to state required housing elements.
- Use uniform definition of homelessness at state and federal levels that includes families in the chronic experience, and allows accompanying adults with children to receive assistance.
- Use state website for the Governor's Initiative and Council, to advertise the new Ten-Year Plan, and to post success stories.
- Create new federal funding allocation formula that does not advantage East Coast aging infrastructure and rust belt communities while disadvantaging high-housing cost areas of the West Coast and smaller, rural areas in California.

- Identify meaningful and measurable outcomes to track outcomes focused on maintaining housing stability, improving quality of life, and increasing self-sufficiency. Establish common collection and reporting protocols for data from housing, medical and behavioral health care, and social services. Provide state funding for HMIS. Develop consolidated and integrated reporting requirements among state agencies. Create uniformity in how data is tracked. Provide state funds for planning, administration, coordination of local responses to homelessness, including data collection and analysis. Streamline client permission mechanisms for sharing information among agencies and providers.
- Develop a state Continuum of Care application.