APPENDIX A
GLOSSARY

Chronically Homeless Person: 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 (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

Continuum of Care: An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons.

Current Inventory: A listing / count of the community's existing beds and supportive services.

Disability: Any condition of the body, which prevents and individual from being fully functional. Disabilities include mental, physical, or acquired (addiction).

Dually Diagnosed: Individuals with co-occurring, diagnosable mental health/addiction disorders defined by HUD

Emergency Shelter: Programs that offer temporary overnight sleeping accommodations. Emergency shelter offer limited shelter stays (generally up to 30 days) that are a safe alternative to living on the streets. They usually only provide essential services, sometimes including "social model" case management.

Goal: Where your organization and the target population will aim to be at the end of the grant funding. Should be a broad statement that is not directly measurable, but is attainable. A goal differs from an objective by lacking a deadline, and usually goals are long range rather than short term.

Homeless Management Information Systems (HMIS): An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area, and include several Continuum of Care Councils (CoCs). The HMIS can provide data on client characteristics and service utilization.

Homeless Person: A person sleeping in a place not meant for human habitation or in an emergency shelter; a person in transitional or supportive housing for homeless persons who originally came from the street or an emergency shelter. For a more detailed discussion, see the Questions and Answers Supplement. The programs covered by this application are not for populations who are at risk of becoming homeless.

HUD: U.S. Department of Housing and Urban Development

APPENDIX A
GLOSSARY

HUD National Goals: Specific goals as identified in the HUD Six-Year Strategic Plan, available on the HUD Website (www.hud.gov)

Leverage: The value of resources made available too participants in a project hat are not directly part of the agency's budgeted costs but yet are provided by the program Leverage en be in-kind or have a cash value.

Mainstream Resources: Health, welfare, and other programs (mental health, substance abuse, TANF, child welfare, etc.) that provide care and services to low-income people.

NOFA: Notice of Funding Availability, published in the *Federal Register* to announce available funds and application requirements from a specific source.

Objective: Any statement of short-term, measurable, specific activity having a specific time limit or timeline for completion. An objective directly addresses what will be completed by the end of the program period. It will and state the expected result, the measurement to be used, and the time period in which to accomplish the results. Each separate objective should be a partial accomplishment to a goal.

Paradigm Shift: Moving away from a former model to a different model in order to better serve the population. Example: A former transitional shelter becomes permanent supportive housing.

Permanent Supportive Housing: Housing where people need supportive services (e.g. - healthcare) to maintain their permanency.

Process & Outcome Measures: Process Measures focus on the planning aspects of the program, whereas Outcome Measures explain the reason for the existence of the program, or what effect the program will have on the target population or community.

Timeline: States specific dates including month, day, and year in which objectives will be met.

Transitional Housing: Housing that provides a bridge between emergency shelter and permanent housing. Programs emphasize the preparation of homeless persons or families for independent living. Clients stay from 1 month to as long as 24 months.

APPENDIX B
MAJOR ISSUES SURROUNDING CHRONIC HOMELESSNESS

There is inadequate capacity to serve chronic homeless individuals.

There is inadequate capacity to serve chronic homeless families.

There are inadequate medical services for chronic homeless.

There are inadequate long distance reunification services.

There are no fully functioning 24/7 drop-in centers.

There are inadequate resources for youth; especially for those emerging from foster care.

There is no broad and coordinated intervention process for those about to be evicted from housing.

There is no broad and coordinated intervention process for those about to be discharged from hospitals.

There is no broad and coordinated intervention process for those about to be released from jail; especially for the mentally ill, and substance abusers.

There is a need for a system of diverting repeat offenders into treatment.

There is a lack of emergency, temporary and permanent supportive housing for those with mental health issues.

There is a lack of crisis intervention resources.

There are inadequate substance abuse services for the uninsured and indigent.

There are inadequate pretreatment and aftercare substance abuse services.

There is a lack of substance abuse services for incarcerated individuals.

There are inadequate incentive-based employment programs.

There are inadequate job-training programs integrated with treatment services.

There is inadequate permanent supportive housing.

There is a low stock of affordable housing.

Demand for chronic homeless services exceeds the existing supply of housing and/or services.

APPENDIX C
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APPENDIX C
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Piedad Garcia	County of San Diego
Richard Conklin	County of San Diego Sheriff's Dept.
Richard Schnell	City of San Diego Police Dept.
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Timothy Tower	County of San Diego Superior Court
Victor Barr	
Vincent Iaria	County of San Diego Probation Dept.

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Doug Sawyer – VICE CHAIR	United Way of San Diego
Fred Baranowski	United Way of San Diego
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Robert Coates	Advisor
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Bob Morris	American Red Cross
Rene Santiago	County of San Diego, Health & Human Services Agency

APPENDIX C
PARTICIPANTS IN THE PLANNING PROCESS

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Martha Ranson	Catholic Charities
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APPENDIX C
PARTICIPANTS IN THE PLANNING PROCESS

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Mary Herron	San Diego Grantmakers
Michael Kemp	Episcopal Community Services
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Sharon Johnson	City of San Diego
Sister Raymonda Duvall	Catholic Charities
Thelma Robinson	Veterans Village of San Diego

APPENDIX D
DATA AND STATISTICS

Overview

- There are approximately 9,667 total homeless persons in the San Diego region. About 7,300 are urban homeless persons and about 2,300 are rural homeless persons.
- There are approximately 4,458 homeless persons in the City of San Diego.
- The City of San Diego operates and supports only 2,019 year-round homeless beds and numerous other homeless services.

City of San Diego Regional Distribution of the Homeless

- 48% in the Downtown area;
- 14% in the Midway (including Sports Arena & Moreno Blvd.) area;
- 11% in Balboa Park;
- 10% in the San Diego River area;
- 5% in Hillcrest and the Mid-City areas each;
- 4% in Pacific Beach/Mission Beach area;
- 3% in Ocean Beach;
- 1% in Chicano park and Presidio Park areas each.
- These were only visible homeless persons in plain view.

Sub-population Profiles

- Single Adults **-** About 4,840 of the urban homeless population are single adults, 1,400 of which are women.
- Families with Children - Among the estimated 7,323 total urban homeless persons, there is an estimated 2,373 homeless family members in our region on any given night.
- Youth **-** Homeless youth" are those 18 and under, who live on the streets, in public shelters, or without a permanent safe and healthy dwelling. While it is difficult to provide an exact count of this population because of their highly transitional nature, there are approximately 110 homeless youth at any given time on the streets of San Diego.
- Chronic Homeless - About 1,383 are identified as chronically homeless. Chronically homeless indicates that they have been homeless for more than 1 year or without a home 4 times in the last three years.
- Domestic Violence - In the San Diego region, there are estimated 531 homeless victims of domestic any given point in time.
- Farm workers and Day Laborers - There are at least 2,344 resident homeless farm workers and day laborers throughout San Diego County who work regularly in casual labor situations and consider San Diego their home.
- HIV/AIDS - In San Diego County alone, it is estimated that 424 persons in the homeless population are suffering from HIV/AIDS at any given point in time. This is almost nine percent of the homeless single adults. With only 77 shelter beds available countywide for this population, there are at least 347 persons with HIV/AIDS who are in need of shelter assistance.

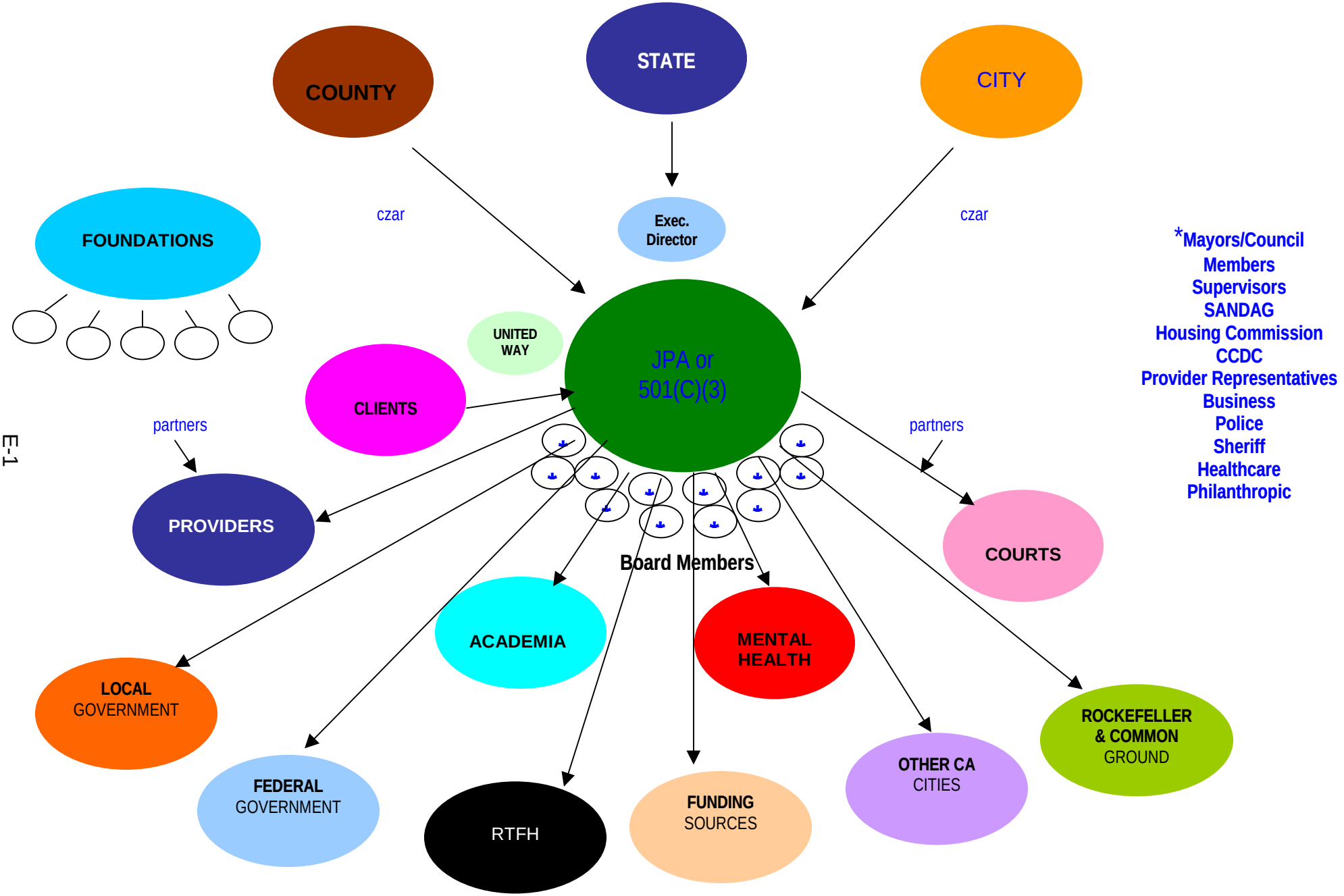
APPENDIX D
DATA AND STATISTICS

- Mental Illness - On any given night there are approximately 1,417 homeless mentally ill, among the 7,323 total urban homeless persons. This is roughly 20% of that population and over 25% of the adult homeless population.
- Senior Citizens -The majority of aged persons on the street are men in their sixties. While often harbored at Senior Service Centers of San Diego (SCC) during the daytime, they are left to their own resources by late afternoon. They usually avoid public shelters, and are extremely vulnerable to crime, illness, exploitation, and abuse. About 7.5% percent (360) of the homeless single adult population in our region is 60 years old or older.
- Substance Abuse - The relationship between homelessness and alcohol and drug addiction remains controversial. Drug or alcohol abuse is both a cause and result of homelessness for some. Approximately 26% of the homeless (not counting children in families) in the San Diego region have substance abuse issues as a primary characteristic. This number can go as high as 54% when taking into account the secondary characteristics of the remainder of the homeless population. In general, substance problems are less prevalent among homeless women than among homeless men. The majority of homeless men who abuse drugs are in their late teens and twenties.
- Veterans - In the San Diego region, approximately 902 homeless persons identified themselves as veterans. However, there are additional 317 identified in programs serving other homeless persons, i.e. substance abuse programs. This produces a total of at least 1,219 homeless veterans. This is approximately 22% of homeless adults and 36% of homeless single men in our region. The strong military presence in San Diego County may account for these numbers.

Funding Homeless Services

- In 2004 almost $68 million in public funds were allocated to homelessness in San Diego County. In addition to more than $5.5 million in cash assistance, more than $62 million was allocated to homelessness through 11 major program categories.
- Approximately 71% of all public funds allocated for homeless services are being channeled through 74 community programs. The remainder is in services delivered directly by government agencies and departments. Eight agencies are receiving more than half of all these funds.
- Mental health and transitional shelters are the first and second largest programs with 25% (mental health) and 24% (transitional shelters) of all public homeless funds allocated to these two categories.
- In 2003-04, 8.1% of all public funds allocated to housing went to permanent supportive housing. In 1999-00 1.6% of public housing funds were allocated to permanent supportive housing.

Appendix E
GOVERNANCE STRUCTURE
(to Implement The Plan)



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APPENDIX G
COMMITTEE WORK PLANS

CREATIVE HOUSING SOLUTIONS

DATA ANALYSIS

DISCHARGE PLANNING

EMPLOYMENT STRATEGIES

JUSTICE SYSTEMS

MAINSTREAM RESOURCES

OUTREACH, INTERVENTION AND ENGAGEMENT SERVICES

SERVICES/PROGRAMS ANALYSIS

CREATIVE HOUSING SOLUTIONS COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
BUILD, ACQUIRE, LEASE APPROPRIATE NUMBER OF UNITS FOR : 1. Triage/Access 200units 2. Treatment – 200 units 3. Transitional – TBD 4. Permanent – 1,600 See below for additional information on each category	Create appropriate shelter units to provide housing with associated support services.	Identify facilities or potential sites. Research available of Federal land. Establish support of community. Identify development resources and ongoing operational resources. Review all grant and other funding opportunities. Distribute resources based on regional allocation.	Access to shelter improves health and well-being. Reduces visible street homelessness.
1. Shelter: Triage Chronic Ensure Emergency Access to Housing - Outreach/emergency	Create appropriate number of new entry-level beds. Accommodates daily emergency "off the street" needs; enhances prevention efforts.	Identify facilities or potential sites. Establish support of community. Identify development resources and ongoing operational resources. Distribute resources based on regional allocation.	Immediate access to shelter. Reduces visible street homelessness. Early intervention and prevention may mitigate chronic problem
2. Treatment: Chronic (Specialized Beds) Ensure access to Intermediate / Specialty Care for those at physical risk	Develop crisis-care housing opportunities targeted to homeless individuals who are: Mentally ill Require urgent medical care Need special physical care Have alcohol/substance abuse Addicted medical detox	Meet with care providers. Identify facilities or potential sites. Establish support of community including outreach to faith-based organizations and communities. Identify development resources and ongoing operational resources.	Immediate access to shelter/care. Reduces visible street homelessness.
3. Permanent Supportive Provide an array of permanent supportive housing choices and facilities designed to meet various special needs	Expand permanent supportive housing opportunities for appropriate number. Target support for: substance abuse; mental health; victims of violence; chronic youth.	Meet with care providers. Identify facilities or potential sites. Establish support of community. Identify development resources and ongoing operational resources.	Close the current gap in services for chronic individuals with services targeted to special needs.
4. Permanent Affordable Expand permanent affordable housing opportunities	Create permanent housing opportunities for appropriate number of persons (affordable at 10%- 15 % AMI)	Develop permanent affordable housing opportunities or Tenant Based Rental Assistance Programs.	Ensure access to permanent independent housing as prevention and for individuals exiting permanent supportive housing programs.

DATA ANALYSIS COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
1. Chronic Homeless Data Advisory Committee	1. Establish Data Advisory Committee 2. Meet regularly to discuss issues related to data collection and reporting	1. Representation from Regional Task Force on Homeless, RCCC, homeless provider network, academics, county HHSA, city government	1. Minutes from meetings
2. Homeless Provider Partnership	1. To have as many San Diego County/City homeless providers participating in data collection as possible 2. To protect confidentiality at various levels	1. Determine which providers are not currently participating in HMIS 2. Contact non-participating providers and determine why they are not participating 3. Develop strategies that encourage "buy-in" by as many homeless services providers as possible 4. Develop Data Policy & Procedure Manual 5. Incorporate 'Confidentiality' component into trainings developed for data entry personnel	1. Comprehensive County/City homeless data 2. More accurate assessments of San Diego's chronic homeless population 3. More accurate assessments of San Diego's chronic homeless services 4. Appropriate personnel are made aware of confidentiality issues
3. Analyze county-wide aggregate data and other sub-categories	1. To realize the data needs of a variety of stakeholders and policymakers 2. Support and enhance the current data collection, analysis, and reporting activities of the RTFH.	1. Assess and determine aggregate groupings 2. Determine research question(s) after consulting with stakeholders, policymakers and advisory committee 3. Analyze data 4. Report back to stakeholders & policymakers	1. Web-based access to this information
4. Monitor key indicators and compare to benchmarks	1. Agree upon indicators to monitor and how frequently to report on these indicators. 2. Establish definitions for the calculations of indicators including source of information and variables to be used.	1. Calculate baseline (2005) indicators results for all indicators for which data appears to be accurate and reliable 2. Based on baseline data, establish benchmarks for indicators 3. If an indicator cannot currently be calculated due to lack of data or quality of data, determine what needs to be done to collect or improve the data for that indicator.	1. County-wide reports of indicators and reports within regions or sub-regions as determined by the Advisory Committee 2. Specialty reports of indicators as needed to answer policy questions 3. Web-based access to this information
5. Provide Training and Education for the Collection of Data • Data Collection • Data Entry	1. To assure that all providers are accurately and comprehensively collecting and entering data	1. Conduct on-site trainings for data collection and reporting for all providers joining the partnership 2. Conduct group trainings for system updates 3. Design and implement online data entry training modules	1. Documentation of on-site, group and on-line trainings offered. 2. Documentation of the number of persons training and the number of persons requesting training

DATA ANALYSIS COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
6. Provide Quality Assurance Activities	1. To ensure the continued integrity of the data collected	1. Periodic client record abstraction to compare actual information with entered data 2. Allow providers the ability to produce Quality Assurance reports of their records that identify incomplete, missing, or inconsistent data elements.	1. Reliability of data is verified 2. Data is comprehensive and accurate 3. Documentation of technical assistance requests and common technical assistance needs 4. New training content based on needs
7. Statistical Models to Predict Chronic Homelessness	1. To evaluate individual, housing and environmental factors that may predict homelessness	1. Collect relevant data from various sources	1. Disseminate predictive information to appropriate stakeholders to improve interventions
8. GIS Mapping/Spatial Analysis	1. To use GIS mapping and spatial analysis to improve our ability to understand chronic homelessness in San Diego County	1. To visually display the estimated geographic distribution and density of the chronic homeless population in San Diego County. 2. To use spatial analysis to describe the distribution of homeless persons and services to improve service delivery.	1. Written reports and maps. 2. Web-based access to this information for San Diego County
9. Evaluate Interventions	1. To identify which interventions result in the best outcomes 2. To assist service providers with refining and improving their interventions	1. Define "best" outcome for the chronically homeless 2. Analyze the data to determine what components of an intervention lend themselves to better outcomes 3. Disseminate "best practices" to service providers	1. Interventions use limited resources more efficiently and effectively that result in the most desirable outcome
10. Chronically Homeless Death Review Committee	1. Establish Homeless Death Review Committee to investigate deaths of chronic homeless persons.	1. Review all deaths of homeless persons in San Diego County and determine, cause, circumstances, service delivery systems involved, ability to intervene	1. Written reports of homeless deaths. 2. Web-based access to the analysis for San Diego County, protecting confidentiality of individual persons.

DISCHARGE PLANNING COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES/CONCLUSIONS
1) Identify barriers that hinder discharge planning	To prevent the discharge of clients without housing from 24-hour institutions such as correctional facilities, residential facilities, foster homes and acute care hospitals and E.R.'s	• Identify additional key agencies/systems for inclusion in discharge committee • Agency presentations to committee regarding current discharge policies/protocols • Identify gaps and challenges in discharge planning	• Insufficient data re: which systems discharge clients w/o adequate plans • Release of inmates in the middle of the night according to law • Lack of knowledge of community resources by providers • Screening and assessment of needs in jail are based on self-identification only • Lack of short-term shelters and housing options with integrated tx • Lack of a continuum of care that provide services and treatment for the dually diagnosed • Insufficient medical social workers and discharge planners in ERs • Early Release Programs don't allow for timely discharge planning • Discharge planning in jails is not comprehensive i.e., limited resources, needs to start on 1st day. • Lack of transportation upon release • Difficulty in obtaining ID. Discharged clients need gov't issue ID w/out cannot get most aid • Lack of sufficient programs that take clients directly from detention facilities • Lack of resources to conduct face-to-face interviews in jails to facilitate re-entry to community • Licensing policies that don't allow placement of 18 year olds in an License Children's Institution • Lack of access to transition case management services for under-age minors until they are almost 18 years old • Insufficient group and foster homes that provide youth with "normalizing activities" and skills to manage independent living • Homeless Serious Mentally Ill (SMI) don't qualify for Long Term Care (LTC) or Board & Care (B &C) • Medically compromised have no funding resources and become homeless
2) Identify specific changes in discharge planning policies	To prevent homelessness in SD County	• Review and discuss discharge planning policies that need to be revised to prevent homelessness • Review and analyze discharge policies from other communities for effectiveness and potential replication in San Diego County	• Complete analysis of discharge policies/procedures from other communities (best practices) and identify best practices to be implemented. • Develop a common definition of required discharge planning criteria • Develop data systems that collect information about discharge plans for clients • Restructure existing homeless services and policies to address housing first as a model for clients discharge from institutions

DISCHARGE PLANNING COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES/CONCLUSIONS
			• Creation of "24/7" drop-in centers for adult and Transition Age Youth (TAY) • Require standardize case management training for discharge planners • Co-location of programs within systems with high discharge rates (ER's Jails) • Develop web based discharge/resource information: 1) Use of 2-1-1 2) HHSA info lines 3) On line bed capacity • Data bases: Social algorithm (individualized assessment) to create specific discharge referral/linkage plan based information by program • Discharge policies need to require Normalcy Protocol for youth in group homes and Foster Family Agency that adhere to AB408 • Training policies need to require that staff are educated and knowledgeable about resource programs to include employment, education such as "College Connection" • Develop placement alternatives and policies (besides Polinsky) that allow 18 year olds the ability to complete H.S. • Create integrated re-entry community based programs to reduce homelessness for clients discharge from institutions. • Develop alternative treatment placement options for SMI and medically compromised discharged clients from hospitals
3) Develop recommendations to strengthen and close gaps in discharge planning policies/protocols	To eliminate barriers that contribute to homelessness	• Creation of work group to: • 1) Prioritize and monitor progress toward implementation of recommendations, 2) Resolve barriers 3) Continue to identify best practices in discharge planning	• Identify work group members • Convene work group • Identify areas of focus • Prioritize and implement changes in policy and programs

EMPLOYMENT STRATEGIES COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
1) To increase success rate of long-term employment by meeting immediate needs of individuals	Every individual will be assessed to determine whether support services are needed. Only individuals who have the appropriate supportive services necessary to begin work with proceed with a job search.	1. Assess needs: • Shelter • Food • Clothing • Childcare • Transportation • Legal issues • Language barriers • Counseling – Mental Heath, Chemical Dependency, Disabilities	1. Better opportunity to hold long-term employment 2. Possibility to transition off supportive services the longer employment is held
2) To establish a coordinated and comprehensive case management system that helps individuals to adjust to full-time employment by focusing on immediate, short-term and long-term employment goals.	To develop a customized employment plan based on each individuals needs: 1. Assess employability 2. Coordinate services with other agencies & partners 3. Determine training needs and enroll 4. Placement & follow up services	1. Secure funding to hire Case Management staff ($45,000 per position) 2. Determine best locations to house staff (consider client location, housing, and transportation) 3. Determine assessment tools and resources 4. Develop network of resource and service agencies (see draft) 5. Work with sub-committees, resource and service agencies to define and measure employability 6. Research available existing funds for training 7. Draft proposals to go after additional funding 8. Develop coordinated system between other prevention strategies committees to facilitate follow up	1. Case Management staff co-located in Regional Access Centers 2. Set reasonable caseload ratio (ideal = 40 clients, maximum = 60 clients) 3. XX of funding secured through grants/proposals.
3. To assess each individuals employability to ensure that appropriate & realistic career opportunities are presented that match both skills and interests.	To determine the employability of individuals (determine appropriate type and level of employment)	1. Determine whether the individual is ready for work (emotionally, mentally & physically) 2. Use assessment testing to determine skills, interests and competency levels & suitability of career 3. Based on assessment testing, each client must receive a passing score to begin job search/training program 4. Consider current skill sets for re-entry if applicable 5. Determine training needs (soft skills through specialized training) 6. Determine any barriers to employment and work with other committees to try to solve them (Disabilities, language & culture barriers, substance dependency, criminal record)	1. Clients recommended for employment are truly ready based on employability measure/score 2. Clients better prepared to enter the job market
4. To coordinate services with other agencies & partners to create a customized	Provide multi-layer support to clients through co-enrollment	1. Identify complimentary programs and services for the chronically homeless population 2. Research most common barrier and programs available to support employment	1. Resource guide of San Diego County agencies, programs and services available to assist the chronically homeless with

EMPLOYMENT STRATEGIES COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
employment plan that focuses on the client's individual needs and helps establish attainable benchmarks. (see attached list)		3. Develop scoring system to measure employment so all agencies agree when client is ready to begin training/work 4. Develop team approach to follow up through Regional Access Centers or on-the-job if possible	employment and related supportive services 2. Proactive, coordinated team approach to follow up services to identify and correct potential pitfalls to long-term employment 3. Emphasizes ongoing training and building career ladders to ensure success
5. To determine training needs for clients, research best program for individual need and enroll.	Provide comprehensive training customized to fit both immediate and long-term needs	1. Identify best career options for clients based on assessment testing and labor market information projections	XX number of clients enrolled in training each month
6. To enroll every client in basic & soft skills training	Provide soft skills training to increase likelihood of employment past first 90 days on the job	1. Identify training curriculum (COMPLETE – SDWP to provide Work Readiness Certificate Curriculum at no cost) 2. Hire instructor for training program 3. Identify locations to hold training (Regional Access Centers, etc)	XX number of clients receive Work Readiness Certificate each month
7. To enroll clients who have completed soft skills training in training for demand occupations that have career ladders to a sustainable wage.	Provide specialized training to facilitate placement and when possible identify ongoing training opportunities to move clients up career ladders	1. Research existing training funds and providers (see list) • WIA (Individual Training Accounts, On-the-Job Training, Customized training • Employment Training Panel Funds • Adult Ed • Regional Occupational Programs (ROP) • Community Colleges & Certificate Programs	XX number of clients complete training programs each month XX number of clients advancing career through ongoing training
8. To help clients find meaningful employment and provide follow up services that help them retain employment and move up the career ladders into higher paying positions.	Help clients secure employment with businesses that promote a healthy working environment and offer the opportunity for ongoing training and advancement	1. Research companies/industries most likely to hire clients • Most likely hospitality, service industries 2. Hire staff to establish partnerships and develop jobs with Industries/key businesses ($45,000 per staff) to work with businesses 3. Develop promotional materials that outline key benefits of hiring clients and outline training programs that offer subsidized wages to entice businesses to hire 4. Provide clients heavy follow up services during first 90 days of employment to ensure success 5. Continued follow up services for at least	XX number of businesses identified as partners XX number of jobs developed by staff each month Promotional material created by xxx date xx% job retention rate due to team approach to follow up and mentoring program xx % of clients able to move into better paying jobs through

EMPLOYMENT STRATEGIES COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
		one year 6. Work with company and follow up team to explore ongoing training & career ladders for clients 7. Establish mentoring program to help clients deal with realities of working world (after one year of successful employment, clients may serve as a Jr. mentor)	promotion/ongoing training or career ladder xx% of former clients serving as mentors xx% of clients able to move off supportive services due to self-sufficiency

JUSTICE SYSTEMS COMMITTEE WORK PLAN

Our nation's courts, jails, prisons and probation/parole systems and their attendant mental health and substance abuse systems are peopled by many individuals who, before or after leaving their "official contact," find themselves homeless. For most of these systems, at least an implicit legal obligation exists for the institution to assist/prepare clients for re-entry into larger society, and in many instances, clear statutory mandates exist to do what is reasonably necessary to prevent the individual's return. That is, to prevent re-offense. Often such prevention can only be accomplished if the person does not become (perhaps, for the three dozenth time) homeless.

There has recently been a visible public interest in California prison re-entry, but no such public examination has yet occurred regarding local jails re-entry, which roughly account for ten times the numbers of persons who re-enter society from California's prisons.

The charge for the undersigned Justice Systems Team here has been to create, in broad terms, process descriptions and plans, which together could form a network to prevent most subject persons from becoming homeless or, once homeless, take the persons from that status into civilization. In all cases this will entail more housing.

Homelessness is defined as a lack of housing; but the justice systems, particularly, utilize supportive/rehab shelters, recovery and transitional housing options – as well as low-income, permanent housing (with or without supportive services). Housing is the key to these solutions.

It must be added with equal emphasis that, as persons exit the various courts, custody and/or mental health settings - - mechanisms must exist, first, to gain immediate access to the appropriate housing; second, supportive transition housing options must be available so that the underlying conditions causing homelessness and criminality can be resolved. Further, mechanisms must exist to provide civil legal services needed to resolve outstanding legal matters impeding reintegration into society. And, finally, integrity mechanisms must exist to assure that each individual remains within and completes the treatment components. And if an individual does not, that they are immediately returned to an integrity source (like, a judge) so that the issue(s) can be appropriately addressed.

The systems can be made to work together, as a finely tuned mechanism. And they can be maintained over time – with the political will to do it.

Vision Statement:

All components of the Justice System will identify the housing needs of persons coming into contact with any component of the justice systems and effectively link those persons to appropriate housing as they re-enter our community from institutions or the Courts.

Local Justice Systems need to be created or modified so that:

- Persons leaving institutions will be provided benefits to which they are legally entitled, such as SSI prior to or at the time of their release from custody and, if needed, immediate supported transition to housing.

- Police agencies will have immediate access to a range of community based agencies which will receive and immediately house or obtain housing appropriate to the individual to keep such persons from becoming homeless and from re-offense.
- The above will entail mechanisms of competent assessment of each individual in custody, and those encountered by peace officers on the street. Here "custody" refers to jail, CYA, state prison or medical institution. Further, feedback and other system-integrity (quality control) mechanisms must be in place, over time.

- Other needed services, including civil legal services, will be linked to the clients following their housing needs being met.

- Pre-sentencing assessments will include housing and employment needs and plans for every person.

- Probation reports will include housing and employment needs and a plan for every person.

- Parole reports will include housing and employment needs and individualized plans for every person.

JUSTICE SYSTEMS COMMITTEE WORK PLAN

The above goal statements are easy to make but, to put the recommendations into place as a SYSTEM will take, first, clear direction from the elected bodies that they wish such to be made real. Secondly, it will take good administrative analysis, and finally, it will require funding and a sustained intention and multi-agency teamwork rare to be found in governmental affairs.

1. State Parole

Last year, 8,515 adult inmates were released from the California Department of Corrections and some 179 from the California Youth Authority - - to San Diego County. Their Agents listed 538 of these as "transient." The California Youth Authority, about to be absorbed, is presently required to house, and does house, all wards who have no family to which to return.

Over 3,000 parolees are returned from San Diego County to prison annually - - from a new felony conviction or parole violation. Only 70 beds are funded for housing parolees (at the Coast Hotel) in San Diego County.

Many parolees have no family willing and/or able to receive them "home." Some of these parolees reside immediately in the halfway houses, in clean and sober living homes, YMCA and other such shelters. In these latter, it can be argued that some of these take up "continuum of care" rehabilitative resources which could otherwise be delivered in prison or the CYA, but presently, are not. The just-out-of-prison population also competes with other homeless persons, for scarce resources (St. Vincent de Paul Village's staff estimated a parolee population of 10% or 100 people, at a given moment.

Parolees are tough to count. Some may tell their parole agent they live at a certain address (relatives?), to hide the fact that they are homeless. Others do have a place to stay, but lie to their parole agents saying they are "transient" to keep the agent from effectively checking on them.

The "best estimate" of Senior Parole Agents is that eight to ten percent of their charges are, at any time, homeless. If true, this represents 700 homeless parolees in San Diego County, at any given moment.

What sorts of housing options are needed to serve these people and prevent both their criminal recidivism and their being homeless? The spectron needed is presently unknown, but the 700 needed beds are included, of course, in overall homeless estimates for the county.

2. Misdemeanor Court

Presently, an estimated 400 chronically homeless persons, men and women, are cycling through San Diego's, Vista's, El Cajon's, and Chula Vista's misdemeanor courts each month and precious little recidivism-prevention (the excellent SIP Program aside) is occurring with this sub-population. Arguably, the courts have a duty to succeed with criminal recidivism-prevention[1] (see footnote on last pages). Criminal defense counsels are fiduciaries with duty to labour for the longer-range best interests of their clients. And no one involved in the criminal justice system can feel good about the present, ineffectual "revolving door." It is a disgrace.

To remedy this, criminal defendants should be comprehensively "assessed" as to their individual needs for treatment, mental health care, types of needed housing (supportive? rehab? transitional?), 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. All assessments must be speedily done -- before the court's probation and sentencing. The court may then consider and order an individualized probation plan for each offender. Thereafter, reporting oversight and other integrity mechanisms must be maintained, as with the SIP Program.

The "SIP Program" deals today with over 300 individuals who have suffered multiple "drunk in public" (P.C. 647(f)) convictions. When these individuals appear next before the Arraignment Judge, they are offered three choices: "plead guilty and serve six months jail custody;" or plead guilty, agree to six months of immediate residential alcohol/drug/mental health program; or plead not guilty ("…and the last guy who did that got two years; take your choice.") Two city police officers have run this program with a mental health/substance treatment provider for the past (5) years. They transport the clients/defendants from jail directly to selected, residential treatment, and promptly track them down and place them back in custody and before a judge, in case they "walk" from the program (then, after a couple months' custody, the clients start over with the residential treatment program). The program has experienced increasing success as the more resistant defendants "get with the program," often after a couple of "tries." See Addendum (c) for further details re: SIP.

The SIP program is being copied, we understand, by many jurisdictions over the country.

3. LPS Mental Health (Conservatorship) Court

The County Grand Jury and the County CAO's Office should formally order studies of these processes with an eye to county budget savings which may be available because of numbers of deeply mentally disabled homeless persons who could be stabilized into housing, largely funded by new (federal) SSI dollars, and which could "save" the County sums because these individuals, while homeless, cycle painfully and expensively through the health, human care and justice systems. Kern and San Mateo Counties are reported to have saved millions by stabilizing their populations of gravely disabled individuals, shifting payment for their care to the Federal government's SSI program.

Many presently "gravely disabled" homeless San Diegans come to officials' attention, yet never get to see a judge in an LPS conservatorship hearing. Why? This question must be answered. If part of the answer is in the current state of California LPS law, that law will need to be clarified. If the answer is county policy, that policy needs articulation and review.

4. A Mental Health Court?

A dialogue has begun in San Diego about establishing, locally, a so-called "Mental Health Court", using one of several available models. In general terms, this would mean expanding the SIP model which has been so successful with chronic inebriates (who are also, almost unanimously, dual diagnosed), focusing also on the deeply mentally ill, who are not chronic inebriates, many of whom are homeless. This would of course require expanding the SIP staffing to evaluate proposed individuals, and to take them from custody to care, and to fetch them, should any wander away.

We believe it is fair to say that all officialdom who now are seeing these helpless people (jail personnel, courts, police and sheriffs, health department personnel) all want meaningful, humane care for those afflicted with severe mental illness. Community based programs, such as those based on the "assertive community treatment" model, can, we believe, deliver such care. AB 2034 engagement of chronically ill persons has succeeded with a majority of the deeply mentally ill, without resorting to the LPS conservatorship system. This approach should be maximized. At the same time, the parallel LPS system must be employed to assist those persons who are gravely disabled, and unable to get good care via voluntary, community-based programs.

5. The Homeless Court Program

The Homeless Court Program is a special Superior Court session exclusively for homeless defendants --- convened within homeless shelters --- to resolve outstanding misdemeanor offenses and warrants. This successful program is included here (as is the SIP Program) because the program needs to be understood and preserved.

The HCP builds on partnerships between the court, local shelters and service agencies, plus the prosecutor and public defender. It works to resolve the problems that homelessness represents with practical solutions. Initial referrals to Homeless Court originate in shelters and service agencies. The prosecution and defense review the cases before the court hearing. The agreed court order for sentencing substitutes participation in agency rehab programs instead of fines and custody. The HCP designed for efficiency: the majority of cases are heard and resolved, and people are sentenced in just one hearing. Clients wind up with a "clean, legal slate" with no outstanding warrants.

In 1989, San Diego started the first Homeless Court Program in the nation, a special Superior Court session held at local shelters for homeless defendants to resolve outstanding misdemeanor criminal cases. The Homeless court responded to a survey which found that one in five homeless veterans requested help with the criminal justice system.

At this first Homeless Court, the San Diego Court reported 130 defendants had 451 cases adjudicated through Vietnam Veterans' Weekend Stand Down in 1989. The following year, 237 homeless veterans addressed 967 cases. Between 1989 and 1992, 942 homeless veterans resolved 4,895 cases in Stand Down courts. The continued large numbers of homeless people participating in the Homeless Court Program, coupled with their efforts to overcome the obstacles their condition represents, fostered the program's expansion from an annual, to a quarterly, then a monthly schedule. Over the years, the Homeless Court expanded to serve battered and homeless women (1990), residents at the city sponsored cold weather shelter (1994), and the general homeless population served at local shelters (1995). In 1999, the HCP started holding monthly sessions, alternating between two shelters (St. Vincent de Paul and Vietnam Veterans of San Diego), with a grant from the Bureau of Justice Assistance/Department of Justice.

The Homeless Court Program brings the law to the streets, the court to the shelters and the homeless back into society. The Homeless Court Program provides access to court for homeless defendants, working with shelter services, holding proceedings in shelter community rooms and recognizing individual effort for purposes of sentencing. The Homeless Court Program's greatest achievement is the contribution of the shelter and homeless participants building a more inclusive criminal justice system, far less recidivism, and a stronger community.

6. Landlord/Tenant Courts

Here, an estimated ten families are evicted each month in downtown landlord-tenant courts and are, thereby, made homeless. Philadelphia-style mechanisms need to be created, with the cooperation of presently, very interested landlord's attorneys, the Legal Aid Society and other defense counsel, and the City Housing Commission (which runs Section 8 supportive housing, from which disabled families are presently being evicted into homelessness.) A small task force of these interested parties, including the court, needs to be assembled to work on this problem component-by-component.

San Diego County's record-high housing and rental prices, coupled with its relatively low wages makes it the **second least affordable area in the Country** reported by the National Association of Home Builders. The City of San Diego is today confronted by a major housing crisis, and as a result the number of homeless has increased. Today we find the homeless on the streets, in the alleys and under bridges. Homelessness 10 years ago was generally seen in isolated, younger individuals but today we see many more families and elderly. The State of California for years determined that children living on the streets was a legal protective issue, yet today this is no longer a governmental concern. Chronic homelessness of families is now seen as a way of life.

The focus here is on chronic homelessness, a group largely made up of alcohol, drug abusers and the mentally ill, half of whom are dual/diagnosed.

The City of San Diego's Section 8 housing program is the largest federally funded program in the City that provides rental assistance (subsidies) for housing to the very poor**.** The Section 8 Program serves approximately 12,060 families in the City. These families are voucher holders and have affordable rents. Of these voucher holders about 60 that expire each month are based on deaths, evictions, and a tiny portion become economically independent. The majority of evicted individuals from Section 8 Housing are because of non-payment of the rent. Many of those evicted are using drugs, alcohol, are mentally ill and/or gambling away their money. Those evicted then join the chronic homeless who are recycled from one government system to another, at significant expense.

Some smaller shelters such as the OZ, the Crisis House, Stepping Stone, and Pathfinders have beds for rehab clients that like Father Joes's have strict rules and regulations. Others such as the Interfaith Shelter Network work directly with Churches and synagogues in the City and feature less regulations. Other homeless people decide to stay on the street so that they do not have to comply with any rules and can continue their personally destructive behavior because of mental illness. The agencies that are successful at working with the homeless persons who are mentally ill are those that provide case management (assessment, information and referrals). In many cases, it's not the homeless persons' **unwillingness** to comply but their **inability**.

We (the judges, landlord and legal aid lawyer) do not really know how many evicted people actually go straight to homelessness. The Housing Commission says, "If they lose their Section 8 home, they can become homeless." Many do succeed in preventing this, we think, by moving in with friends, for a time…

The Housing Commission notes that supportive housing funds have become more limited due to recent massive HUD budget cuts. Even with budget cuts, HUD emphasizes the need of agencies to give priority services to the elderly-disabled.

The City of San Diego Housing Commission presently maintains a waiting list of 30,000 (purged recently from 60,000). The agency updates and purges its waiting list every 18 months. To maintain a waiting list this size, contact with applicants are made impersonally via mail correspondence. The dynamics of being homeless makes it difficult to receive mail since the homeless person often lacks a permanent mailing address. Therefore, homeless who have the greatest need do not stay on the list. When attempted to be contacted via mail, they have moved or gotten evicted.

Landlord and tenant lawyers plus the Housing Commission staff agreed that the best conceivable solutions to evictions of disabled persons and families from Section 8 Housing might be as follows:

- The Housing Commission might find a supportive agency that would agree to provide case management prior to people being evicted.

  Also a small funding pool could be establish to provide on an emergency basis, the typically-small rent arrearage ($200/month range), to avoid eviction from Section 8 Housing for non-payment of rent. Another possibility would be to pass a local ordinance applicable to subsidized housing only, permitting tenants to pay arrearages and to retain the housing. Landlords, in such circumstances, would incur filing and attorney fees of perhaps $400 by the first hearing. In order for something like this to work, the landlord might need to be repaid for their attorney's fees and court costs.

- Educating judicial officers in the natural consequences of homelessness might cause them to interpret CCP 1179 more "liberally." (realistically?) Code of Civil Procedure 1179 states that in "areas of extreme hardship" tenants may avoid forfeiture (eviction) by paying the rent costs and fees plus arrearages. However, most judicial officers today take the position that a further showing must be made that the person(s) will actually "drop" directly to homelessness and the person also presently suffers a dramatic medical situation.

- Many self-represented persons do not today make such a persuasive showing and are not, thus, found eligible for CCP 1179 relief.

- The point needs to be made that, while many persons and families evicted to homelessness are not immediately among the **chronically** homeless, these (largely, more competent) persons compete successfully with the chronically homeless, keeping some of them from utilizing source housing and use management services

- There is an important distinction between "project-based" subsidies, and the other (finder-keeper) Section 8 Housing vouchers. In the former, "project-based" circumstance, when a person is evicted from the particular unit, they are out of Section 8 eligibility, since the program "sits with the unit."

On many of the Superior Courts Landlord/Tenant calendars, the judicial officer finds herself/himself ordering the eviction of persons, often families, who give indications that they "have nowhere to go". It is recommended that the United Way of San Diego develop a one-page "hand-out" for selective use by judicial officers and attorneys, listing available housing/shelter options in the San Diego Community, such as what is now employed in the El Cajon county and South Bay courts.

While it is true that many evictions are based on non-payment of rent, a good number of other evictions are based on behavioral issues (which certainly could be due to substance abuse, mental illness, involvement in criminal activity, etc.) It would be excellent if there were some agencies/resources that could step in when behavior issues surface involving a Section 8 tenant. Landlords don't want to evict people, but if they are creating a nuisance for other tenants and/or management, or are conducting illegal activity on the property, the landlord feels they have no choice – they have an obligation to their other tenants. Many landlords that we talk to have tried other avenues to get help, particularly when they know or suspect that the tenant is mentally ill. They call police who can usually either do nothing or, at most, put a 72-hour mental health hold on the person, after which time they are released back into society, often without any meaningful help. Adult Protective Services usually won't or can't get involved. Family members are often not willing or able to help or simply don't exist. The landlord calls the Section 8 worker, who generally says, "just give them an eviction notice." Thus, the landlord is left with little choice but to go forward with the eviction. We think most landlords would agree that if there was an easy way to get help and resolve the behavior issues, there wouldn't be a need to evict. The Plan should encompass evictions based on behavior issues as well, with a goal being to resolve the issue before it reaches the "need to evict" stage.

7. Assistance for Shell-Shocked Veterans? (AB 1594)

AB 1542 (Parra), now before the Legislature, would encourage sentencing judges to place returned veterans of Vietnam, the Gulf War, Afghanistan and Iraq service who suffer from post-traumatic stress syndrome, referring them to particular evaluation and treatment centers.

8. Domestic Violence Courts

Our downtown San Diego courthouse presently features two departments specializing in domestic violence criminal matters, Departments 9 & 10. These departments are seeing some homeless persons charged with one or more of the several charges associated with domestic violence. When one such person is placed on DV probation, there is usually a "stay" ordered for at

least thirty days in order to "stabilize" the defendant -- so he/she can find a place to live, possibly a job, apply for benefits, etc. Here, a County Probation Officer assists. After stabilization, the DVRP treatment program kicks in, along with substance recovery and parenting classes. The Probation Officer has a list of community resources, including, for severe cases, sober living rehab placements, mental health treatment and SSI applications (with volunteer attorneys, if needed, via the County Bar Association's Volunteer Lawyer Program). A continuing difficulty is that the mental health HOT Teams will not serve this sub-population because one of their criteria is "no violent offenders."

9. Drug Courts

A recent study of the County's four drug courts concluded that 13% (1,068 persons) of 8,555 new adult participants admitted to the program were homeless. Of these, 868 participants (80%) obtained housing during the study period.

10. Civil Legal Needs and Issues

Many persons subject to becoming homeless and those actually homeless face a variety of intertwined complex civil legal issues that prevent them from securing employment, obtaining adequate housing and achieving financial stability. Lacking sufficient funds to hire private counsel to address many of these legal matters, these individuals very often fail to address and resolve civil legal matters. In 2004, the Legal Aid Society of San Diego, Inc. alone provided civil legal services to 547 clients who reported being homeless or living in homeless shelters.

The following non-exhaustive list details some commonly faced legal problems and issues. In parenthesis, is the approximate number of each case type that the Legal Aid Society of San Diego, Inc. (LASSD) provided services for homeless individuals in 2004. These numbers serve only as an example of the types of legal services needed by homeless San Diegans.

- Government Benefits – Applying for and obtaining SSI, SS-DI, Medi-Cal, County Medical Services, General Relief, Food Stamps, Cal-Works, Healthy Families and others. Most commonly legal service providers are contacted for assistance appealing a denial of eligibility or services by one of these programs. These programs appeal processes, while administrative, often require specialized legal services in order to establish eligibility or obtain needed medical services. *(350 cases or 64% of services provided to homeless by LASSD)*

- Consumer, Credit Assistance and Bankruptcy Law – Counseling, advice and representation services to resolve outstanding consumer debt and medical bills, including bankruptcy and debt restructuring, reinstate driver's licenses and expungement of criminal records. These legal services will assist the homeless and those at risk of homelessness to obtain secure employment, qualify for adequate housing and achieve financial stability. *(97 cases or 18% of services provided to homeless by LASSD)*

- Family Law – Counsel, advice and representation in the areas of dissolutions, child custody, and child support payments and arrears. Provision of advice and representation to obtain protective orders in both civil harassment and domestic violence situations, to create safe living situations. Further, these legal services will remove barriers to secure housing, employment and financial stability, see Consumer, above. *(30 cases or 6% of services provided to homeless by LASSD)*

- Housing Law – Adequate staff to advise, counsel and represent people who face homelessness and help them to retain current permanent housing. Advice, counsel and represent in eviction cases where there is a meritorious defense. Creation of a liaison between tenants facing eviction, and legitimate and specialized "apartment finders" familiar with the problems faced by the chronically homeless in searching for housing. This liaison would assist in transitioning at-risk tenants to improved housing opportunities. Representation and advocacy before legislative bodies on behalf of the target population. Authorization allowing civil legal service providers to advocate for passage of laws that will increase the supply of affordable housing. This necessitates a full or limited repeal of current laws that prevents Legal Services lawyers from legislative advocacy on behalf of the poor and homeless. *(70 cases or 13% of services provided to homeless by LASSD)*

Agencies, Mechanisms, and Systems to Meet Civil Legal Needs

The Plan should further research and identify agencies currently providing individuals subject to or already homeless with civil legal services, such as the Legal Aid Society of San Diego, Inc., the San Diego Volunteer Lawyer Program, the local law school legal clinic programs, and others. The Plan should further research and identify successful models of outreach used to successfully engage and maintain client-attorney relationships.

11. Addenda

(a) Duty to prevent criminal recidivism

I will here present the two lead paragraphs of §502 of the classic treatise on California Criminal Law, Witkin, California Criminal Law, 3rd edition, adding two further thoughts to those of the great Witkin:

(1) California Rule of Court §410 lists seven (7) General Objectives of Sentencing:

West's Annotated California Codes Currentness
California Rules of Court (Refs & Annos)

Rule 4.410. General objectives in sentencing
(1) Protecting society.
(2) Punishing the defendant.
(3) Encouraging the defendant to lead a law abiding life in the future and deterring him or her from future offenses.
(4) Deterring others from criminal conduct by demonstrating its consequences.
(5) Preventing the defendant from committing new crimes by isolating him or her for the period of incarceration.
(6) Securing restitution for the victims of crime.
(7) Achieving uniformity in sentencing.

(b) Duties of jails and mental institutions1 to provide mental health care, to create individualized, out-of-custody treatment plans and linkage to such care.

(c) Details as to the SIP Program

Problem
Law enforcement spends thousands of hours responding to drunk-in-public calls for a small population of repeat offenders costing local governments millions fiscally. Chronic inebriates drain emergency medical services (EMS) & emergency departments (ED's). Mentally ill and substance addict men & women are contacted daily with no effective intervention or aid into the underlying problem.

Need
A solution that ends currently ineffective "revolving door" practices.

In the spirit of innovation and in partnership the San Diego Police Department, Mental Health Systems, Inc., University of California at San Diego Medical Center, and Criminal Justice agencies, have developed SIP—the Serial Inebriate Program.

Innovation
1. The introduction of something new or contrary to established practices.
2. Something newly introduced.

At the Serial Inebriate Program we use new and creative treatment strategies to improve lives and instill hope. The Serial Inebriate Program is recognized nationally as a paradigm shift away from autonomy of service to a collaboration of agencies towards an agreed upon goal.

JUSTICE SYSTEMS COMMITTEE WORK PLAN

What is SIP?
The Serial Inebriate Program provides a unique and cost-effective solution to the unsuccessful "revolving door" practices currently used to deal with the often difficult and otherwise hopeless population of chronic alcoholics.

Goal
- To slow or stop the revolving door cycle of chronic alcoholics going in and out of Detoxification Centers, County Jail, and Emergency Rooms.
- To divert this population off the street and into County-funded treatment programs.
- To significantly reduce the uncompensated costs, time constraints, and manpower burdens to San Diego County's healthcare, law enforcement, and judicial infrastructure caused by homeless, chronic alcoholics.

How it Works
- SIP provides case management and treatment services to chronic homeless inebriates:
- Arrest the offender for drunk-in-public
- Mandate client to treatment in lieu of custody
- Provide intensive case management, continuum of care, & access to available services
- Transition clients into financial stability, permanent housing, & long-term recovery

Outcome*
- 58% reduction in individual arrests.
- 54% reduction in Emergency Medical Service contacts and Emergency Department visits.
- $16,960 a month decline in EMS/ED costs individuals who accepted.
- $55,684 a month decline in In-patient charges for individuals who accepted SIP and required care.
- 32% of those clients entering the Serial Inebriate Program are successful.

*(Ongoing research study by University of California at San Diego Medical Center & SDSU Institute For Public Health)

Information
Serial Inebriate Program offers consultation services. For information about the program contact:
Deni McLagan, C.A.T.S. (619) 523-8121
Sgt. Richard Schnell (858) 490-3855
Officer John Liening (619) 533-4537

The San Diego Serial Inebriate Program is a collaborative effort of:
County of San Diego • City of San Diego • Mental Health Systems, Inc. • San Diego Superior Court • San Diego Police Department • San Diego City Attorney • San Diego County Office of the Public Defender • The San Diego District Attorney • San Diego County Sheriff's Department • UCSD, Mercy, & Sharp Hospitals • St. Vincent de Paul • San Diego County Treatment Providers • San Diego County Health & Human Services Agency, Alcohol and Drug Services

(a) Issuance of Citations

The cost of an emergency shelter bed is $5 a night. The average transitional shelter bed with support services costs $40 a day. In contrast, the cost of incarceration in the city jail is an estimated $60 to $70 a night. If mental health services are required, the cost of incarceration exceeds $400 a day.

Most of the crimes attributed to the homeless are disorderly conduct offenses such as illegal lodging, blocking the sidewalk, jaywalking, drinking in public and urinating in public, misappropriation of a shopping cart, riding the trolley without paying.

In 1989, it was not unusual for a person who was homeless to carry a pocket full of 20 or more citations. There were more than a handful of people on the streets with 50 to 100 warrants for "disturbing the peace." The police issued citations as an invitation to get out of town, a clear signal the homeless were not wanted in San Diego. In practice, the police and the homeless were engaged in a game of cat and mouse. The police would conduct a sweep of the streets in

downtown San Diego, issue citations, and force the homeless into Balboa Park. In an effort to clear out the park, the "crown jewel" of the city, police issued a new round of citations. This action forced the homeless into the canyons until neighbors complained. Another round robin of citations and movement ensued.

In 1991, the San Diego Police Department reported 8,754 citations and arrest for illegal lodging. Illegal lodging is exclusively a homeless-related offense. When police issue a criminal citation for illegal lodging, police give the homeless person a 4-by-7 inch piece of pink paper, demanding a total bail payment of $135 or threat of a maximum penalty of six months incarceration and a $500 fine. The police issued 727 illegal lodging citations in 1999. Most of the homeless who appear in court for these, do so by way of jail. The court generally sentences those who appear in court out of custody to fines or public work service with the vain expectation that this will resolve their homelessness.

Thousands of homeless persons with these tickets never make it to court at all. The court issues warrants when they do not appear. The cost of this process could of course be avoided with the above-articulated steps to resolve local chronic homelessness.

Participants:

The Honorable Robert C. Coates, Judge (Advisor), San Diego Superior Court, County of San Diego
The Honorable Timothy Tower, Judge, San Diego Superior Court, County of San Diego
The Honorable Susan Sinlay, Judge, San Diego Superior Court, County of San Diego
Victor Barr, Deputy City Attorney
Kathleen Belville, Landlord's Attorney (President, SD Apartment Owners Association)
Benny Benavides, District Administrator, CDC parole, San Diego County
Sandra Berry, Superior Court Commissioner
Larry Beyersdorf, Chief, North County Division, Office of Public Defender
Steve Binder, Deputy Public Defender
Hannah Cohen, Consultant, PTECH Leadership Council
Richard Conklin, Director, Inmate Services Division, San Diego County Sheriff's Department
Lynn Dover, Landlord's Attorney, Kimbell Tirey & St. John
Piedad Garcia, Ph.D., Dir., Systems of Care, County Mental Health Department
Michael Herrin, Deputy City Attorney
Vincent Iaria, Probation Officer (Chief), San Diego County
Joseph Kownacki, Chief Attorney, Misdemeanor Division Downtown, Office of the Public Defender
Karna Lau, Probation Officer (REACH Program)
John Liening, San Diego Police Officer (SIP)
Rupert Linley, Chief Prosecutor, San Diego City Attorney's Office
Ed Obayashi, Deputy Public Defender, Former SDPD
James Pauley, Director, Volunteers in Parole, San Diego County
Al Pavich, Executive Director, Vietnam Veterans of San Diego, Inc.
Angie Reddish-Day, City Attorney's Office, SDC
Ann Sasaki, Ph.D. Jail Psychologist
Richard Schnell, Sergeant, San Diego Police Department (SIP)
Richard Steiner, Legal Aid Society
Ken Worthington , County of San Diego Probation Department

1

(1) An ancient maxim of equity learned by law students and coming from the pen of Lord Coke (in, Laugher's Case) a contemporary of Shakespeare's: "A Court must never engage in a vain (ineffective) act."

(2) [§ 502] Nature and Purpose.

"An integral and important part of the penological plan of California is the discretionary retention in the trial court of jurisdiction over the defendant and the cause of action against him in a large area of crimes by virtue of the probation procedures." (People v. Banks (1959) 53 C.2d 370, 383, 1 C.R. 669, 348 P.2d 102; In re Peeler (1968) 266 C.A.2d 483, 488, 72 C.R. 254, quoting the text; see People v. Welch (1993) 5 C.4th 228, 233, 19 C.R.2d 520, 851 P.2d 802, infra, §564 [bases of eligibility for probation]; People v. Williams (1991) 226 C.A.3d 1314, 1316, 1318, 227 C.R. 307 [nothing in determinate sentencing scheme prohibits person from being on probation and parole at same time]; 13 Stanf. L. Rev. 341; 50 Cal. L. Rev. 651; 21 Am.Jur.2d (1998 ed.), Criminal

Law §895 et seq.; C.E.B., Cal. Crim. Law 4th, Chap. 44; C.J.E.R., California Judges Benchbook: Criminal Posttrial Proceedings, §2.29 et seq.; on probation under<<* p.684>> Juvenile Court Law, see 10 Summary (9th), Parent and Child, §802 et seq.) This conditional release of the convicted defendant is the subject of a series of complicated and frequently amended statutes, commencing with P.C. 1203, the main section.

The purpose of probation is rehabilitation. (People v. Hackler (1993) 13 C.A.4th 1049, 1058, 16 C.R.2d 681, infra, §572, citing the text.) This basic purpose is stated in general language in P.C. 1203(b)(3): "If the court determines that there are circumstances in mitigation of the punishment prescribed by law or that the ends of justice would be served by granting probation to the person, it may place the person on probation." The courts have repeatedly pointed out that probation is not a right of the defendant but an act of "grace and clemency" by the court, extended in the hope that the defendant may be rehabilitated. (See People v. Johnson (1955) 134 C.A.2d 140, 143, 285 P.2d 74 ["The purpose and hope are, of course, that through this act of clemency, the probationer may become reinstated as a law-abiding member of society"]; People v. Cortez (1962) 199 C.A.2d 839, 844, 19 C.R. 50 ["Probation is granted to the end that a defendant may rehabilitate himself, make a responsible citizen out of himself and be obedient to the law"].)

[Need for research] State and County mental health hospitals do have statutory duty to operate under statutory duties to create reentry plans and to see that they function. See Welfare Institute codes sections (insert).

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
FEDERAL:				
Bureau of Primary Health Care (BPHC)	DHHS --- Health Resources and Services Administration (HRSA) ---BPHC	Significant categorical funding for Community Health Centers (CHC) known as 330's.	4 - 5	BPHC has several types of funding opportunities: New Access Points (NAP), Expanded Medical Capacity (EMC) and Service Expansion (for mental health, substance abuse and dental). Also has targeted funding opportunities for migrants, public housing residents, school children and HOMELESS. The targeted funds for homeless are called Health Care for the Homeless (HCH) Projects. Funded projects must include primary care, dental services, mental health and substance abuse, case management, transportation and advocacy. Family Health Centers of San Diego is the lead agency for the San Diego County HCH Project; subcontractors include: Alpha Project; Crisis House; Rachel's Women's Center; Stepping Stone, St. Vincent de Paul Village; Neighborhood Health- care; North County Health Services; Vista Community Clinic and FHCSD. There have been special BPHC funding initiatives in the past for respite projects and for chronic homeless (funded conjointly with HUD and SAMSHA).
FEMA		1. Shelter & supp svcs for homeless youth, homeless families, hotel vouchered homeless families, domestic violence victims with children.	4	Catholic Charities administers
Housing & Urban Development (HUD)	Housing & Urban Development	1. Shelter & supp svcs for homeless families, homeless families wit DV and Mental health issues, homeless former foster youth, and homeless youth	4	40% of chronically homeless are former foster youth
Local Law Enforcement Block Grant (LLBG)	Federal Funds via Selected Local Cities	Funds Drug Court misdemeanants or felons on deferred entry of judgment.	1-2	Non-categorical federal funds that go to cities in the county with a required % allotted to a county initiative (Adult Drug Court) No targeted link to chronic homelessness
Medicaid	DHHS ---- CMS	Input/output health	2	Can be used if client is eligible; states

***Key:** **1-Minimal**
5-Maximum

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
(Medical in California)		services (medical, dental and mental health) for low-income		have different eligibility standards and offer different benefits; no targeted link to chronic homelessness.
Medicaid	Dept. Health & Human Services (DHHS), State Department of Alcohol and Drug Programs (DADP)	Provides drug medi-cal funding for non-residential alcohol and drug (AOD) treatment for men and women who are eligible.	1-2	Governed by Title XXII. Excludes minor consent medi-cal. Can be used if client is eligible. No targeted link to chronic homelessness.
Medicaid	DHHS, State DADP	Provides residential drug medi-cal treatment services for women and children.	1-2	Governed by Title XXII. Excludes minor consent. Can be used if client is eligible. No targeted link to chronic homelessness.
Medicaid	DHHS, State DADP	Provides non-residential AOD treatment for adolescents.	1-2	Governed by Title XXII. Excludes minor consent. No targeted link to chronic homelessness.
Medicare	Dept Health & Human Services (DHHS) ---- Center for Medicare/Medical Services (CMS)	Input/output health services (medical and mental health) for elderly and disabled	2	Can be used if client is eligible; no targeted link to chronic homelessness
Public Health Service- Ryan White AIDS Care Act	State Office of AIDS Coordination to County HHSA OAC	Provides residential treatment services for people who are HIV positive.	2	No targeted link to chronic homelessness
Safe and Drug Free Schools and Communities	State DADP	Provides funding for the prevention system.	1	See notes above for Prevention Set-Aside.
Social Security	DHHS--- CMS	Income maintenance for elderly and disabled	3	Can be used if client is eligible; includes monthly income for those retired and based on contributions to the system (SSA) and for those who are disabled (SSI) or dependents of deceased or disabled; chronic homeless may be more likely to be eligible for SI.
Substance Abuse & Mental Health Services Admin (SAMHSA)	SAMHSA-	Street outreach to homeless youth	4	SDYCS-administers funds
SAMHSA	DHHS ---- SAMHSA Projects for Assistance in Transition from Homelessness (PATH)	Special grant funds for homeless with serious mental illness.	4 – 5	Fairly small program.
SAMHSA	DHHS- SAMHSA	Special grant funds for homeless with co-occurring mental health and substance abuse	4-5	Grants received by Mental Health Systems, Inc. and North County Serenity House

***Key:** **1-Minimal**
5-Maximum

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
		issues		
Substance Abuse Prevention and Treatment Block Grant (SAPTBG)	State DADP	HIV Set Aside Funding provides HIV testing and counseling services to adults and adolescents primarily receiving AOD treatment in county funded programs.	2	Services include pre and post testing counseling. And referrals to community resources for those who are HIV positive. No targeted link to chronic homelessness.
SAPTBG	State DADP	Proposition 36 Drug Testing	2	Provides funding to offset the costs of drug testing for clients enrolled in treatment under Prop.36, since the Prop. 36 initiative specifically forbids any of the targeted funds to be used for drug testing purposes. No targeted link to chronic homelessness.
SAPTBG	State DADP	Perinatal Set-Aside	2	Case management, residential and non-residential treatment services for pregnant and parenting women. No targeted link to chronic homelessness.
SAPTBG	State DADP	Provide AOD detox, residential and non-residential treatment services for adults and adolescents living in San Diego County who are not recipients of public assistance and are not in the criminal justice system.	1-2	Non-categorical funds. No targeted link to chronic homelessness.
SAPTBG	State DADP	Prevention Set-Aside. Provides funding for the prevention system.	1	20% set aside must be spent on prevention services. Includes collaboratives located in county regions, as well as County- wide initiatives such as Underage Drinking initiative and the Meth Strike Force. No targeted link to chronic homelessness.
TANF	Federal dollars passed thru States (CalWORKs in California)	Designed to transition people from welfare to work. Provides temporary cash assistance to eligible families with minor children, to move families with children from dependency to self-sufficiency through employment.	3	Homelessness is not eligibility criteria. Homeless families with children can receive CalWORKs if they meet program eligibility requirements.
TANF	State DADP Cal WORKS	Funding for AOD treatment services for Cal WORKS eligible individuals.	1-2	Services consist of residential and non-residential services for eligible clients. No targeted link to chronic homelessness.

***Key: 1-Minimal**
5-Maximum

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
TANF	State DADP Cal WORKS	Funding is used to offset the costs of a contract to provide case management services to Cal WORKS recipients.	1-2	Services consist of identifying those recipients who would benefit from AOD treatment and referring them to appropriate services. No targeted link to chronic homelessness.
US Department of Health & Human Services	Admin for Children & Families, Family & Youth Services Bureau	1. Shelter & supp svcs for homeless youth under 18, and for homeless former foster youth 18-21	4	US Department of Health & Human Services
STATE:				
AB 2034 (Homeless Mentally Ill)	State dollars	Funded county demonstration projects for seriously mentally ill.	4-5	
CA Department of Corrections	State Department of Alcohol and Drug Programs (DADP)/Parole Service Network (PSN)	Parolee Partnership	1-2	Funds case management, detoxification, residential and non-residential treatment services for parolees referred by CA Department of Parole. Services are available for 6 months, and are sub-contracted out by the case management provider. No targeted link to chronic homelessness.
Child Welfare Title XX	State to HHSA SARMS	Helps fund case management, residential, and non-residential treatment services for parents involved in the Dependency Court system and who are at-risk of losing custody of their children due to substance abuse	2	Services are coordinated with Children's Services and the Dependency Court. No targeted link to chronic homelessness
Comprehensive Drug Court Implementation (CDCI)	Categorical State Grant	See above description for DCP		See above description for DCP
Comprehensive Drug Court Implementation (CDCI)	Categorical State Grant	See above description for DCP	1-2	See above description for DCP
Department of Health & Human Services	MCH-Battered Women Shelter Program	Shelter/ Support for homeless domestic violence victims with children	4	
Department of	CA DHCD Federal	Shelter & supp svcs for	4	

***Key:** **1-Minimal**
5-Maximum

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
Housing & Community Development	Emergency Shelter Grant (FESG) CA DHCD Emergency Housing Assistance Program (EHAP) through Designated Local Board	homeless youth under 18, homeless families w/kids (most of them DV victims)		
Drug Court Partnership (DCP)	Categorical State Grant	Provides funding only for Drug Court participants who are convicted felons on formal probation, with indicated prison sentences.		Funds require a match that is met through the per month cost of Probation Department supervision of felons on formal probation in a banked caseload.
Drug Court Partnership (DCP)	Categorical State Grant	Provides funding only for Drug Court participants who are convicted felons on formal probation, with indicated prison sentences.	1-2	Funds require a match that is met through the per month cost of Probation Department supervision of felons on formal probation in a banked caseload. No targeted link to chronic homelessness.
Expanded Access to Primary Care (EAPC)	State dollars from tobacco settlement	Dollars awarded to CHCs to be used as primary care acute visit reimbursement for indigent patients seen at approved clinics.	2	Can be used if client meets eligibility requirements.
Governor's Office of Emergency Services (OES)	OES, Criminal Justice Programs	Shelter & supp svcs for homeless DV victims with children	4	
Juvenile Crime Prevention Act	Probation Department	Services for adolescents enrolled in the adolescent Drug Court program.	1-2	Case management and treatment services. Youth enrolled in the program are referred by Probation and have previous treatment failures. No targeted link to chronic homelessness.
Juvenile Crime Prevention Act	Probation Department	Specialized criminal justice adolescent intervention, case management, and treatment programs	1-2	Case management and early intervention programs for youth on Probation. Services include counseling at probation facilities, and early intervention services for families of youth who are at risk of future delinquent behavior. No targeted link to chronic homelessness.
Medi-cal				Can be used if client is eligible; states have different eligibility standards and offer different benefits; no targeted link to chronic homelessness.
Prop 63 (Mental Health)	New state dollars from recently approved Proposition 63 that taxes annual incomes	.	4	After extensive stake- Holder input, County plans will be approved and County Mental Health Departments. Will depend on County

***Key: 1-Minimal**
5-Maximum

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
	over $1 million.			Plans and if homeless are included as targeted areas
Prop 36 (Addiction)	State dollars			
State General Funds (SGF)	State DADP	Recovery Services	1-2	Funds services for individuals working to maintain clean and drug free life styles. Services include recreational activities, drug free events, minimal staffing to maintain facilities for drop- in and self-help meetings. No targeted link to chronic homelessness.
State Medi-Cal funds	State DADP	Minor Consent Medi-Cal	1-2	Provides funding for non-residential AOD treatment for adolescents. Eligibility must be authorized monthly. No targeted link to chronic homelessness.
Statham Trust Funds AB 2086	AB 2086. (Vehicle Code 1463.16)	Provides funding, collected from DUI convictions, for alcoholism programs	1-2	No prevention allocation. Legislative intent was for funds to be used "to upgrade facilities to meet state certification and licensure standards and federal non-discrimination regulations relating to accessibility for handicapped persons."
Substance Abuse &Crime Prevention Act of 2000 (SACPA)	Proposition 36 Ballot Initiative State to ADS and Probation	Provides up to 1 year of drug treatment and 6 months of aftercare services; in lieu of incarceration for individuals with eligible misdemeanor/felony drug charges.	1	
Substance Abuse Treatment and Testing Accountability Program (Refer back to Federal)	SB 223: State appropriation of SAPT funds	Provides drug testing for SACPA clients in treatment	1	Services are coordinated with Probation and contracted treatment providers. No targeted link to chronic homelessness.
Superior Court Generated Trust	State SB 920	Provides funding for primary alcohol problem prevention.		Vehicle Code 1463.25 No allocation for treatment or recovery services. No targeted link to chronic homelessness
Superior Court Generated Trust Funds	State SB 921	Provides funding for primary prevention services.	1-2	Drug program fee. Only 33% needs to be directly allocated to primary prevention services.No targeted link to chronic homelessness.
HUD	HOPWA-La Posada	Housing & supportive	4	

***Key: 1-Minimal**
5-Maximum

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
		svcs for families in which there is one member with HIV/AIDS		
HUD	Victorian Heights	Housing & supportive svcs for families recovering from DV, MH & SA issues, reuniting with children	4	
HUD	Casas de Transicion, FOCUS	Housing & supportive svcs for families, most DV victims	4	FOCUS administered by VOA
HUD	Trolley Trestle TLP	Housing & supportive svcs for homeless former foster youth	4	
LOCAL:				
County:				
County General Funds (CGF)	HHSA Alcohol and Drug Services (ADS)	Alcohol and drug detoxification, residential and non-residential treatment services for adults and adolescents living in San Diego County who are not recipients of public assistance and are not in the criminal justice system.		Non-categorical County funds. No targeted link to chronic homelessness.
CGF	ADS	General Relief Alcohol and Drug Services (GRADS) program		Provides non-residential treatment services for individuals who are General Relief recipients. No targeted link to chronic homelessness.
First 5 (0-5 Years)	Tobacco tax dollars---from state to counties	Based on County needs, dollars available via RFP's for comprehensive services for children ages 0-5 (child development, medical, dental, mental health, literacy, etc.)	2	Can be used if chronic homeless family have children in eligible age range and meet other eligibility requirements for services.
General Relief	General Purpose dollars	Provides temporary cash assistance for individuals who have no other means of supports. Any aid must be repaid to the county. Completed hours of required job training may count toward	3	Homelessness is not eligibility criteria. Homeless individuals can receive General Relief if they meet program eligibility requirements.

***Key:** **1-Minimal**
5-Maximum

MAINSTREAM RESOURCES COMMITTEE WORK PLAN

Mainstream Resource	Source	Purpose	Homeless Linkage Score*	Notes
		repayment.		
Probation Inmate Welfare Funds	Probation	Provides consultation and technical assistance to the Probation Department to provide a therapeutic treatment community for youth at Probation's Juvenile Ranch.		No targeted link to chronic homelessness.
San Diego Housing Commission	Mental Health Systems, Inc.	Provides funds for sober living for individuals in the Serial Inebriate Program.		Collaborative effort of County and San Diego Housing Commission with Mental Health System, Inc. as the contractor
Tobacco Settlement Funds	ADS	Provide Non-Residential treatment services combined with case management for serial inebriates in the downtown area of San Diego.		No targeted link to chronic homelessness.
City				
Community Development Block Grant (CDBG)—Bricks & mortar; services	Federal discretionary dollars that go to local government for distribution	Based on city's yearly community priorities		
City/County/Private Partnerships				
Cold Weather Shelters…County's Cold Weather Shelter Voucher program	Program is funded by county and cities. County's portion is CDBG dollars	Provides hotel/motel vouchers to families/individuals during the winter months of December thru March	5	Participants must demonstrate that they have a realistic plan to obtain housing
SDPD Hot Team	County provides two eligibility technicians to the team funded by CalWORKs dollars	To determine if clients are eligible for public assistance		Team provides short term case management

*Key: 1-Minimal
5-Maximum

OUTREACH/INTERVENTION/ENGAGEMENT COMMITTEE WORK PLAN

Goals	Objectives	Action Steps	Outcomes
OUTREACH Field Intervention by behavior health specialists	1. To provide field outreach and intervention 2. To begin intervention process w/consumers by 10, 2-member teams of qualified behavior health specialists to: ▪ Evaluate consumer ▪ Administer mental health assessment and provide 5150 designations ▪ Establish relationships w/consumers that result in prioritizing housing placements based on greatest need. ▪ Establish ongoing contact w/ chronic homeless by name and location	1. Hire 10 teams of behavior specialists with masters level qualifications and background in co-occurring disorders, mental health and addictions to do field assessments, outreach and referrals to appropriate services (healthcare, social service and housing). ▪ Co-locate behavior specialist teams in 7 regional [mental health] offices to provide multi-disciplinary (medical/ mental healthcare, addiction / recovery, legal and social service) referrals. ▪ Prioritize consumer by need to establish a triage system for housing placements ▪ Develop strategies for improving participation ▪ Link consumer to least demanding service access to facilitate move off the street ▪ Establish payee network to serve consumers needing financial direction ▪ Each field team will maintain a 1:15 unduplicated consumer ratio w/almost daily contact until consumer is housed. ▪ 10 teams of 2 will contact 1,030 unduplicated chronically homeless consumers per year. ▪ 560 consumers will be placed in appropriate (non-shelter) housing w/ supportive services. 2. Hire 10 follow-up teams for housed consumers with qualifications of dual recovery specialists, addiction certifications or BA in Social Service or Behavior Health, etc. ▪ Provide intensive (3x per wk) follow-up to ensure housing stabilization ▪ Increase self-sufficiency by developing life skills, planning to enable consumer to retain housing, improve income and establish independent living. ▪ Develop peer/consumer intervention pool to provide and expand support network. ▪ 2 shifts per day (day and swing). ▪ 7 days a week. 3. Establish centralized web-based consumer tracking intervention w/hand-held field capacity in conjunction with RTFH and SDSU Inst. of Public Health and other large homeless, healthcare, legal or other data centers to collect data. (See Data Component of Plan) 4. Locate consumers on GIS mapping system.	1. Accomplish regular street counts to establish reliable count of chronically homeless still living on streets. 2. House 560 chronically homeless consumers per year. 3. Facilitate housing retention for 450 consumers after one year. 4. Integrate field intervention data into regional tracking system.

OUTREACH/INTERVENTION/ENGAGEMENT COMMITTEE WORK PLAN

Goals	Objectives	Action Steps	Outcomes
Establish 3 Regional Intervention Centers	▪ Increase the number of locations, service hours and standards of service delivery for region ▪ Establish triage locations throughout the region as programmatic entry points specifically for law enforcement officers to bring homeless for emergency assistance.	1. Establish collaborative w/ existing service providers to provide 24/7 intervention centers. 2. Participate in centralized web-based tracking system. 3. Provide harm-reduction model activities/space and storage. 4. Welcome/care for the consumer requests and prioritize consumer by need Establish 24/7 4 triage centers to provide pre-placement services, housing placements, evaluation/assessments and counseling services 5. Link consumer to field health specialist to facilitate move off the street	1. Provide services to 50 consumers per day 2. Engage 20 in intervention contacts 3. Provide basic humanitarian services to 600 unduplicated consumers per year
INTERVENTION Housing on Demand	▪ Take 560 chronically homeless consumers per year from the street and place in appropriate housing.	1. Provide placements based on behavior specialist assessments to most needy, lowest functioning consumers using systems inventory developed by Services and Mainstream Components of Plan and use of 2-1-1 system to provide housing delivery system. 2. Locate landlords, board and cares, group homes, etc willing to take consumers on short notice (Services/ Mainstream Components of Plan) 3. Place consumer as quickly as possible. (See Creative Housing Solutions Component of Plan)	1. Establish 1500 on-demand alternatives @ $50 per diem by within 18 months
Street clinics	To provide medication management	1. Identify clinics throughout the region to provide distribution of medications to ensure mental and medical healthcare stabilization.	
ENGAGEMENT	▪ Reduce the number of chronic alcoholics on the street	1. Expand number of HOT teams w/in region. 2. Provide back-up to other officers and field intervention teams	▪ Increase number of graduates to 150 ▪ Assist in locating 100 appropriate housing placements. ▪ Add 3 new teams throughout the region ▪

SERVICE/PROGRAM ANALYSIS COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
Decrease the number of chronically homeless[i] individuals sleeping on the streets of San Diego County	San Diego County will eliminate the number of chronically homeless living on the streets from approximately 2000 to 0 individuals, as measured by the San Diego County Regional Task Force on the Homeless' annual report based upon statistics from countywide social service agencies	The Leadership Council in cooperation with the PTECH subcommittees will develop a general strategy and annual action plan to reduce the number of persons living in chronic homelessness	Annual reduction in the number of visibly homeless individuals improves the quality of life in the public spaces and assists any and all persons to achieve housing stability
Develop awareness of the full spectrum of resources available for chronically homeless persons	Compile an electronic inventory list of traditional and non-traditional homeless services dedicated to homeless individuals and provided by public, non-profit, faith-based, and private organizations	1. Verify services of traditional providers 2. Research and compile inventory of non-traditional services such as faith-based outreach 3. Create electronic portfolio	Distribute electronic portfolio of providers and non-traditional services to each of these entities, including any referring entities (i.e. law enforcement, educators, etc.)
San Diego County citizens will be capable of referring any chronically homeless individual in need of services to one of 7 regional centers	San Diego County will establish 7 regional[ii] centers to provide a referral network that promotes a wider selection of [iii]housing placement opportunities	1. Work with appropriate groups (i.e. providers, law enforcement, cities, clients etc.) in the 7 sub-regions to find the ideal location for each regional center that is close to housing opportunities and transportation 2. Create a marketing plan to raise public awareness and referral methods to the 7 regional centers	San Diego County citizens will refer annually any and all chronically homeless individuals with whom they come into contact
Identify and contact chronically homeless individuals throughout San Diego County	Each of the 7 sub-regions will actively engage in outreach to chronically homeless individuals	Identify creative outreach opportunities that match the chronic homeless lifestyle and provide opportunities for one-on –one relationships/ engagement	Quality of life in the community will improve for homeless persons Opportunities to "exit" homelessness are improved through relationship building
Ensure appropriate housing options for all chronically homeless individuals 24 hours a day, 7 days a week	Identify, create and maintain a list of countywide housing placement opportunities including entry criteria	Identify additional housing opportunities in each of the seven sub-regions for chronically homeless individuals (i.e. surplus county land and buildings, unused or low-used hotels and motels, etc.)	Case managers at the 7 regional centers will identify and place any and all chronically homeless individuals annually in housing Access to housing and services will be a available when the individual is ready Visible reduction of homelessness

SERVICE/PROGRAM ANALYSIS COMMITTEE WORK PLAN

GOALS	OBJECTIVES	ACTION STEPS	OUTCOMES
Ensure appropriate support services 24 hours a day, 7 days a week, through stream-lined system of access to a wide range of care options	Develop a coordinated, regional system for access to support services Expand the array of support services to insure access to basic needs, specialty needs, stabilization needs, and support/follow-up needs services	Identify, create and maintain a list of providers for basic needs, specialty needs, stabilization needs, and support/follow-up needs services[iv] Seven regional centers will provide immediate access on site to chronically homeless individuals such services as basic needs, specialty needs, stabilization needs, and support/follow-up needs until they are able to transition into the community	Immediate access to a full range services Seven regional access centers will refer any and all chronically homeless individuals annually to county providers for needs services Services are immediately available in 7 sub-regions when individual is ready
Increase Self-Determination and Fiscal Responsibility for Homeless Individuals	Develop a system that provides formerly chronic homeless individuals access to income through maintenance programs, mainstream resources, or employment	Collaborate with local employers, organized labor, San Diego Workforce Partnership, training programs, entrepreneurial avenues, substitute payees, conservator, banking institutions, and all appropriate government agencies to identify income sources	Former chronically homeless individuals will be financially self-sufficient
Annually evaluate outcomes and effectiveness of various service components and housing options	Create a system of ongoing evaluation and monitoring of services	Develop client services satisfaction survey Create a local research study to assess service options	Data-driven system of services for chronically homeless individuals

PRINCIPLES IN THE SUPPORT SERVICES STRATEGY

- The system must provide immediate access to housing and services.
- The system must be flexible enough to provide customized responses for the unique circumstances that arise in serving chronic individuals.
- The system must offer consistency in case management. (Foster a relationship over time).
- Services should be accessible throughout the region (distributed geographically).
- Services should address the immediate needs of chronically homeless individuals (24 / 7 access)
- Services should be designed to prevent chronic homelessness though early intervention with individuals in high-risk populations likely to become chronic.
- Public systems (such as judicial system, health care) are an integral component of the service design
- The spectrum of available services must be comprehensive.
- Creative outreach efforts should engage homeless individuals in activities that foster opportunities for building relationships.
- Consumers should be able to self-determine participation in a menu of services.
- Intensive treatment services must be dedicated for homeless individuals in order to insure ready access.

SERVICE/PROGRAM ANALYSIS COMMITTEE WORKPLAN

NOTE: The MATRIX should address each PHASE of the PROCESS of LEAVING the street

1. Contact
2.'On the spot' assessment
3. Emergency response
4. Offer service
5 Transport to care / housing
6. Screening Identity
7. Basic needs
8. Shelter / housing
8a. Intensive or crisis treatment services
9. 'Full' assessment
10. Economic resource / income / support
11. Ongoing support services include: basic needs, specialty needs, stabilization needs, and support/follow-up needs

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[i] 1. Single Adult with a disabling condition.

2. Disabling condition (either singly or co-occurring):
   a) Diagnosable substance use disorder
   b) Serious mental illness
   c) Developmental disability
   d) Chronic physical illness or disability

3. Sleeping in a place not meant for human habitation (e.g., living on the streets, canyons, cars) and/or in an emergency homeless shelter continuously for at least a year OR at least four (4) episodes of homelessness in the past three (3) years.

[ii] Regional areas include: North Coastal, North Inland, Central, South County, North Central, East County, and Southeast

[iii] Housing placement opportunities include:

- Crisis Beds
- Seasonal, Emergency, and Transitional Shelters
- Voucher Hotels
- Safe-Havens
- Shelter Plus Care
- Board & Care
- Group Homes/Shared Living
- Sober Living
- SRO's
- Compact Living Units
- Permanent Supportive Housing
- Harm Reduction
- Residential Treatment
- Rental Housing
- Interim Respite Care

[iv] **ONGOING SUPPORT SERVICES:**

Basic Needs are: meals, housing, physical health, clothing, hygiene, laundry, transportation, mail, phone, message, storage, and identification
Specialty Needs are: mental health, addiction recovery, PTSD, and physical disabilities
Stabilization Needs are: assessment, case management, advocacy, employment or income, education, life skills, economic issues, and legal
Support/Follow-up Needs are: case management, relapse prevention strategies