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EXECUTIVE SUMMARY

The San Diego Regional Task Force on Homelessness estimates that San Diego County has more than 9,600 homeless people¹. A subgroup that tends to be the most visible and utilize a disproportionate amount of resources is a group of about 1,400 people who experience homelessness on a protracted or repeated basis². This subgroup, ***the chronically homeless***, consists primarily of single male adults with a long-term history of mental illness, substance abuse, physical disabilities, and subsequent and frequent prolonged homelessness.

More than one hundred San Diego homeless died needlessly in alleys, on sidewalks, or alone in dingy motel rooms in 2004³. This heartbreak is compounded by the unconscionable fact that at least 22% of San Diego's homeless citizens are veterans⁴.

“We identified 11 key elements ...shared by many approaches for reducing chronic street homelessness. The most important element...is a paradigm shift in the goals and approaches of the homeless assistance network.” **The Urban Institute**⁵

In 2005, approximately \$70 million in public funds have been allocated to programs that serve the homeless in San Diego County. Funding was provided via direct cash assistance and through a number of programs such as transitional shelters and mental health services⁶. Not all these expenditures target the chronically homeless nor do they include the “hidden” costs associated with the chronically homeless such as law-enforcement, emergency medical encounters, paramedics, and hospital costs.

With annual expenses in the millions, housing advocates agree that more progress could and should be made to address the underlying factors that perpetuate the chronic homelessness problem. Moreover, worthwhile local endeavors that house, feed,

and care for thousands of homeless individuals and families have yet to fully addressed the quintessential solution to chronic homelessness: Permanent Supportive Housing^{7, 9}.

San Diego County is one of 100 communities encouraged by the Bush administration to address the issue of chronic homelessness. As part of this national effort, San Diego homeless advocates have taken the lead in developing a local plan to end chronic homelessness by 2012. In 2004, the City and County officially launched the local endeavor with unanimous resolutions to collaborate in developing a ***Plan to End Chronic Homelessness in the San Diego Region***. The United Way of San Diego joined the effort in the role of convener. All three partners have signed a Memorandum of Agreement.

A steering committee known as the **Leadership Council** was formed to provide oversight and executive leadership for The Plan. The Council is comprised of well-respected and dedicated leaders who have an expressed interest in addressing and ending chronic homelessness.

The recommendations outlined herein represent the hard work of six committees formed by the Council. The Committees' recommendations are evidence-based and draw from the best practices of innovative programs and initiatives throughout the country. Implementation is planned to begin in April of 2006 under the auspices of a ***separate governance structure***.

The core of the San Diego Plan focuses on two key elements. First, San Diego needs to develop a Housing First/Housing Plus model that has documented success in other communities⁸. Second, strategies must be implemented that prevent individuals and families from becoming homeless.

Housing First/Housing Plus

In cities across the United States, permanent supportive housing has been shown to be an effective and efficient way to take the chronically homeless off the street⁹. Early research has shown that providing independent supportive housing as the first step for the chronically homeless may have a greater impact on reducing homelessness and improving quality of life than the more traditional sequence of placements from emergency shelters through transitional housing, and then on to supervised independent living¹⁰. However, to establish positive long-term outcomes, successful Housing First models must be accompanied by appropriate and comprehensive supportive services (Housing Plus).

In contrast to traditional sequential approaches, a Housing First/Housing Plus model assumes that the factors that led to homelessness can be most successfully addressed from a permanent home, rather than requiring a homeless person to achieve sobriety or mental health standards before they qualify for permanent housing assistance. This model also recognizes and accepts that because of the complexity of the challenges faced by this population, lifelong support may be needed for some in order to prevent future homelessness.

The solution to chronic homelessness is more complex than simply providing more housing and supportive services. Addressing the problem means changing the way the current system operates. It means that elected officials and executive leadership of agencies serving the homeless must advocate for systems change. For example, the Plan calls for establishing Regional Access and Intervention Centers located throughout the County, possibly in existing government facilities. Each Center would link consumers with appropriate resources including local or out-of-region existing support systems, and treatment opportunities in their own area.

For San Diego to make a paradigm shift in the way it assists the chronically homeless, the Leadership Council identified five strategic planning areas that must be developed to enact an effective and lasting Housing First/Housing Plus model.

FIVE STRATEGIC PLANNING AREAS

1. Identify and Secure Sufficient Permanent Housing
2. Develop Housing Plus Wrap-around Services Model
3. Strengthen Intervention, Outreach, and Case Management
4. Implement a Systems-wide Data Collection, Evaluation, and Sharing Plan
5. Establish Regional Access and Intervention Centers

Prevention Plan

While the Housing First/Housing Plus model focuses primarily on the chronically homeless, renewed efforts should also be directed at preventing chronic homelessness. San Diego has more than 200 agencies and programs that serve the homeless¹¹. More often than not, services are initiated *after* the state of homelessness is reached. It is recommended that a Prevention Plan be implemented in tandem with the Housing First/Housing Plus model. Both initiatives overlap in many areas and should be viewed as complementary endeavors to ending chronic homelessness. San Diego's prevention efforts should focus on the following five areas:

1. Strengthen Programs That Serve At-risk Populations
2. Improve Discharge Planning
3. Address Employment Issues
4. Address Tenant Landlord Issues
5. Develop Mental Health Courts

Implementation

Achieving the long-term goals outlined in this Plan require additional organizing, research, and analysis prior to implementation. One of the underlying principles is the need for recent, yet proven creative programs that will result in new and/or expanded systems of care along with the development of new housing solutions^{9, 10}. These worthy goals require ongoing planning, community building and consensus building.

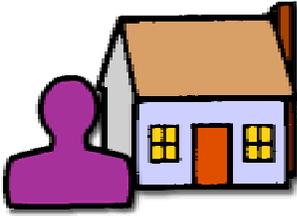
While the ultimate goal of the Plan is to end chronic homelessness, implementation efforts must give consideration to and integrate with other initiatives that address homelessness in San Diego County, particularly homelessness within other vulnerable groups such as disabled veterans, seniors, and the Lesbian/Gay/Transgender/Bisexual population. Moreover, the Plan must also integrate with ongoing strategic planning efforts of the Regional Continuum of Care Council (RCCC). Comprised of representatives of the city and county housing authorities, government staff members and nonprofits operating throughout the County of San Diego, the RCCC is currently developing a comprehensive “Blueprint” for all homeless services in the San Diego region.

This Plan provides a preliminary framework for ending chronic homelessness. But the critical work will fall to an **Implementation Team** that will operate under a separate governance structure from the Leadership Council. The first step is to launch an Action Plan in 2006 that will provide a framework for leaders, planners, and providers to monitor progress in regards to 10 Key Performance Measures.

1. Annual reduction in the number of chronically homeless people.
2. The number of new housing opportunities created.
3. Progress in implementing comprehensive Housing Plus wrap-around model.

4. Progress in establishing a centralized web-based data system that can be used to strengthen intervention, outreach, case management, and evaluation activities.
5. Number of outreach teams created.
6. Number of individuals within each geographic region that are able to access appropriate services.
7. Progress in establishing institutional discharge planning protocols.
8. Number of chronically homeless who find and maintain employment.
9. Progress in establishing Mental Health Courts.
10. Increase in amount of available State, Federal, private and corporate funding.

INTRODUCTION



OUR VISION

All previously chronically homeless individuals will have access to safe, decent, affordable housing along with the necessary support services throughout the San Diego region, by 2012.

The San Diego Regional Task Force on Homelessness estimates that San Diego County has 9,667 homeless people, with nearly half concentrated in the City of San Diego¹. However, there are less than 4,000 homeless shelter beds within the County of San Diego, leaving homeless agencies struggling to meet the high demand¹. A subgroup of homeless that tends to be the most visible and utilize a disproportionate amount of resources is a group of about 1,400 people who experience homelessness on a protracted or repeated basis¹². Identified as the **chronically homeless**, this group has been defined by the U.S. Department of Housing and Urban Development as an unaccompanied homeless 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.

Throughout San Diego, efforts are underway to find solutions to house these 1,400 chronically homeless individuals. These are the people routinely seen sleeping in "non-housing" environments such as streets, canyons, doorways and parks. They consist primarily of single male adults with a long-term history of mental illness and subsequent homelessness, according to a 2005 study by researchers at the University of California San Diego School of Medicine¹³.

According to the 2005 study, chronic homelessness is most frequently associated with people diagnosed with schizophrenia or bipolar disorder, who are substance abusers, and who have no publicly funded health care. Men are also more likely to be homeless than women, as are African-Americans.

Beginning in 2000, the national focus has been on meeting the special needs of the chronically homeless people and getting them off the streets and into permanent housing with case management to ensure proper access to needed services²⁴.

Dedicated people in hundreds of agencies toil day in and day out in San Diego to service the chronically homeless population. Their efforts are effective in providing food, shelter, health care and other supportive services. In fact, local efforts have received national recognition in alleviating the chronically homeless problem. Started in January 2000, the Serial Inebriate Program (SIP) is an innovative effort involving a number of agencies including law enforcement, city and county government, and the justice system. The SIP program seeks to reduce the number of chronic, homeless alcoholics going in and out of Detoxification Centers, County Jail, and local emergency departments through intervention and treatment. Since its inception, SIP has improved the lives of program participants while reducing expenses related to police, hospital and emergency services¹⁴.

While the SIP program has shown promising results in a small population of chronically homeless alcoholics, San Diego taxpayers continue to pay millions of dollars for services to support a larger chronic homelessness problem that rarely offers lasting solutions. The costs to taxpayers of servicing the chronically homeless is staggering and include police and fire support, ambulance transportation, emergency room treatment, jail expenses, shelter, food and more.

Those who have studied the problem have come to realize that current costs to manage the chronic homeless problem may far exceed the cost of developing a viable solution¹⁵.

It is time to move beyond *managing* and take concrete steps toward *ending* chronic homelessness. As a community, San Diego needs viable, long-term solutions. It is essential to find treatment for the mentally ill, disabled and drug dependent *before* they become tomorrow's homeless. It is time to develop and enact a long-term solution.

Coordinated prevention efforts are needed to identify groups at risk of homelessness and create complementary programming to obviate the need for living on the street. It is time for community leaders to come together and take the hard numbers to heart.

Many communities throughout the United States have begun to implement strategies to end chronic homelessness that focus on permanent housing first, effective supportive services, and data collection strategies that ensure rigorous evaluation of results. These strategies have reduced the number of chronically homeless people on the streets¹⁵.

San Diego County needs to develop similar strategies based on documented best practices. Local efforts need to include a methodology for conducting regularly scheduled counts of street homelessness and then establish a baseline number to monitor results. Plus, it is critical to establish within each sub-community a central, cross-agency record of people experiencing chronic homelessness. Data needs to be collected to document their involvement with government and nonprofit organizations to better identify resources and relationships that can assist with housing.

San Diego County and its 18 incorporated cities must make a long-term commitment to defeating chronic homelessness and regularly assess progress, while testing new yet proven, methods of implementation.

A national effort, driven in part by the National Alliance to End Homelessness¹⁶, has prompted the County of San Diego, City of San Diego and United Way to establish a group of civic leaders and experts at agencies addressing homelessness to begin developing a plan to end chronic homelessness. In April 2006, when the planning process is complete, it will be in the hands of a new **Implementation Team** and hundreds of dedicated volunteers and staff that work with the homeless to ensure the Plan's long-term success. Those who care about the homeless are called upon to take action to better the lives of San Diegans by supporting the local officials' Plan to end and not just manage chronic homelessness within the region.

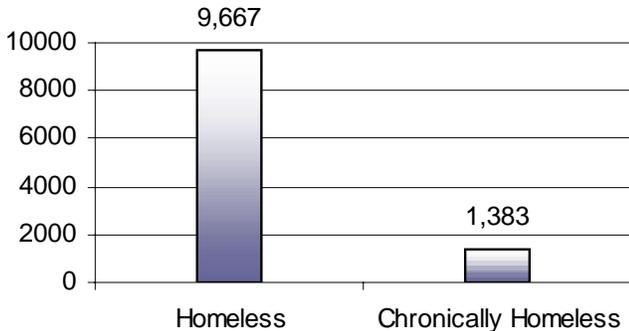


Recall what it feels like to return home after a long, hectic day. We see ourselves breathing a sigh of relief, not only because the day is over, but also because we are home. Our homes provide safety from the elements, warmth and comfort. That is obvious. Beyond this however, is the feeling that we have space to call our own, unique from other places, surrounded by things we enjoy, possessions we have room to keep, mementos and pictures of loved ones. Our homes are places over which we feel some level of control in our lives or autonomy. Our homes nurture us by providing a sense of belonging there, and are places where we can rest and be rejuvenated for the next task at hand. Can we imagine life without such a place? If the spirit has no such permanent-resting place, how does it manage to heal itself?

HOMELESS SNAPSHOT

Demographics, Expenditures and Resources

San Diego Homeless Profile



Chronically homeless people represent 10% of the homeless population nationally and consume an estimated 50% of available resources, including, emergency medical services, shelters, mental health support, law enforcement services, and detox facilities¹².

Homeless Profile

Estimating the homeless population is a difficult and inexact process but is vital in local planning efforts. The Regional Task Force on the Homeless (RTFH) provides historic estimates of the homeless population in the San Diego region¹.

Estimates are based on surveys, street counts, shelter counts and expert opinion provided by government agencies, law enforcement agencies, businesses and community organizations. The RTFH divides the San Diego homeless population into two general groups: urban homeless persons and homeless farm workers and day laborers.

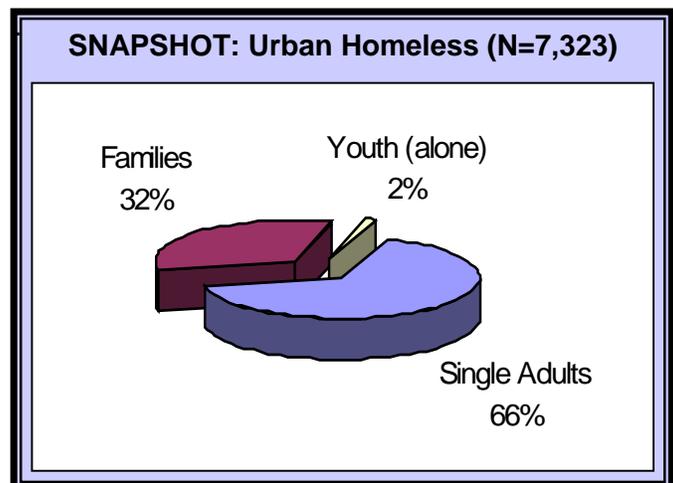
In 2004, the “Point-In-Time” estimate of the homeless population in San Diego County was at least 9,667¹.

Urban homeless comprised approximately 75% of the total, with the remainder comprised of homeless farm workers and day laborers.

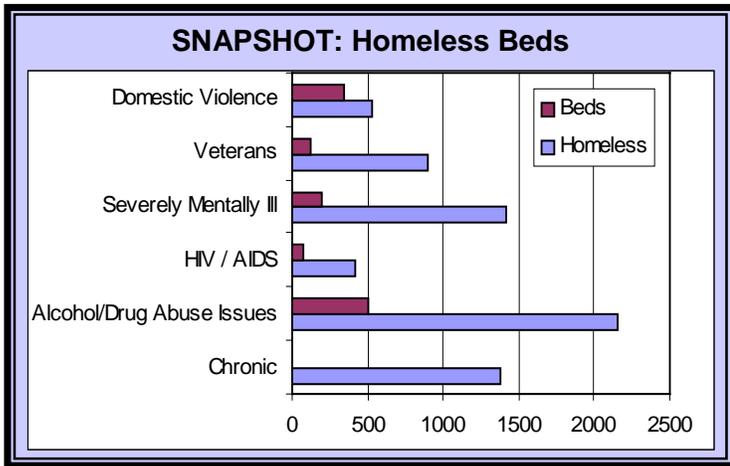
Of the 9,667 homeless, it is estimated that almost 1,400 individuals (14%) qualify as chronically homeless as defined by U.S. Department of Housing and Urban Development¹⁷.

In San Diego^{1, 18}

- Single adults comprise the majority of the homeless (4,840 or 66 percent).
- Over 1,400 single adult women are homeless.
- Family members make up 32 percent (2,373) of the urban homeless population.
- Single women head the majority of homeless families.
- Increasing numbers of single male parents with children have become homeless.
- About 110 homeless street youth reside in the region at any given time.
- More than 300,000 individuals live below the federal poverty level and are on the brink of homelessness.



In addition to the 1,400 chronically homeless, The RTFH has identified several additional categories of homeless. None of these populations have been allocated sufficient “beds” to meet their needs as identified in the **Homeless Beds Snapshot**¹³. Moreover the RTFH identified no beds designated by area homeless agencies as “chronically homeless beds.”



Homeless Populations^{1, 19, 20}

Domestic Violence: More than 530 homeless family members are in need of domestic violence services at any given point-in-time. These numbers reflect only reported instances of domestic violence.

Persons with HIV/AIDS: There are just over 400 persons with HIV/AIDS who are unsheltered in San Diego County.

Mentally Ill Persons: There are over 1,400 severely mentally ill **homeless** persons in San Diego County. Those most vulnerable, are the homeless who also suffer from grave and long-term mental illness. Nationally, mental illness is found at disproportionately high rates among the homeless. Although approximately 4% of the general population suffers from mental illness, in excess of 20% of the homeless have a mental disability.

Parolees: Senior Parole Agents estimate that eight to ten percent of parolees are homeless, representing 700 homeless parolees in San Diego County, at any given moment.

Senior Homeless Persons: There are 360 homeless seniors at any given point-in-time in our region.

Substance (Alcohol and/or Drug) Users: About 2,200 urban homeless adults may abuse alcohol or drugs.

Veterans: Estimated at over 900, homeless veterans represent at least sixteen percent of the homeless adults in our region. But an additional 317 have been identified in programs serving other homeless persons, i.e. substance abuse programs. This produces a total of at least 1,219 homeless veterans.

The Cost of Homelessness

Nearly \$70 million in public funds has been allocated to homelessness in San Diego County in 2005⁶. These funds include more than \$6.3 million in cash assistance / food stamps and more than \$63 million allocated to homelessness through several major program categories. These costs do not capture the “hidden” costs of law-enforcement, emergency departments, paramedics, and hospital costs.

As the chart below indicates Transitional Shelters and Mental Health Services received a combined total of almost \$30 million representing approximately 43% of all funds allocated to the homeless. Permanent supportive housing received \$4.6 million, representing 7.2% of total funds allocated.

2005 Regional Homeless Expenditures⁶

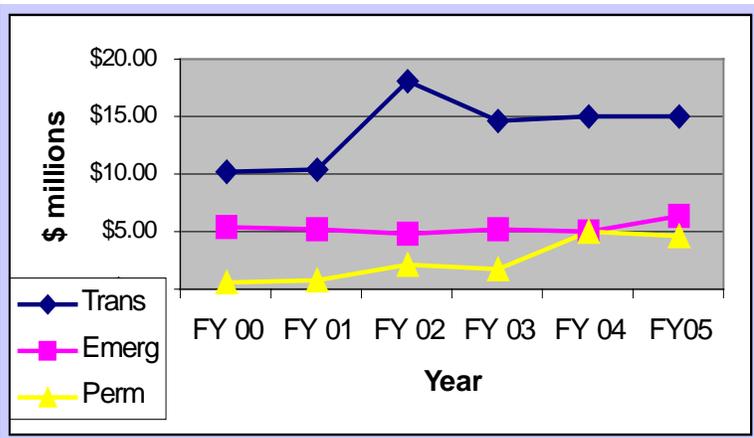
Program Category	Amount (\$millions)
Transitional Shelter	\$15.0
Mental Health Services	\$14.1
Substance Abuse Services	\$8.9
Health Services	\$7.6
Emergency Shelter	\$6.4
Permanent Supportive Housing	\$4.6
Case Management/Info/Referral	\$2.8
Employment Assistance	\$2.4
Day Shelter	\$0.8
Food	\$0.6
Planning, Admin. & Coord.	\$0.5

SNAPSHOT
“Hidden” Chronic Homeless Costs
*An analysis of the medical charges incurred by fifteen randomly selected homeless clients during the period of July 1, 1997 to December 31, 1998 demonstrated a total of nearly \$1.5 million in costs at two regional medical centers, equating to nearly **\$100,000 per client**¹⁴.*

Housing Expenditure Trends

The Homeless Housing Expenditures Snapshot below documents a gradual increase of expenditures in public funds for permanent housing up until 2005 when funding declined by \$400,000⁶. Nevertheless in 2000, permanent housing represented 4% of all homeless housing expenditures in San Diego County. By 2004 the percentage had risen to 8% and then dropped to 7.2% in 2005. Moreover, homeless **housing** expenditures represented 38% of the total **homeless** expenditures in 2000 and increased only slightly to 40.9% of total homeless expenditures in 2005⁶.

SNAPSHOT
Homeless Housing Expenditures



San Diego’s Housing Crisis

As the Housing Crisis Snapshot indicates there are unprecedented barriers to affordable housing in general, as well as housing for very low-income people, and those with co-occurring disabilities such as the chronically homeless. As a result of these barriers, the total stock for housing for residents in the lowest income bracket has decreased dramatically over the last decade. Moreover, rents for efficiencies and one-bedroom apartments far exceed the incomes for low-income individuals with disabilities who rely on Supplemental Security Income (SSI).

SNAPSHOT
San Diego’s Housing Crisis^{21, 22}

- San Diego’s high housing prices, coupled with its relatively low wages, make it the **second least affordable area in the country**
- On average, San Diegans with disabilities are paying 123 percent of their monthly Supplemental Security Income (SSI) income to rent a modest one-bedroom apartment and 108 percent to rent an efficiency
- The median price of housing in San Diego doubled between 2000 and 2004, but the median household income only increased 10.4 percent
- Just 11 percent of households are able to purchase the median-priced home
- One in every five – or 20 percent – of every renter household spends at least 50 percent of its income on housing
- The average apartment rent in San Diego is \$1,210 – a nearly 100 percent increase from 1990, when average rents were \$643

COMMUNITY PLANNING PROCESS

The Leadership Council

In July 2000 the National Alliance to End Homelessness (NAEH) outlined the concept of a 10-year plan to end chronic homelessness as part of a more ambitious plan to end homelessness altogether²³. The goal to end chronic homelessness was adopted by the White House when Housing and Urban Development (HUD) Secretary Mel Martinez endorsed it in a keynote address at the NAEH's 2001 conference. Most importantly, Martinez announced reactivation of the Interagency Council on the Homeless (ICH)²⁴. Dormant for more than 5 years, the ICH was charged with coordinating 18 federal departments and agencies in an effort to end chronic homelessness. In January 2003, the Bush Administration challenged 100 mayors to create their own 10-year plans to end chronic homelessness²⁵.

San Diego has vigorously accepted the challenge and now efforts are underway to produce a plan and complete implementation by 2012 to provide appropriate housing and supportive services to the chronically homeless. In 2004 the City and County unanimously passed resolutions to collaborate in developing a *Plan to End Chronic Homelessness in the San Diego Region*. The United Way of San Diego joined the effort in the role of convener. All three partners have signed a Memorandum of Agreement.

A steering committee known as the **Leadership Council** was formed to provide oversight and executive leadership for the Plan. The planning process then moved forward through the hard work of several committees comprised of more than 80 individuals united in a common goal to defeat chronic homelessness (see Appendix B). The Leadership Council will be the driving force in obtaining Plan approval from elected officials and laying the foundation for a new **governance structure** responsible for Plan implementation.

San Diego's plan will build upon and integrate with existing efforts that serve the chronically homeless and be driven by a "best practice" approach that borrows from successful strategies implemented in other communities. In fact the San Diego Region currently has some very successful models of permanent supportive housing, including treatment and care, for the homeless^{26, 27}. Moreover, San Diego City and County have received joint national recognition because of the Homeless Outreach Teams (HOT) and Serial Inebriate Program (SIP) programs for the chronically homeless. Both programs were mentioned in an Urban Institute report pointing to these two programs as models for other regions¹⁵.

Implementation is to begin in April of 2006 under the auspices of a separate governance structure. One of the challenges faced by those tasked with implementation will be to integrate efforts to end *chronic* homelessness with programs and services that address general homelessness in San Diego County.

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Working Committees

The Leadership Council marshaled the region’s most talented problem solvers to improve the region’s health and social safety net to more effectively address and prevent chronic homelessness. Several working committees dedicated hundreds of man-hours to provide input into developing the outcome-oriented Plan. Committees were comprised of a broad spectrum of stakeholders including representatives from faith-based agencies, healthcare, social service agencies, educational institutions, the justice system, and civic organizations. Detailed Committee Work Plans can be found in Appendix G.

Committees

- **Data, Outcomes, & Evaluation**
- **Outreach, Early Intervention & Engagement**
- **Prevention (divided into 4 subcommittees)**
 - Discharge Planning Subcommittee
 - Mainstream Resources Subcommittee
 - Services/Program Analysis Subcommittee
 - Employment Subcommittee
- **Creative Housing Solutions**
- **Justice Systems**
- **Implementation**

5 Goals to End Chronic Homelessness

If the San Diego region is to defeat chronic homelessness, the goals outlined in this Plan must engage the entire community in finding effective solutions. Success will be defined in part, by an increase the supply of available housing and improved coordination and responsiveness of the current system. Implementation of the Plan will help San Diego achieve the goal of ending chronic homelessness in the San Diego Region instead of merely attempting to manage the homeless population.

FIVE GOALS

Housing First

We will provide permanent supportive housing for chronically homeless individuals and families with the goal of eliminating chronic homelessness in the San Diego Region. To accomplish this, we will build permanent supportive housing, rehabilitate existing housing, maximize master leasing opportunities, adapt other buildings to use for permanent supportive housing, and address permitting requirements of each type of housing.

Housing Plus

(wraparound services and support)

We will provide for the multiplicity of needs of the chronically homeless. We will ensure linkage to community resources (mental health, health care, judicial services, life skills education, employment preparation, and case management) and increase the availability and awareness of formal community supports to promote housing stability and self-sufficiency.

Prevention

We will forestall and prevent homelessness for those at imminent risk by expanding the range and availability of prevention strategies, increasing their immediate accessibility, and improving their long-term effectiveness.

Enhance Data Collection

We will increase our ability to measure outcomes and evaluate intervention through improved and enhanced data collection, aggregation, and analysis capabilities related to available homeless persons, housing, and environmental indicators and benchmarks.

Secure Mainstream Resources

We will strive to put existing mainstream resources to optimal use, maximize our efforts to secure funding as it becomes available, and ensure that the budget plan is designed to meet our goals.

Committee topics were initially assigned by the Leadership Council in direct response to “The Ten Essentials” outlined in The National Alliance to End Homelessness’ Toolkit for Ending Homelessness²⁸. However, the scope of each committee evolved over the course of planning development.

As committees completed their work, it became obvious that many had developed overlapping goals and objectives. These common goals and objectives have been consolidated and refined into the core of San Diego’s Plan and will be described in detail in the next two sections—**Developing a Housing First/Housing Plus Model** and **Preventing Chronic Homelessness**. Following is a brief summary of the work of each committee and its recommended goals for the planning process.

Data, Outcomes, & Evaluation Committee

Using best practice models of research and evaluation, and promising plans from across the country, the committee worked to develop the following goals for the San Diego region.

1. To develop policies, procedures, and implementation strategies that will be used to implement an evidence-based, outcome driven, monitoring and evaluation structure for chronically homeless persons accessing both public and private resources.
2. To develop process / outcome indicators of program success and appropriate benchmarks for those indicators that will be established to evaluate the use of unduplicated aggregate data.
3. To develop a method of gathering data that ensures the confidentiality of homeless persons served and ensures essential training and education for the proper collection of data.
4. To utilize population-based public health principals including surveillance, investigation, geographic mapping, and evaluation in the on-going monitoring of program implementation.

Outreach, Early Intervention, & Engagement Committee

This committee addressed the barriers confronting chronically homeless individuals that hinder their engagement with social services, healthcare and placement in appropriate housing. Most chronically homeless people who reside in public spaces have mental illness and substance abuse issues among their co-occurring disorders. They have rejected or been rejected by the systems of care intended to help them due to their multiplicity of needs and geographic instability. No one strategy will work with this diverse and difficult population to achieve the ultimate goal of permanent housing. The Outreach, Early Intervention and Engagement Committee designed its component of the plan to allow a significant paradigm shift based on best practices cited by the Urban Institute⁵.

The goals of the Outreach, Early Intervention and Engagement Committee are to amend the present system by:

1. Facilitating higher quality interventions that break down barriers to engagement.
2. Increasing intervention coverage to include ALL chronically homeless persons through focused outreach and case management.
3. Increasing intervention coverage through expanded “points of access” that focus on the needs and environment of the homeless.

Prevention Committee

The most economically efficient and humane way to end chronic homelessness is to prevent its occurrence in the first place. A wide array of providers and services are available to the chronically homeless, but intervention typically occurs after the state of homelessness is reached. The Prevention Committee was tasked with developing a system of improved communication and delivery among providers and services in order to develop region wide planning with the goal of preventing chronic homelessness. A key element is to establish a “no wrong door” entry into the homelessness

prevention network. Four subcommittees were formed to accomplish the committee's assignment:

- Discharge Planning Subcommittee
- Mainstream Resources Subcommittee
- Program and Services Analysis Subcommittee
- Employment Subcommittee

➤ **Discharge Planning Subcommittee**

Developing a system of region wide discharge planning for the chronically homeless will require improved coordination of services and communication with providers. The synchronized effort should include all forms of temporary shelter including hospitals, skilled nursing facilities, residential programs, treatment programs, institutions of incarceration, foster care, for-profit / non-profit agencies, and case management. The primary goal will be to ensure that all homeless individuals and families will be discharged to a housing/supportive housing/treatment setting, and will not be discharged to the street. The goals of Discharge Planning Subcommittee are to:

1. Slow or stop the revolving door cycle of the chronically homeless going in and out of shelters, detoxification centers, County Jail, and emergency rooms.
2. Divert newly discharged individuals off the street and into housing combined with wraparound services.
3. Significantly reduce uncompensated costs, time constraints, and manpower burdens to the county's healthcare, law enforcement, and judicial infrastructure caused by the chronically homeless.
4. Give people who routinely live on the street an opportunity to create a stable mainstream lifestyle.

➤ **Mainstream Resources Subcommittee**

Mainstream organizations must become more involved in developing an effective community response. People in need will be better served if the justice, mental health and welfare systems, child protective services, employment

assistance programs, housing developers, neighborhood organizations, and other areas of the public/private sectors do more individually and collectively to eliminate homelessness. The goals of this subcommittee are to:

1. Identify resources within the county (by region) that are appropriate to the chronically homeless.
2. Create a first-time ever comprehensive service inventory that is appropriate to this population.
3. Improve access by developing strategies that address barriers and barrier reduction.
4. Develop a Summary Report of Available Mainstream Resources that profiles current and potential resources to address chronic homelessness in San Diego County.

➤ **Services / Program Analysis (Housing Plus) Subcommittee**

The Services / Program Analysis Subcommittee based their support services strategy on 11 guiding principles (see Appendix G: Committee Work Plans). Housing Plus is a comprehensive model that ensures that any and all services needed by a chronically homeless individual are integrated through a cohesive, individualized plan that guides those services through case management.

The Plan does not mandate that existing shelter programs utilize the Housing First/Housing Plus model. In fact, as current chronically homeless persons in shelter and transitional housing are moved into permanent housing, a reallocation and/or restructuring of current service delivery efforts for the chronically homeless may occur. As more comprehensive services are developed to ensure that formerly homeless persons remain in their housing units, shelter and transitional housing services will still be needed for homeless populations not defined as chronically homeless.

Housing Plus (wraparound services) is the supportive key to keeping formerly homeless

individuals and families in housing. The goals of the Services/Program Analysis Subcommittee are:

1. Decrease the number of chronically homeless individuals sleeping on the streets of San Diego County.
2. Identify existing services, public systems (health care, judicial system, etc.) and programs that can be coordinated to better meet the immediate and long-term needs of the chronically homeless non-residents as well as resident consumers.
3. Identify the need for additional but effective services, and programs that can be coordinated with public systems to better meet the needs of the chronically homeless non-residents as well as resident consumers throughout the region.
4. Identify possible paradigm shifts (e.g. moving away from a shelter model to a transitional model, or permanent supportive housing model) that may be optimal in meeting needs.

➤ **Employment Subcommittee**

Chronic unemployment and underemployment are major contributing factors to homelessness³⁰. They affect quality of life, economic development, and public safety. Long term housing stability is dependent upon our citizens' ability to earn a wage level that will afford housing (rent and utilities) that utilize no more than 30% of their income. It must also be expected that many of the chronically homeless may never be able to achieve full-time employment with benefits. But many can and will find meaningful employment. Therefore this subcommittee's goals are:

1. Enabling employment programs to meet the special needs of homeless adults at different stages of recovery and job readiness.
2. Matching homeless adults to jobs that offer potential salary increases, health benefits, and the opportunity for further education and career advancement.
3. Developing strategies that focus on job retention and long-term workforce success.

Creative Housing Solutions Committee

The Creative Housing Solutions Committee focused on finding a way to end homelessness for those who have lived on the streets, canyons or riverbeds sometimes for years. The Committee proposes to identify possibilities for rehabilitation of housing, master-leasing opportunities, adapt other buildings to use for housing and address the permitting requirements of each type of housing.

Committee members foresee possible phasing down or converting shelters and some transitional housing programs in favor of permanent supportive housing units. The committee proposes to identify, create or mobilize approximately 2000 units (or less if chronically homeless have been placed in appropriate permanent housing with access to adequate supportive services and appropriate healthcare). For some, permanent housing will mean a unit in a subsidized multi-family development with on-site supportive services. For others, permanent housing will be individual apartment units with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. It is anticipated that the type of permanent housing will change over time.

The overall goal of the Creative Housing Solutions Committee is to create appropriate housing units to provide housing coupled with associated supportive services to formerly chronically homeless individuals and families. New housing approaches should include building, acquiring, renovating or leasing, drop-in centers, stabilization/treatment centers, transitional facilities, and permanent supportive housing. The goals are to:

1. Develop appropriate Housing First/Housing Plus models for individuals and families.
2. Create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.
3. Develop more rental subsidies that are both project-based and tenant-based.

4. Make existing public housing more accessible and work with landlords to increase the acceptance of rental subsidies.
5. Use local public funding to create or subsidize more housing units for homeless individuals and families.

Justice Systems Committee

In California there is a growing list of political leaders, including the Governor, who believe it's time for a new approach to incarceration and re-entry regarding California's prison system²⁹. However, coordinated local efforts have yet to fully address re-entry into local jails, which roughly account for ten times the number of persons who re-enter society from California's prisons³¹.

The primary charge for the Justice Systems Committee has been to create process descriptions and plans, which together could form a network to prevent individuals who are released from the local justice system from becoming homeless.

First, as persons exit courts, custody and/or mental health settings, mechanisms must exist to provide immediate access to appropriate housing. Second, supportive transition housing options must be available so that the underlying conditions causing homelessness and criminality can be resolved. Third, mechanisms must exist to provide civil legal services needed to resolve outstanding legal matters impeding reintegration into society. Fourth, mechanisms must exist to assure that each individual remains within and completes treatment. And finally, if an individual does not complete treatment, mechanisms must be in place to ensure that he or she is immediately returned to the justice system so that the issue(s) can be appropriately addressed.

It is the vision of the Justice Systems Committee that all components of the justice system will identify the housing needs of persons coming into contact with any component of the justice system. Upon

contact, protocols must be in place that effectively link individuals to appropriate housing as they re-enter the community from institutions or the Courts.

The following goal statements are dependent on a **SYSTEM** that will take clear direction from elected bodies. It will also take effective administrative analysis, and finally, it will require funding and a sustained intention and multi-agency teamwork not commonly found between governmental entities. Local justice systems need to be created or modified so that:

1. Persons leaving institutions will be provided benefits to which they are legally entitled (e.g. SSI) prior to or at the time of their release from custody and, if needed, immediate supported transition to housing.
2. Police agencies will have immediate access to a range of community based agencies that will receive and immediately house or obtain housing appropriate to the individual to keep such persons from becoming homeless and from re-offense.
3. There will be mechanisms of competent assessment of each individual in custody, and those encountered by peace officers on the street.
4. Other needed services, including civil legal services, will be linked to clients once their housing needs have been met.
5. Pre-sentencing assessments for every person will include housing and employment needs and plans.
6. Probation and Parole reports will include housing and employment needs and a plan for every person.

Implementation Committee

The Implementation Committee recommends that a new governance entity be developed to guide implementation of the Plan. The Committee has drafted a preliminary chart representing the new governance structure (see Appendix E). Further, the Committee

recommends assembling a strong Implementation Team representing a broad cross sections of homeless service providers, advocates, government representatives, etc.

As the Plan moves forward in 2006, a number of challenges will face those charged with its implementation. More than 200 agencies and programs serve the homeless in the San Diego Region¹¹. Their efforts are guided in part by the Regional Continuum of Care Council (RCCC). Comprised of representatives of the city and county housing authorities, government staff members and nonprofits operating throughout the County of San Diego, the RCCC is currently developing a comprehensive “Blueprint” for all homeless services in the San Diego region. The Plan must be integrated into ongoing strategic planning efforts of the Regional Continuum of Care Council (RCCC).

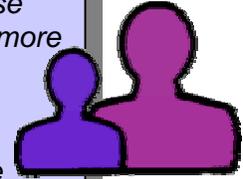
The goals of implementing the Plan are to:

1. Support the strategies within the Plan to End Chronic Homelessness to reduce the number of chronically homeless people in the region incrementally over the next 5 years.
2. Develop strategies to overcome barriers and gaps by addressing policies to maximize existing systems and resources.
3. Increase San Diego’s rate of success in competing for the amount of available State and federal funding.
4. Enhance San Diego’s leveraging viability with private and corporate foundations.

DEVELOPING A HOUSING FIRST/HOUSING PLUS MODEL

Five Key Implementation Strategies

*To assist the chronically homeless with their more complicated service needs to return to housing, there is a need to make a renewed investment in case management, increasing coverage, reducing caseloads, and providing a more intense level of engagement. The San Diego Region needs to develop a **primary outreach and drop-in services system of behavioral health professionals** who are trained in mental health, substance use and co-occurring disorders to provide mental health assessments, intensive case management and other appropriate support services.*



In cities across the United States, permanent supportive housing has been shown to be an effective and efficient way to take the chronically homeless off the street⁹. Research indicates that homeless participants in Housing First models are able to obtain permanent housing earlier, remain permanently housed, and report greater satisfaction with overall quality of life while maintaining similar outcomes related to psychiatric and substance abuse symptoms when compared to persons in more traditional step-by-step homeless programs^{10, 13}. As might be expected, significant supportive services (Housing Plus) are required to maintain housing once it has been secured.

As opposed to emergency housing or transitional shelters, the Housing First/Housing Plus model approach assumes that the factors that led up to homelessness can best be remedied once permanent housing has been provided. The Housing First/Housing Plus model also accepts that lifelong support may be needed for some in order to prevent future homelessness. The San Diego Region has made the chronically homeless the focus of efforts to find solutions, realizing that successful implementation may have the added benefit of liberating resources for the temporarily or transitional homeless population.

The Housing First/Housing Plus model seeks long-term self-sufficiency, promoted through a wraparound service philosophy. But the

problem is more complex than simply providing more housing and supportive services. Addressing the problem of the chronically homeless means changing the way the current system operates. It means that leadership from elected officials, government, and social service agencies must be committed to the elimination of chronic homelessness which may require significant system change.

For San Diego to make a paradigm shift in the way it serves the chronically homeless, there are five strategic planning areas that must be developed concurrently to establish an effective and lasting Housing First/Housing Plus model. In developing the following five implementation strategies, the hard work of the various working committees and subcommittees has been consolidated and prioritized in an effort to provide a concise, outcome driven plan that will move San Diego toward its goal of eliminating chronic homelessness.

1. Identify and Secure Sufficient Permanent Housing

The Leadership Council recognizes that assessment of local resources is continually updated by the Regional Task Force on Homelessness (RTFH). This assessment will form the foundation for developing an action plan to ensure that sufficient housing is available for the chronically homeless and those at risk of chronic homelessness.

As a first step, there needs to be a comparative analysis of existing facilities and regional housing needs assessment that will aid in the production of an action plan mapping out where housing construction, rehabilitation, or conversion is required. The needs assessment should also include transitional and permanent supportive housing for the disabled homeless. The analysis will identify a wide range of facilities or potential sites for appropriate housing, emergency shelters, “Safe Havens,” case-managed hotel/motel voucher programs, group homes, sober living facilities, treatment programs, board and care facilities, SROs (single room occupancy), CUs (compact unit or efficiency), and permanent-supportive housing alternatives.

Second, there is a need to identify and seek local, state, federal, and other grant funding opportunities to develop new permanent housing opportunities. A development plan based on the research of the Mainstream Resources Subcommittee (see Appendix G) will need to be created to secure resources. The development plan should also identify available federal, state, county and city land.

It is anticipated that some transitional housing programs may be restructured or phased down to accommodate permanent supportive housing units. Consideration should be given to the fact that transitional housing services will still be needed for homeless populations not defined as chronically homeless. Some shelters may also need to be converted to permanent supportive housing. Permanent housing can be provided in a number of other creative ways. It may be new construction, rehabilitation, master leasing, set-asides in affordable housing, or scattered site housing, either purchased or rented.

In developing its housing resources needs assessment and subsequent action plan, the Leadership Council recommends that the plan must, at a minimum, incorporate the following four elements:

1. Broad support from a variety of stakeholders such as the public, elected officials and those serving the homeless must be established early on in the process.
2. Housing must be coupled with the availability of services and employment opportunities throughout San Diego County rather than concentrated in a specific neighborhood to improve the likelihood of successful outcomes.
3. Resources must be distributed based on regional allocation.
4. Immediate access to shelter and care must be a primary focus.

2. Develop Housing Plus Wrap-around Model

The wrap-around model engages many traditional homeless service providers in increasing the availability and awareness of formal community supports, and ensures linkage to community resources. Thus, the Housing Plus component may be on-site case management with full-range supportive services, or monthly case management with facilitated access to community support services.

As a first step to creating wrap-around services, the Implementation Team should draft a summary report inventorying mainstream resources being used to address chronic homelessness in San Diego County. The report should identify all public mainstream resources for analysis and potential use for supporting programs to address chronic homelessness throughout the county. The special needs of homeless veterans must also be prioritized as homeless veterans do not always fare well in programs designed for the general homeless population¹. The report should also identify how each of the identified mainstream resources is currently used and to what extent, if at all, they are currently used to address chronic homelessness in San Diego County.

Following the analysis/needs assessment and subsequent recommendations, it is envisioned that a comprehensive wrap-around model will be implemented that moves the chronically homeless from the streets into permanent housing solutions. Upon entry into the homeless services system, each individual and family will be assessed for eligibility of mainstream resources. Services will follow the family or individual into permanent housing and will be available as long as necessary, even indefinitely. Housing placement and housing plus services including job-training services (with the goal of livable wage employment), other income supports, and childcare if needed, will be provided along with primary health care, mental health and substance abuse services. Case management will be provided as necessary.

3. Strengthen Intervention, Outreach, and Case Management

To assist the chronically homeless with more complicated service needs, there must be a renewed investment in case management, outreach, and intervention services. Wrap-around services must increase coverage, reduce caseloads, and provide a more intense level of engagement.

As a first step it is proposed to develop a primary outreach and drop-in services system of behavioral health professionals who are trained in mental health, substance use and co-occurring disorders to provide mental health assessments, intensive case management, other appropriate support services and then follow-up once housing has been secured.

A key goal of the new system will be to revise the current triage system to take the most seriously disabled off the streets first. Consumers should be placed on a waiting list based on a hierarchy of need or “triage” approach. Case studies have shown that beginning case management intervention is a cost-effective approach to getting the chronically homeless off the street¹³. This

strategy should expand upon the current HOT Team (Homeless Outreach Team) Program, providing expert back-up to other officers and field outreach teams. The goal is to place the person in appropriate, stable housing as quickly as possible and to provide appropriate supportive services to help them retain their tenancy.

Cost Effectiveness

Once chronically homeless people are in permanent supportive housing, success is achieved by providing supportive services that enable them to stay off the streets and out of hospitals and jails. This approach is very cost effective. A 1999 study in New York City found that once placed into service-enriched housing, a homeless mentally ill individual reduces his or her use of publicly funded services by an average of \$12,145 per year¹³.

To support enhanced outreach, intervention and case management efforts, the Leadership Council recommends establishing a centralized web-based consumer case management system that will systematize and coordinate case management of approximately 1,400 chronically homeless consumers. A new Case Management System Coordinator position will be needed to oversee the new system and manage the priority “triage” list. This new system should be designed to assist behavioral health case management professionals to prioritize consumer needs, identify their location, complete the placement process, evaluate progress and maintain contact.

4. Implement a Systems Wide Data Collection, Evaluation, and Sharing Plan

The Implementation Plan calls for establishing a Data and Outcomes Implementation Team to meet regularly to guide the implementation of enhanced data collection and reporting functions. Improved data collocation will increase the ability to measure outcomes.

First, implementation team members should work with the Regional Task Force on Homelessness (RTFH) and other stakeholders to help establish outcome indicators in the broad categories of homeless persons, housing stock (including supportive housing, board and care facilities, treatment facilities, subsidized housing, shelters, etc.), and the environment (poverty, jobs, availability of SSI etc.).

Second, providers should improve current methods for collecting information about chronically homeless persons, services delivered to those persons, and program outcomes by broadening the number of participants reporting into untraditional sources such as hospitals and community centers.

The Leadership Council should be the driving force in establishing partnerships between all current and potential stakeholder groups currently collecting data related to homeless persons. It must also be recognized that current policies may have to be modified to allow the aggregation of data in a way that facilitates program monitoring and evaluation while at the same time protecting the confidentiality of clients.

A more innovative way is needed to collect and evaluate data. First, it is proposed to utilize the Geographic Information Systems (GIS) to visually map issues related to homelessness in the county including indicators related to persons, housing stock, and the environment. The use of statistical spatial analysis as well as the analysis of multi-level data at the individual and community level will enhance the understanding of the chronic homeless in San Diego County. Second, aggregate data collected by the Regional Task Force on Homelessness and from the proposed web-based consumer case management system should be used for quality assurance, monitoring, and evaluation. On-going aggregate data collection and analysis will be critical in the evaluation of specific

interventions and regular monitoring of progress toward the goals of the Plan.

5. Establish Regional Access and Intervention Centers

To enhance the effectiveness of wrap-around and prevention services the Leadership Council proposes that Regional Access and Intervention Centers should be located throughout the County of San Diego. Regional Centers would link consumers with appropriate resources including local or out-of-region existing support systems, and treatment opportunities in their own areas. The Regional Centers could also serve as a sort of “data clearing house” to aide in monitoring performance indicators.

It is recommended that a contact location be established at existing County facilities (or other appropriate facilities) in each of the seven regions: North Coastal, North Inland, South, East, Southeast Central, and North Central. Service availability in each region should be increased to 24 hours per day, 7 days per week. It is anticipated that Regional Centers will serve as a nexus for sharing local standards of service delivery and best practices that can then be shared and adapted throughout the County.

PREVENTING CHRONIC HOMELESSNESS

A Five Point Plan

While the Housing First/Housing Plus model focuses primarily on the chronically homeless, the Leadership Council suggests that renewed efforts be directed at preventing chronic homelessness. Presently, more than 200 agencies and programs serve the homeless¹¹. However, these services are typically initiated after the state of homelessness is reached. The Council recommends implementation of the following Five Point Plan in tandem with implementation of the Housing First/Housing Plus model. Both initiatives overlap in many areas and should be viewed as complementary endeavors to ending chronic homelessness.

1. Strengthen Programs That Serve At-risk Populations

There is a need to strengthen the safety net supporting homeless persons who repeatedly use temporary shelters without any hope of obtaining permanent housing. The Leadership Council recommends identifying communities where there is a high use of temporary shelters and to develop a system for identifying and utilizing homeless prevention and emergency services to ensure that long-term permanent solutions are available.

There is also a need to educate and strengthen the efforts of safety net providers that work with at-risk populations—primarily the poor. Action steps should be implemented to ensure that mainstream health and welfare programs (mental health, substance abuse, TANF, child welfare, etc.) that provide care and services to low-income people consistently assess and respond to their housing needs.

As a military town San Diego has a large population of homeless veterans. There is a need to address the multiple barriers (e.g. unemployment) that veterans face in

transitioning from homelessness. The Leadership Council recommends developing a system to better track homeless veterans and calls for the development of a local plan for implementation of State Assembly Bill 1594 that promotes comprehensive assistance for homeless veterans. Moreover, the Interagency Council on the Homeless has compiled a listing of resources for homeless veterans that should be integrated into the San Diego Plan³².

2. Improve Discharge Planning

Several working committees identified the need to develop a system of region wide discharge planning, especially for the chronically homeless. Improved discharge planning will require improved communication between providers and services. The ultimate goal of this effort will be to ensure that all homeless individuals and families are discharged to a housing/supportive or housing/treatment setting and not discharged to the street.

The Justice Committee recommends several actions to prevent the revolving door cycle of the chronically homeless going in and out of shelters, detoxification centers, County Jail, and emergency departments. First, there should be an analysis of current discharge policies, practices and protocols to help identify gaps and challenges. Second, homeless serving agencies in San Diego County should work more closely with courts and law-enforcement agencies to establish institutional discharge plans prior to release from hospitals, treatment facilities, detention or incarceration facilities, shelters, and foster care. Effective discharge plans should be developed to ensure that clients are transferred into housing coupled with necessary services. Finally, there is a need to establish rapid re-housing placement services that improve cost-efficiency and long-term stability. Consideration should be

given to establishing dedicated housing search services that can be viewed as “real estate agents” for homeless persons. Specialized housing search services have shown promise in other communities³³.

As an example consider individuals that are moving from incarceration to parole or probation. These individuals are at high risk of becoming homeless. Protocols should be established that identify the housing options that are needed to prevent both their criminal recidivism and their being homeless. Criminal defendants should be comprehensively “assessed” as to their individual needs for treatment, mental health care, types of needed housing, etc. This assessment should be done in the custodial setting for those convicted while in custody and an assessment process established for those out of custody.

3. Address Employment Issues

Chronic unemployment and underemployment are major contributing factors to homelessness in the San Diego Region³⁰. As a first step the Council recommends identifying barriers to homeless individuals’ ability to secure and retain a job. Second there is a need to strengthen and expand current job readiness programs that should be combined with job commitments from city agencies and private employers. To ensure that job training and placement efforts are maintained, there should be continuing follow-up case management services for two years after stable employment is achieved. Further, it must be recognized that many of the chronically homeless may never be able to maintain full-time employment with benefits.

There are a number of system changes that must be addressed to help support and strengthen employment efforts. Welfare policies need to be reformed to permit welfare recipients to participate in work-related education. Lack of transportation is a key barrier to sustained employment and thus public transportation affordability should

be addressed. Finally, there is a need to expand the availability of affordable quality childcare for working parents.

4. Address Tenant Landlord Issues

An estimated ten families are evicted each month in downtown landlord-tenant courts and are, thereby, made homeless³¹. Many that are evicted receive Section 8 supportive housing. As a result many families with disabled family members are presently being evicted into homelessness. Mechanisms based on current “best practices” need to be created, with the cooperation of interested landlord’s attorneys, the Legal Aid Society, other defense counsel, and the City Housing Commission. An implementation team of these interested parties, plus the court, needs to be assembled to work on tenant landlord issues, component-by-component.

Efforts should also be directed to help at-risk households remain housed through landlord education of homelessness and services available to the homeless, emergency rent/mortgage/utility assistance programs, case management, and mediation to address problems with a landlord or lender.

5. Develop Mental Health Courts

San Diego should consider using the power of the courts to address chronically homelessness individuals who have been diagnosed with mental disabilities. The County Grand Jury and the County CAO’s Office should formally study these processes for the feasibility of developing an LPS Mental Health (Conservatorship) Court. The current law governing commitment, called the Lanterman-Petris-Short (LPS) Act, provides only for inpatient commitment and stipulates that individuals can be involuntarily hospitalized if they pose an immediate danger to themselves or others. Individuals can also be involuntarily hospitalized if they are judged by the court to be “gravely disabled,” a legal term meaning they do not have the ability to care for themselves.

An LPS Mental Health Court study should outline potential county budget savings which may be realized due to the number of deeply mentally disabled homeless persons who could be stabilized into housing. These efforts should be largely funded by new federal SSI dollars. The program should be modeled after those in Kern and San Mateo Counties that are reported to have saved millions by stabilizing their populations of gravely disabled individuals by shifting payment for them to the Federal government's SSI program³¹.

The Justice Committee also recommends a feasibility study to develop a "Mental Health Court" using one of several available models that does not focus on conservatorship issues. This Mental Health Court could be established by expanding a local model (SIP) that has been successful with chronic inebriates. The "expanded" Mental Health Court would focus on the deeply mentally ill homeless, who are not chronic inebriates.

IMPLEMENTATION PLAN

Achieving the long-term goals outlined in this Plan will require additional organizing, research, and analysis prior to implementation. One of the underlying principles is the need for systems (paradigm) shifts that will result in new and/or expanded systems of care along with the development of new housing solutions. These worthy goals require ongoing planning, community building and consensus building. The first step is to launch an Implementation Plan in 2006 that will provide a framework for leaders, planners, and providers to monitor progress on 10 Key Performance Measures.

Implementation Plan

Action	Milestone	Committee Work Plan Reference*
I. Develop Governance Structure	1.a. Formation of a Joint Powers Authority or a other similar organization. 1.b. Regional representation / involvement of San Diego County's 18 incorporated cities and unincorporated communities. 1.c. Partnerships and Memoranda of Understanding between current and potential stakeholder groups currently collecting data related to homeless persons. 1.d. Develop first annual Action Plan to reduce the number of persons living in chronic homelessness.	DA, SPA, I
II. Establish Data & Outcomes Implementation Team	2.a. Establish outcome indicators. 2.b. Establish baseline statistics for outcome indicators and benchmark goals to be used for comparison.	DA, SPA
III. Establish Resources Implementation Team	3.a. Conduct a comparative analysis of existing facilities and regional housing needs assessment. 3.b. Create development plan to secure resources. 3.c. Research the availability of federal, state, county and city land. 3.d. Draft Resource Guide inventorying mainstream and other resources available to address chronic homelessness in San Diego County.	CHS, ES, MR, SPA, I
IV. Establish Intervention, Outreach & Case Management Implementation Team	4.a. Develop plan with recommendations and timeline to establish web based data system, outreach/intervention/case management teams and Regional Centers. 4.b. Identify barriers and make recommendations to improve homeless individuals' ability to secure and retain a job.	DA, ES, OIE, SPA

Action	Milestone	Committee Work Plan Reference*
V. Establish Discharge Planning Implementation Team	5.a. Conduct analysis of discharge policies and protocols (both locally and from other communities) to help identify best practices, gaps and challenges. 5.b. Develop recommendations to strengthen and close gaps in discharge planning policies/protocols	DP, JS
VI. Establish Justice Systems Implementation Team	7.a. Feasibility study of developing an LPS Mental Health (Conservatorship) Court and Mental Health Court based on the “SIP” model.	JS

10 Key Performance Measures

Progress toward eliminating chronic homelessness will be measured each year. As the implementation team works toward developing their plan(s), it is anticipated that some of the performance measures may be revised or new ones added.

Performance Measure	Committee Work Plan Reference*
1. Annual reduction in the number of chronically homeless people in the region.	All
2. The number of new housing opportunities developed to include drop-in centers (goal: 200), stabilization/treatment centers (goal: 200), transitional facilities (goal: TBD), and permanent supportive housing (goal: 1600).	CHS
3. Progress in implementing comprehensive Housing Plus wrap-around model.	All
4. Progress in establishing a centralized web-based data system that can be used to strengthen intervention, outreach, case management, and evaluation activities.	DA, OIE
5. Number of outreach teams created.	OIE,
6. Number of individuals within each geographic region that are able to access appropriate services.	DP, ES, OIE, SPA
7. Progress in establishing institutional discharge planning protocols.	DP
8. Number of chronically homeless who find and maintain employment.	ES
9. Progress in establishing Mental Health Courts.	JS
10. Increase in amount of available State, Federal, private and corporate funding.	ES, MR

*Committees: CHS = Creative Housing Solutions, DA = Data Advisory, DP = Discharge Planning, ES = Employment Strategies, I = Implementation, JS = Justice Systems, MR = Mainstream Resources, OIE = Outreach/Intervention/Engagement, SPA = Service/Program Analysis

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