

HUMBOLDT COUNTY TEN YEAR PLAN TO END HOMELESSNESS: PHASE 2

**STRATEGIES AND ACTION STEPS
DEVELOPED BY HUMBOLDT HOUSING
AND HOMELESS COALITION**

JULY 2011

DEPARTMENT OF HEALTH & HUMAN SERVICES



HUMBOLDT COUNTY TEN YEAR PLAN TO END HOMELESSNESS: PHASE 2

ABSTRACT

Phase 2 of Humboldt County's Plan consolidates the work of four subcommittees of the Humboldt Housing and Homeless Coalition (HHHC) to develop suggested strategies of Phase 1 into Objectives and Action Steps to be accomplished by the community. The subcommittees focused on 4 topical areas:

1. Employment, Benefits, and Services
2. Housing
3. Policy, Advocacy, Leadership, and Safety
4. Emergency and Transitional Shelter

In the latter half of 2010, the United States Interagency Council on Homelessness (USICH) released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Phase 2 incorporates the themes and objectives of the federal plan and presents the work of the HHHC subcommittees in accordance with the federal plan.

INTRODUCTION

Homelessness continues to be a significant human problem in Humboldt County. The results of the county's 2009 Point in Time count (Appendix A: *Humboldt County 2009 Report on People Without Homes*) demonstrated that at least 1,913 adults and children were homeless on the night of January 27, 2009. The majority of homeless adults, about 68%, were single people with no children. 515 adults (34.4%) camped or slept in their car; 982 stayed in motels, mission, and "doubled up" with friends or family or were in other situations that night. The 416 homeless children were in 206 counted families. When parents identified where children slept (406 children), 86 camped or slept in a car, 90 were in a motel, 108 were "doubled up" with other family or friends and the remainder were housed in a shelter, mission, transitional or clean and sober house, or other type of shelter.

A Point in Time Count was completed by member agencies of the HHHC and community volunteers at the end of January 2011. This report is being issued concurrently with Phase 2 and is attached as Appendix B. The 2011 PIT Count found 1,626 individuals homeless on the night of January 25, 2011. Again, the majority were adults – 1,064 or 70% - leaving 451 below the age of 18. (Difference from totals due to age or date of birth not reported.) 179 of the children were age five or younger; 272 children were between the ages of 6 and 17. The 451 counted children were largely part of 320 homeless families; 39 were considered "unaccompanied youth".

As recommended in Phase 1, target populations were expanded beyond the then-current HUD definition to focus on Humboldt County residents who are homeless or at risk of homelessness, including:

- Chronically homeless adults and older adults with severe mental illness and/or with co-occurring substance abuse disorders
- Foster youth aging out of Humboldt County's Foster Care System
- Humboldt County transitional age youth with serious emotional disorders
- Families.

The Federal Strategic Plan includes these populations and HUD now proposes expansion of its definition of "homeless" to include families, unaccompanied youth and individuals and families at immediate risk of losing nighttime shelter as part of HEARTH changes to the McKinney-Vento Act.

Phase 1 also identified Core Strategies that be could be used as part of Phase 2 to approach development and implementation of services and supports to prevent and reduce homelessness in Humboldt County:

1. Develop and maintain accurate and ongoing data on homelessness or at risk of homelessness populations in Humboldt County including:
 - Point In Time Counts
 - General Assistance data
 - Welfare to Work data
 - Food Stamps (now CalFresh) data
 - Children's Health Initiative (CHI) data
 - Mental Health Services Act (MHSA) Programs, Services and Supports data
 - Homeless Management Information System (HMIS) data
 - Other data as indicated or identified by stakeholders in Phase 2.
2. Develop and maintain information on existing programs, services and resources in Humboldt County.
3. Develop and maintain an evolving menu of existing and potential funding resources for housing, sheltering and provision of homeless related services including:
 - Federal funding
 - State funding
 - County funding
 - Other funding (donations, soft match, etc. identified by stakeholders in Phase 2).

FEDERAL STRATEGIC PLAN

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness presents the first comprehensive federal plan to address the issues of homelessness across all levels of government and across agencies of federal government that deal with different

facets of the solution for homelessness. These agencies came together as the United States Interagency Council on Homelessness (USICH) and called for an alignment of federal resources toward four key goals:

1. Finish the job of ending chronic homelessness in five years
2. Prevent and end homelessness among Veterans in five years
3. Prevent and end homelessness for families, youth and children in ten years
4. Set a path to ending all types of homelessness.

Opening Doors, including an Executive Summary, process of plan development and extensive list of references and an annual Report Card can be viewed at www.usich.gov. The strategy represents the federal plan for retooling agencies and shifting direction of funds and resources in the coming decade. As described in its summary of development, the USICH relied upon data collected by Continuums of Care (CoC) and on Ten Year Plans developed by these groups, including the Humboldt Housing and Homeless Coalition (HHHC). The basic outline of the federal strategy is taken from *Opening Doors* and presented below.

VISION

*No one should experience homelessness –
no one should be without a safe, stable place to call home.*

GOALS

- **Finish the job of ending chronic homelessness in 5 years**
- **Prevent and end homelessness among Veterans in 5 years**
- **Prevent and end homelessness for families, youth, and children in 10 years**
- **See a path to ending all types of homelessness**

THEMES

INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

- Objective 1:** Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness.
- Objective 2:** Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.

INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

- Objective 3:** Provide affordable housing to people experiencing or most at risk of homelessness.
- Objective 4:** Provide permanent supportive housing to prevent and end chronic homelessness.

INCREASE ECONOMIC SECURITY

Objective 5: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.

Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.

IMPROVE HEALTH AND STABILITY

Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.

Objective 8: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.

Objective 9: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice.

RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

HUMBOLDT COUNTY

After approval and publication of *Humboldt County Ten Year Plan to End Homelessness: Phase 1* in 2009, the HHHC set up four subcommittees to set goals, strategies and action steps to solve homelessness in Humboldt County. The work of the subcommittees follows the themes and objectives outlined in the federal plan.

Other community groups and individuals worked on similar projects to solve homelessness and presented their efforts to the HHHC. The Eureka Chamber of Commerce Subgroup on Homelessness was noteworthy in its effort to provide input from and connection to business leaders for the HHHC.

Member agencies have been active in addressing the problems presented in Phase 1 and in response to the significant numbers of individuals and families without homes identified in the 2009 Point in Time Count. Much has been accomplished. Several notable examples are the HPRP program and the successful HUD application process to bring federal housing funds into Humboldt County.

Working together as a group, the HHHC applied for and received \$1.6 million to operate Humboldt Housing Now! Humboldt Housing Now! is an example of the retooling of traditional homeless services into a crisis response system known as HPRP: Homelessness Prevention and Rapid Re-Housing Program.

In this county, the HPRP program was co-located and operated in conjunction with the county's Department of Health and Human Services (DHHS) Temporary Aid to Needy

Families Emergency Contingency Fund (TANF ECF) program to cover up to four month's of back rent and/or utilities for families in economic crisis, and/or security deposits and rent to re-house families that lost their housing. The TANF ECF program ended September 30, 2010 when ARRA funding expired but Humboldt Housing Now! continues to serve individuals and families. This integrated effort of county government and private, non-profit organizations was the only one in the state and received high marks during last auditor visit to the project. Outcomes for the two intertwined projects are presented below:

**ARRA-TANF-ECF funding Outcomes: 7/1/2009 – 9/30/2010
Housing (rent assistance, eviction prevention, utilities)**

- Families served: 155
- Amount expended: \$295,344

**Homeless Prevention and Rapid Re-Housing Program (HPRP)
2010 Humboldt Housing Now!**

- 528 families (1,007 persons) received homeless prevention and housing assistance.
- 36-month grant of \$1,600,000.
- \$976,879 expended after 16 months.
- \$629,121 remaining for the next 20 months.

Each year, the HHHC works as a group to report progress and to apply for funding from HUD available to Continuums of Care. This funding supports housing programs and supportive services in the community. The chart on the following page shows funding contributed by HUD to solve homelessness in Humboldt County.

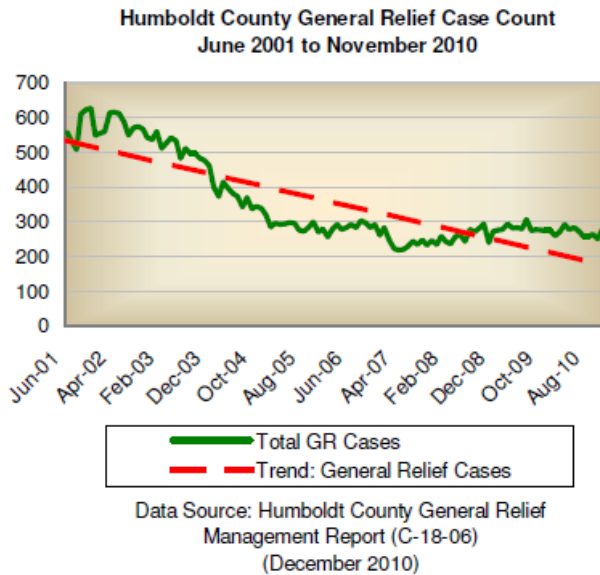
Many local organizations and foundations have contributed funding to make the PIT Count and annual HUD application process possible (from 2004 to 2010):

County of Humboldt	\$20,100
City of Arcata	\$22,000
City of Eureka	\$20,000
Humboldt Area Foundation	\$12,500
Sisters, St Joseph	\$ 2,000
HHHC Agencies	\$ 2,130
First 5	\$ 2,000
NC Co-Op Community Fund	\$ 2,000
McLean Foundation	\$10,050
Safety Net Funders	<u>\$ 6,600</u>
TOTAL	\$99,380

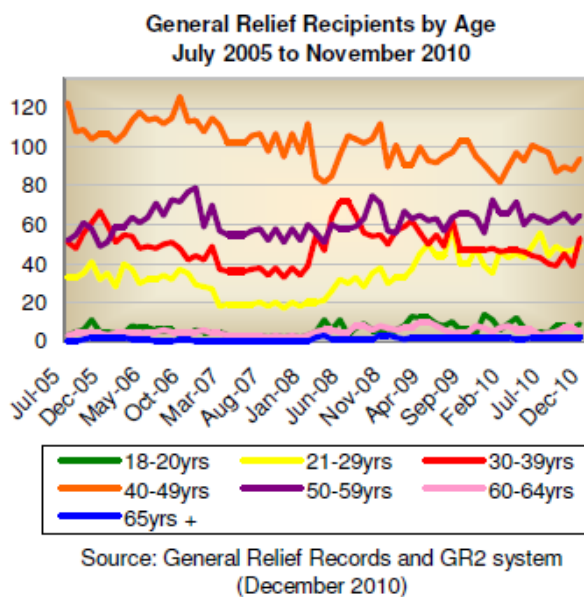
**Humboldt Housing and Homeless Coalition (HHHC)
McKinney-Vento, Housing and Urban Development (HUD) Grant Funding**

Year	Organization Receiving Funds	Amount	Purpose
2004	Redwood Community Action Agency	\$354,222	Transitional Housing
2004	Arcata House	\$318,326	Supportive Housing
2004	Redwood Community Action Agency	\$115,077	Transitional Housing
2004	Total amount granted to HHHC:	\$787,625	
2005	Total amount granted to HHHC:	\$0	Missed cutoff by 1 point
2006	North Coast Substance Abuse Council	\$219,454	Substance Abuse Treatment
2006	Humboldt Bay Housing Development Corporation	\$119,700	Supportive Housing
2006	DHHS	\$82,353	HMIS
2006	Total amount granted to HHHC:	\$421,507	
2007	Humboldt Bay Housing Development Corporation	\$121,428	Supportive Housing
2007	Arcata House	\$264,046	Supportive Housing
2007	Redwood Community Action Agency	\$38,359	Transitional Housing
2007	Total amount granted to HHHC:	\$423,833	
2008	Redwood Community Action Agency	\$156,433	Transitional Housing
2008	Arcata House	\$108,844	Supportive Housing
2008	DHHS	\$82,353	HMIS
2008	DHHS	\$53,954	Supportive Housing
	Total amount granted to HHHC:	\$401,584	
2009	Arcata House	\$146,450	Supportive Housing
2009	DHHS	\$82,353	HMIS
2009	DHHS	\$53,954	Supportive Housing
2009	North Coast Substance Abuse Council	\$109,727	Substance Abuse Treatment
2009	Redwood Community Action Agency	\$156,433	Transitional Housing
	Total amount granted to HHHC:	\$548,917	
2010	Arcata House	\$207,164	Supportive Housing
2010	Arcata House	\$27,562	Supportive Services
2010	DHHS	\$82,353	HMIS
2010	North Coast Substance Abuse Council	\$109,727	Substance Abuse Treatment
2010	Redwood Community Action Agency	\$156,433	Transitional Housing
2010	Humboldt Bay Housing Dev. Corp.	\$56,598	Supportive Services
2010	Total amount granted to HHHC:	\$639,837	
Since 2004	Total amount granted to HHHC:	\$3,223,303	

Phase 1 presented a number of charts addressing use of mainstream services provided by DHHS: General Assistance, CalFresh (Food Stamps), and CalWORKS (TANF). Updated charts of interest are presented below.



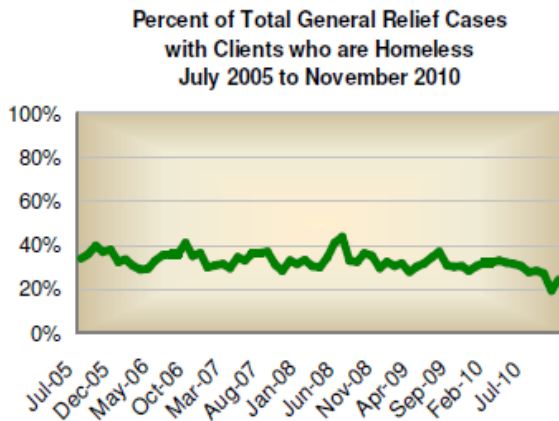
The General Relief (GR) program is a county-funded assistance program for indigent county residents, which offers repayable benefits. The GR Program provides necessary assistance to eligible persons who are without resources to meet their minimum basic need for food, housing, utilities, clothing and medical care. The GR program acts as a safety net in that recipients of GR are, in most cases, ineligible for other types of cash assistance offered through the federal and state government. Overall, there has been a decline in GR cases since June of 2001. The recent slight increase in GR cases is being seen statewide



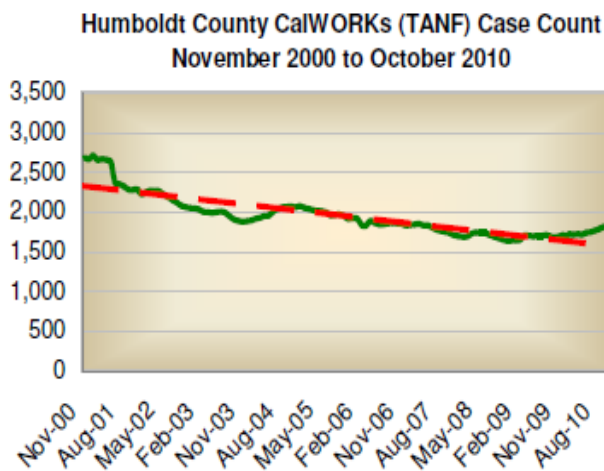
Unless disabled, GR recipients must participate in the General Relief Work Program and actively search for employment in order to continue to receive benefits. If the GR recipient is disabled, they must apply for Supplemental Security Income (SSI) benefits, State Disability Insurance (SDI) or any other potentially available income. GR recipients may also be eligible to receive assistance under the CalFresh Program and County Medical Services Program (CMSP) or Medi-Cal.

The largest age group served has been the 40 to 49 year age group. This has been an overall trend since first tracked in January 2004. Detailed demographic information for General Relief recipients is not available for April 2007 through January 2008 due to changes in the information management system. However, the total number of GR recipients is available, and the number for each age and gender bracket was estimated from this total by using the related proportions for each month with the monthly totals. This valid statistical method (called imputation) provides data that is consistent with the overall trend.

In July 2005 the reporting process changed for age demographics. The biggest adjustments were to the 18 to 20 year old category and the 65 and older category.



Source: General Relief Records and GR2 system, (December 2010)



Source: State Report CalWORKs Cash Grant Caseload Movement Report - CA 237 (October 2010)

The percentage of GR homeless clients has remained stable and consistent. The GR homeless population has been as high as 122 individuals in a single month. On average, there are 90 GR clients per month who are homeless.

On average, 30% of GR clients report they are either are on parole or probation per month.

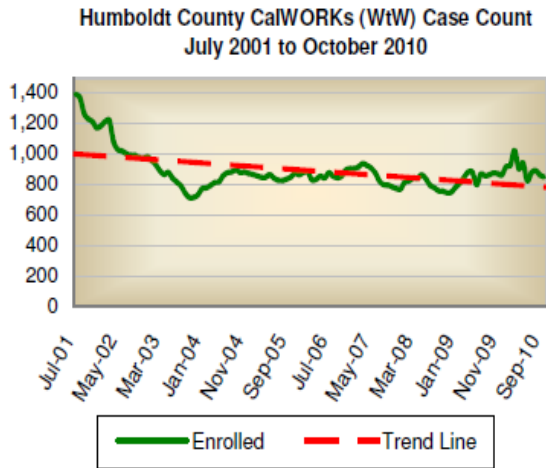
Promising program initiatives at the federal level, powered by the Second Chance Act, are funding demonstration projects to provide successful community reintegration for persons returning from jails, prisons and juvenile justice facilities. Current policy often bars individuals, including mentally ill, with felony convictions from obtaining programs and services.

CalWORKS and WtW

TANF (Temporary Aid to Needy Families) was approved by Congress and signed into law in 1996. The TANF program changed welfare from an entitlement program to a program that transitions families from welfare to work in less than five years. In California, TANF public assistance programs available to families in need are California Work Opportunities and Responsibilities for Kids (CalWORKS) and Welfare-to-Work.

CalWORKs provides temporary financial assistance and employment-focused services to families with minor children whose income and property are below the established State maximum limits set for their family size. Currently, 61% of CalWORKs recipients are children eighteen years old and under.

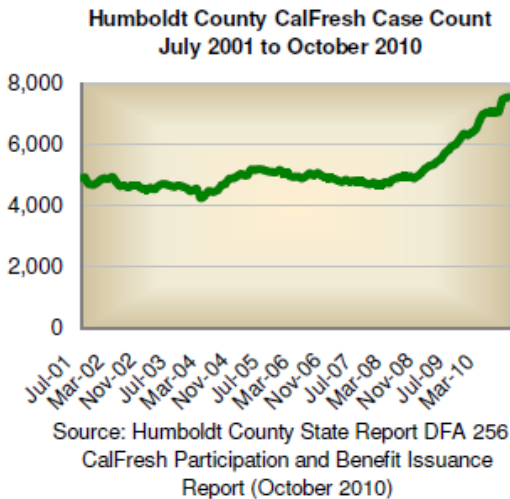
WELFARE-TO-WORK



Source: Humboldt County State Reports WtW 25, WtW 25A (October 2010)

Welfare-to-Work (WtW) was initiated to assist families address barriers to employment by providing job training and employment related services such as childcare, transportation assistance, and other supportive employment-related services.

From July 2001 to July 2010, the Welfare-to-Work caseload has fluctuated. The fluctuations may be due to discontinuing aid due to employment and to current economic conditions.



The current caseload largely consists of adults with multiple barriers to gain employment, for example, mental health, substance abuse, homelessness, and domestic violence issues. These individuals have a harder a harder time re-entering the workforce in competitive employment.

CalWORKS and WtW function as homeless prevention programs by providing income and/or work supports that assist families to retain housing and employment. Families are also permitted one-time-only homeless assistance in order to obtain housing under these programs.

CalFresh (formerly known as Food Stamps)

The CalFresh program is a federal food assistance program that assists low-income households to purchase nutritious food items. CalFresh households have increased by 46.3% from January 2008 to July 2010, which equates to 2,291 more households receiving CalFresh.

The increase in CalFresh participation is likely due to the community outreach that DHHS and the CalFresh Task Force provides, relaxed Federal eligibility standards and the current economic downturn. In addition, introduction of the Electronic Benefit Transfer (EBT) card, which functions much like a debit card, has made it less daunting to purchase groceries as compared to the old paper coupon method. The use of the EBT card also reduces stigma associated with receiving benefits.

CalFresh can assist homeless individuals and families at risk of homelessness by providing food support that may allow them to direct more of their income to housing costs. CalFresh may also be used by some eligible families in conjunction with WIC, another nutrition program that allows pregnant women and needy families with young children vouchers for nutritious food and supplements their household budget.

REPORTS AND UPDATES

In accordance with the federal strategy, the HHHC will produce this Phase 2 aligning goals and strategies selected by subcommittees and other working groups with the Federal Strategic Plan to Prevent and End Homelessness. As noted throughout *Opening Doors*, strategies employed to end homelessness are data-driven and as “best practices” emerge, plans will adapt and change over time as conditions warrant.

Members of the HHHC may find that strategies for urban areas don't work in Humboldt County and need modification. Data from the Homeless Management Information System (HMIS) may show that Humboldt has a larger percentage of homeless families, similar to other rural areas, and efforts need to be expanded in that area. As Veterans return to the United States, all communities, including Humboldt, will need to address issues of employment and housing for those who have served.

Following Phase 2, an Annual Update will begin with 2010. The Annual Update will note Actions Steps progress, additional strategies added, strategies rejected or modified, and new action steps identified. The Annual Update will also address any changes in federal direction and Humboldt County response to changes or mandates. The Annual Update will also provide an updated count of supportive housing built in Humboldt County, one of the federal measures of community progress.

The next pages present the Themes contained in the federal strategic plan *Opening Doors*, the numbered Objectives presented under each Theme, and a brief discussion of the federal direction and emphasis in each Objective. Below each of the federal Objectives are listed Strategies from Humboldt County's Ten Year Plan and initial Action Steps developed by subcommittees and similar working groups.

The federal strategy includes Health Reform and the Affordable Care Act as a potential resource for sustainable funding and for enabling many individuals and families experiencing homelessness to get the health care they need. Many low income adults will be eligible for Medicaid services in beginning in 2014. Health Reform will also support demonstrations to improve ability of psychiatric facilities to provide emergency services. Linking housing to health is one of the federal cross-cutting initiatives to help prevent, reduce and end homelessness. This shift reflects the increasing realization that homelessness is a public health problem that affects individuals and communities. For individuals and families experiencing homelessness, housing is the first step towards health.

THEME: LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

Objective One: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness

Federal emphasis on “breaking down the silos” calling for interdisciplinary, interagency, and intergovernmental action with citizen- including those with first-hand experience of homelessness- and private sector – businesses, non-profits, faith-based organizations, foundations, and volunteers – involvement. Build broad support for strategies.

Strategies from 10 Year Plan, Phase 1, 2009:

- Request resolutions in support of the Ten Year Plan from local jurisdictions
- Expand use of Homeless Management Information System (HMIS)
- Engage philanthropic, corporate and developer communities to take action to invest resources reducing or preventing homelessness in Humboldt County
- Continue to support Community and Family Resource Centers (FRCs) and support the development of new FRCs as resources allow
- Include public stakeholders that have been involved in other plans

ACTION STEPS

- Expand use of HMIS**
- Support Community and Family Resource Centers**
- Include Veteran services in HMIS**
- Include business community and other public stakeholders**
- Inform and include elected officials**

Objective Two: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

Federal emphasis on building capacity for research and data, adoption of best practices and evidence-driven approaches while keeping individuals safe from any harm that could be caused by tracking. A special note on tracking a family’s housing status when accessing mainstream programs to better understand role of mainstream programs in preventing and ending homelessness.

Strategies from 10 Year Plan, Phase 1, 2009:

- Provide informational workshops for Cities, community organizations and members of the public
- Strategically use data to track needs, document outcomes and develop appropriate and effective programs

- Advise local officials on homelessness and policy issues that impact service delivery in communities
- Provide educational opportunities to potential funders, developers, and citizens about the impact of homelessness in Humboldt County and opportunities to assist in this effort
- Seek to develop sustainable funding and service capacity to develop a continuously updated website that provides centralized information to Humboldt County stakeholders, Cities and County service providers about housing availability and service and program information.

ACTION STEPS

- Develop a website for the HHC**
- Provide informational workshops to general public and elected officials**
- Use data for planning purposes**
- Keep informed on pending & enacted legislation**
- Advise local officials on issues**

THEME: INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

Objective Three: Provide affordable housing to people experiencing or most at risk of homelessness

Federal emphasis on expansion of supply of affordable (cost of housing not more than 30 percent of income) housing where most need, preservation of existing affordable housing, additional rental subsidies, more housing for extremely low income, “triaging” those who need long-term assistance, those needing targeted short-term assistance and those who can resolve situation on their own or with mainstream supports. Pay attention to most vulnerable: children and families, unaccompanied youth, people with disabling conditions, and frail elders.

Strategies from 10 Year Plan, Phase 1, 2009:

- Assess the feasibility of reducing minimum unit size to allow for motel conversion to affordable housing
- Work with Cities and County to identify parcels/zones where emergency shelters can be sited
- Assess the feasibility of Cities or communities to reduce minimum building lot size to encourage development of more low-income housing
- Assess the feasibility of Cities or communities to increase number of parcels zoned for multifamily development.
- Create more low-income, very low-income, and extremely low-income housing units in communities across Humboldt County
- Increase the supply of housing affordable to those who are homeless or at risk of homelessness

- Prevent deterioration of existing housing stock in order to keep those living in it from becoming homeless
- With Cities, assess the possibilities of the use of surplus or abandoned property for renovation for low-income housing units
- Use a master leasing approach to secure additional affordable housing for homeless individuals and families

ACTION STEPS

- Reduce minimum unit size to reduce housing costs**
- Reduce minimum building lot size**
- Create emergency shelter zones**
- Employ master leasing approach**
- Increase supply of housing affordable to homeless**

Objective Four: Provide permanent supportive housing to prevent and end chronic homelessness

Federal emphasis on increasing supply of permanent supportive housing; development of collaborative and coordinated sustainable sources of funding for supportive services, including use of state Medicaid and TANF programs.

Strategies from 10 Year Plan, Phase 1, 2009:

- Create more decentralized community-based transitional housing units linked to supportive services where possible
- Create more permanent supportive housing units across Humboldt County for disabled individuals
- With Cities, coordinate to identify and apply for additional available public and private funding for permanent housing acquisition, construction, and rehabilitation.

- ACTION STEPS***
- Increase number of PSH units**
- Create more decentralized Transitional Housing units**
- Link services to Transitional Housing**

THEME: INCREASE ECONOMIC SECURITY

- ***Objective Five: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness***

Federal emphasis on programs and projects to connect people to employment and greater collaboration between jobs programs and housing and homeless services;

develop and disseminate best practices on helping people with histories of homelessness enter the workforce; increase opportunities for work and support recovery for Veterans.

Strategies from 10 Year Plan, Phase 1, 2009:

- Assist homeless people in accessing services at the Job Center
- Enhance training and educational opportunities to eligible populations
- Work with employment organizations and educational institutions to increase earning potential opportunities of individuals and families who are homeless or at risk of homelessness.
- Assess opportunities to increase access to services and supports through affordable, available transportation which allows homeless persons to utilize services, search for housing and travel to work

ACTION STEPS

- Provide services for homeless persons at Job Center**
- Provide training for case managers on accessing the Job Market**
- Work with employment organizations**
- Enhance training opportunities**
- Increase vocational rehabilitation committee for people with disabilities**

Objective Six: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

Federal emphasis on health care including behavioral health care, income support, and work support; reducing structural, capacity and eligibility barriers in process of obtaining mainstream programs and services; use of best practices like SOAR (SSI/SSDI Outreach, Access and Recovery Initiative) and HOPE (Homeless Outreach and Projects and Evaluation Initiative); preparation for Medicaid expansion to effectively enroll newly eligible people; improve use of federal nutrition programs.

Strategies from 10 Year Plan, Phase 1, 2009:

- Enhance referral assistance for people applying for benefits from Social Security and Veteran's Administration
- Partner with schools to ensure all homeless children and their families receive services where possible
- Expand street outreach services to underserved demographic groups and geographic areas within the county
- Ensure that families that are eligible for mainstream benefits and services are enrolled
- Continue to support and expand Transportation Assistance Program (TAP) referral network.

- Provide those families at risk of becoming homeless with access to services through community resource centers
- Provide training and updates to service providers on landlord/tenant law, housing rights, domestic violence laws, consumer rights, support and custody issues, and public benefits
- Coordinate opportunities for homeless people to access medical care and mental health and substance abuse treatment services
- Increase access to services and supports through transportation

ACTION STEPS

- Expand street outreach services**
- Provide access to services at Resource Centers**
- Ensure eligible families are enrolled in mainstream benefits**
- Expand transportation resources for homeless individuals and families**
- Provide series of regular trainings for case managers on how to access mainstream benefits**
- Partner with schools to support homeless children and families**
- Include McKinney-Vento reps in schools in HHHC meetings and communication**
- Obtain Benefits Calculator software for Humboldt County**
- Provide educational forum on CMSP and Medi-Cal for case managers**

THEME: IMPROVE HEALTH AND STABILITY

Objective Seven: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people’s vulnerability to and the impacts of homelessness

Federal emphasis on housing integrated with health care, including behavioral health; respite care for persons without stable housing, integrating social services with health care, improve access to child and family services and services for youth experiencing or at risk of homelessness; Medicaid-funded Assertive Community Treatment Teams.

Strategies from 10 Year Plan, Phase 1, 2009:

- Within available resources and eligible populations, coordinate opportunities for homeless people to access medical care and mental health and substance abuse treatment services
- Increase the number of families receiving children’s health insurance through Children’s Health Initiative (CHI) within available resources to prevent financial hardship due to lack of insurance

ACTION STEPS

- Improve access to medical care, mental health and SA services**
- Expand enrollment in children’s health insurance**

Objective Eight: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice

Federal emphasis on improving discharge planning for youth aging-out of systems and targeted outreach strategies to identify youth experiencing homelessness and connect them to housing and support they need.

Strategies from 10 Year Plan, Phase 1, 2009:

- Increase availability of transitional housing units for Humboldt County Transition Age Foster Youth

ACTION STEPS

- Increase available transitional housing units for TAY foster youth**
- Use Housing Authority programs including FUP and Project based Section 8**

Objective Nine: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

Federal emphasis on people with serious mental illness who are homeless and frequently incarcerated, improved discharge planning from hospitals, psychiatric hospitals, jails and prisons; increasing number of jail diversion programs; developing acceptable community alternatives to “criminalization” of street homelessness; and use of targeted outreach strategies.

Strategies from 10 Year Plan, Phase 1, 2009:

- Develop coordinated system of discharge planning for people leaving psychiatric facilities and the foster care system
- Reduce panhandling, loitering, and street crime
- Reduce unnecessary criminal justice expenditures related to homelessness
- Improve partnerships between law enforcement and homeless service resources in each community
- Continue to encourage law enforcement participation in Crisis Intervention Team (CIT) training
- Support Homeless Court in Humboldt County.

ACTION STEPS

- Encourage Law Enforcement participation in Crisis Intervention Training**
- Develop coordinated system of discharge planning**
- Reduce unnecessary criminal justice expenditures**

- Discharge planning for youth leaving foster care system
- Improve partnerships between LE and homeless service providers
- Target twice a year to have meeting between committee members and LICHA
- Create, keep updated and distribute business card sized resource lists that officers can hand out
- Coordinate with Street Outreach Services

THEME: RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

Objective Ten: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

Federal emphasis on moving away from linear “continuum of care” model to Housing First/HPRP model that focuses on preventing homelessness and rapidly returning people who become homeless to housing; developing cultural competence in shelters and housing programs; retooling transitional housing and shelters into pathways to permanent housing; using street outreach programs to connect youth and adults to services and housing; lowering barriers to housing such as sobriety.

Strategies from 10 Year Plan, Phase 1, 2009:

- Work with Cities and County to identify parcels/zones where emergency shelter can be sited without conditional use permits per SB 2
- Develop plans with Cities to increase emergency shelter beds that provide temporary lodging until transitional and permanent supportive housing units can be developed
- Secure funding for improvements to existing shelters where possible.
- Adopt Housing First/Rapid Re-housing models within available resources to ensure rapid placement from homelessness into housing
- Provide rental or mortgage assistance and other supportive services for eligible families at risk of homelessness within available resources
- Expand rental subsidies and diversion options for those eligible (e.g. MHSA, General Relief, etc.)

ACTION STEPS

- Provide rental assistance for eligible families at risk of homelessness**
- Provide mortgage assistance**
- Improvements to existing shelters**
- Coordinate with public health department and emergency shelters**

Appendices

- A. 2009 PIT Count Report***
- B. 2011 PIT Count Report***