

CountyNews

# HOT topics

HOMELESSNESS

Faces of homelessness pg. 6

Counties share what works pg. 20

NATIONAL ASSOCIATION *of* COUNTIES

DECEMBER, 2016



# A ROOF OF THEIR OWN

Counties make strides in battling homelessness

Image By Ken Steinhardt,  
*The Orange County Register*

# WANTED: A PLACE TO CALL HOME

**By Charles Taylor**  
senior staff writer

Last year this time, hundreds of vulnerable residents in Milwaukee County, Wis. spent their holidays in shelters or on the streets.

This year, according to County Executive Chris Abele, almost 200 of those people have a place of their own, thanks to the county Housing Division's initiative to end chronic homelessness.

At the White House last month, Abele and other local elected officials from around the country shared with each other "what's working" in their communities to alleviate homelessness.

"The people I talked to share my enthusiasm for providing resources ... that embrace human dignity and diversity," he told *County News*.

Through coordinated federal, state and local efforts, homelessness is abating. But Mikkel Beckmen, director of Hennepin County, Minn.'s Office to End Homelessness, lays some of the blame for past increases on old federal policy, "the disinvestment in public housing and some of the programs that make housing more affordable for low-income renters."

Nationwide, on a single night in January 2015, some 565,000 Americans were homeless — sleeping outside, in shelters or in transitional housing, according to the National Alliance to End Homelessness. But that number has been decreasing steadily —

## Ending homelessness takes slow and steady progress



Photo courtesy of  
Voice of OC

if slowly — over the past several years. The national rate of homelessness in 2015 fell to 17.7 people per 10,000 in the general population from 18.3 in 2014.

One major success story of rehousing the homeless has been the elimination of veteran homelessness in several counties and cities across the country. In January, there were just under 40,000 homeless veterans reported nationwide, according to the National Coalition for Homeless Veterans. In 2010, there were 76,329. To date, three states and 33 communities have declared an end to veteran homelessness.

Vincent Weston bounced from shelter to shelter for much of 2015. Kicked out of his father's house over a family dispute, he spent some of that time living on the streets of Hackensack, N.J., in Bergen County. "I really didn't let nothing get me down," he said, "because I kind of figured that there's got to be a better way." An Army veteran, he was fortunate to find himself an apartment, with the aid of the county's Division of Veterans Services.

In June, Terrebone Parish, La. became the second jurisdiction in the state to effectively quash homelessness. Having hit "functional zero," Parish President Gordon Dove pledged to keep homelessness among veterans "rare, brief and non-recurring."

While the needs of the homeless sub-populations may differ, there is one model that is succeeding where others have failed or had only modest success, and that's "housing first." It's a strat-

egy that works for the vast majority of homeless populations, experts say.

“Our Housing Division launched Housing First in Milwaukee last July with a goal to house 300 individuals by 2018,” Abele said. “This initiative focuses on the housing first concept — that a homeless individual or family’s first and primary need is to obtain stable housing. Other issues that affect the household are addressed once housing is obtained. National data shows this model provides very successful outcomes and dramatically reduces public service costs.”

Under the housing first model, issues such as an individual’s drug or alcohol abuse or unemployment are subsequently addressed with supportive, safety net services.

“And here in Milwaukee, it’s working,” Abele said. Since launching the “ending chronic homelessness,” initiative in July 2015, 170 chronically homeless people have found homes through housing first.

Ninety-nine percent of those individuals have remained in stable housing, and all are participating in voluntary case management services, he added.

Milwaukee County has almost 1 million residents — the kind of big-city population that many associate with homelessness. But suburban and rural counties are not immune to the problem.

The Department of Housing and Urban Development (HUD) estimates that of the more than half-a-million people who were home-

less on any given night in 2015, 78,085 of them lived in rural areas.

Of those, 42 percent were people in families, while 11.6 percent were chronically homeless individuals.

Those data are likely an underestimate, according to a Housing Assistance Coalition report released earlier this year — since homeless censuses don’t count low-income people who are “doubled up” with other families or are in substandard housing. And the unsheltered homeless in rural America may be less likely to live on the streets.

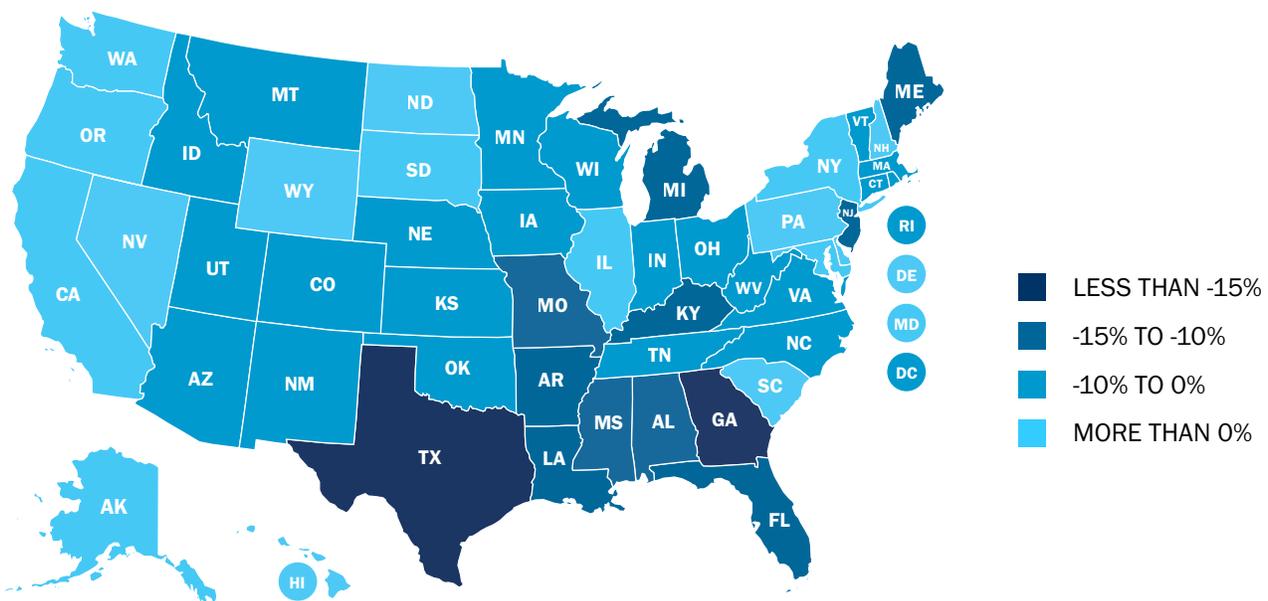
In 2010, the Obama Administration launched Opening Doors, the first-ever federal strategic plan to prevent and end homelessness. Since then, overall homelessness is down by 10 percent, HUD Secretary Julian Castro said.

“We now know that ending homelessness is no longer a pipe dream. It’s achievable — and communities around the country have stepped up to prove it,” he said. “This has been made possible through unprecedented partnerships at the federal, state and local level as well as with the business community, nonprofits and philanthropy.

“On the issue of homelessness, it could be easy for a local official to not put it at the top of the priority list,” Castro said.

“But I’ve seen so many leaders step up to the challenge of ending homelessness — and the folks that put in the effort and follow best practices have often seen tremendous progress that benefits their entire community.” 

## CHANGE IN OVERALL HOMELESSNESS, 2014-2015



Source: *The State of Homelessness in America - 2016*, The National Alliance to End Homelessness



## TERMS TO KNOW

### Federal Categories of Homelessness

There are four, federally defined categories under which individuals and families might qualify as homeless:

1. Literally homeless
2. Imminent risk of homelessness
3. Homeless under other federal statutes, and
4. Fleeing or attempting to flee domestic violence.

### Home Emergency Shelter

Short-term shelter from the elements, with food and medical attention provided.

**A total of 1,536 counties have at least one emergency shelter bed.**

### Rapid Re-housing

Rapid re-housing is an intervention, informed by a “Housing First” approach that is a critical part of a community’s effective homeless crisis response system. Rapid re-housing quickly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

**Rapid re-housing capacity is expanding dramatically. According to the National Alliance to End Homelessness, the latest available figures as of 2015 show a one-year increase (2014–2015) of 59.6 percent and a 204 percent increase 2013–2015.**

### Transitional Housing

HUD defines the term transitional housing as “a project that is designed to provide housing and appropriate support-

ive services to homeless persons to facilitate movement to independent living. The housing is short-term, typically less than 24 months. In addition to providing safe housing for those in need, other services are available to help participants become self-sufficient.

**A shift away from Transitional Housing began to be seen in 2013.**

### Permanent Supportive Housing

According to the U.S. Interagency Council on Homelessness, supportive housing is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities.

### Functional Zero

A term most associated with measuring homelessness among veterans. At any point in time, the number of veterans experiencing sheltered and unsheltered homelessness in a community will be no greater than the average monthly housing placement rate for veterans experiencing homelessness in that community.

**In other words, a community that reaches functional zero never has more veterans experiencing homelessness than it can house in an average month.**

### Affordable Housing (HUD definition)

Housing that costs no more than 30 percent of a family’s income. HUD defines anyone paying more than 30 percent for housing as “cost burdened.”

# Outreach worker links isolated homeless with county resources

**By Charlie Ban**  
senior staff writer

Jeff has been living in the woods of Fairfax County, Va. for a few years. He likes it there, prefers the solitude, the quiet. The 36-year-old Alexandria, Va. native doesn't keep many friends or keep in touch with his family right now, but he makes an exception for Rusty Walking Eagle.

Rusty is an outreach staffer for the county's Projects for Assistance in Transition from Homelessness program through the Community Services Board, and he treks out to meet with Jeff and other homeless adults living throughout the suburban county, across the Potomac River from Washington, D.C. Once they establish relationships, he convinces them to come to the nearby Gartlan Behavioral Health Center, which plays host, twice a week, to a drop-in day center where homeless adults get food, do laundry, talk to caseworkers and pick up supplies and maybe think about housing.

"Once you get that trust and start developing that trust, then the doors start opening up. Now they're starting to talk," Rusty said.

Though Fairfax had the second highest median income in the country according to the 2015 American Community Survey, its six homeless shelters are full.

"Many are surprised to hear that we even have a homeless population in our community," said Dean Klein, director of the county's Office to Prevent and End Homelessness. "Oftentimes they're not visible or people aren't looking in the woods or looking in places where they might see them."

Mike Suppa, Rusty's supervisor at the CSB, said his interpersonal skills and empathy are perfect for his role.

"We're looking for people to connect with people who are homeless. This is a population that is very isolated, that has been overlooked or really has been challenged," he said. "We want to engage with people, build trust with people and get them to the point where they're accepting help. They'll be more willing to go to housing or get

the services they need."

Rusty enjoys the challenge in figuring out how to reach people and earn their trust.

"A lot of the people are so mentally challenged that they won't accept the help; that's one of the most challenging things," he said. "I'll keep trying, though. It doesn't mean I'm going to quit. I'll continue to engage that individual any time I see them. I'll continue to offer them food, snacks or some water."

He's won Jeff over with talk of Virginia Tech football or Jeff's love of reading and writing. And he helps calm Jeff's nervous energy.

"He talks to me a lot, gets me to think about stuff before I do it. He's really good company," Jeff said.

"He makes me feel like there's hope in life." 

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Learn more about Rusty Walking Eagle in a video online at [www.naco.org/counties-lead-path-out-homelessness](http://www.naco.org/counties-lead-path-out-homelessness).



Rusty Walking Eagle (right) with Jeff, a homeless man with whom he developed a bond. Photo by Charlie Ban

# FACES OF HOMELESSNESS:

**By Charles Taylor**  
senior staff writer

In 7th grade, Cynthia Castillon was a straight-A student. That was before being expelled for bringing drugs to school. If only that were the worst of her problems.

The journey from honor student to sleeping behind a San Diego County church would trace the arc of her bouts with homelessness between 2004 and 2008. Her drug and alcohol abuse led her on a downward spiral that would take years to reverse.

Dennis Clark found himself in an Arlington County, Va. shelter after his taxi-driving income was decimated by competing ride-hailing services. In better times, he was able to afford motel rooms, or he couch surfed with relatives.

"I've driven a cab for over 20 years, and Uber has really killed our business," he said. "I had run out of relatives to live with, and I ended up having to suck up my pride and come to the shelter."

For Castillon and Clark, homelessness — for varying periods of time — was a waypoint to permanent housing, thanks to services provided by their respective counties.

Castillon's drug use — meth, "anything I could get my hands on" — continued through high school. After graduating, she made a failed attempt at college, but the lure of drugs and drink proved too strong to resist.

Pregnant at 19, she had her first child. The father was "into drugs," and they would have a second baby before he split, leaving her with two small girls whom her parents would eventually care for.

"I ended up homeless in the streets of East County San Diego," she recalled. "I remember sleeping behind a church in a sleeping bag, and I would wake up Sunday morning ... and I could see people coming to the church and just tried to pull that sleep-

ing bag up a little bit over my head so they wouldn't be able to completely see me back there lying down."

For a time, she lived in a park with other homeless people. She and a new boyfriend would break into abandoned buildings "just to have somewhere that was dry to sleep at night."

"It was just one thing after another," she said, "but unfortunately, I was still heavy into my drug use." By this time, she was seeing a different guy, who would father her third child — a boy.

At that point, Castillon was sober, but her baby's father wasn't. Luckily — if you can call it luck — it was his insobriety that helped to turn her life around.

One night, her boyfriend — while intoxicated — was going to drive Castillon to her mother's house but changed course with no explanation. "No, you're drunk," she protested, "I'm not going to drive with you." But she acquiesced.

At a stoplight, Castillon opened the door and tried to make a run for it; that's when her boyfriend grabbed her by her coat and drove off.

"Being dragged from a moving vehicle and you're pregnant, and this other person who's supposed to care has no regard for you whatsoever. And that was kind of just my 'aha' moment," she said.

"It was at that point realized I'm going to either end up dead or in jail or something. So I did what I thought was my only choice, I went home to my parents, who were always more than willing to help me out and do whatever I needed to do — but they wanted me to do it the right way, and I wasn't ready prior to that."

So, here she was — a single mother of three "with no kind of work history," student loans from her brief fling with college in default. "It was just really hard to kind of see myself being able to do anything for these three kids that I had," she said, "let alone have a career."

On her parents' advice, Castillon sought help from San Diego County's Health and Human Services Agency.

That's how she learned about the welfare-to-work program



Homeless  
no more

that allowed her to go back to school and earn two associates degrees — one in behavioral science, the other in social work.

Soon she was offered an internship in San Jose City College's mental health systems program. When paid position opened up — just week into her internship — she was offered a case manager job.

"I was like, 'Cool,' so I started on as an intern; a week later I was a case manager and now," she said. "it's almost four years later, I'm lead supervising counselor, and I'm really at a completely different spot than I was eight years ago."

At age 34, she's preparing to go back to school for a bachelor's degree in social work. She got married about three years ago to man with a steady job, and they have a fourth child.

"I was completely able to turn my life around, and a lot of it had to do with just the services that the county provides," Castillon said. "As a single mom of four... I didn't know what to do, where to start. So it was really awesome."

Meanwhile back in Virginia, Dennis Clark no longer lives in motels or a shelter. He has his own one-bedroom apartment thanks to A-SPAN (formerly known as Arlington Street People Assistance Network), which the county helps to fund.

Because of his age, 60, and his low income, Clark qualifies for a rent subsidy. He pays the balance from his earnings as a cabbie. "There was a time I didn't need any subsidy; I paid my way," he said.

"My family came from North Carolina in the '50s and we were always, even to this day, hard-working people who pay our own way, but life throws you a curve sometimes."

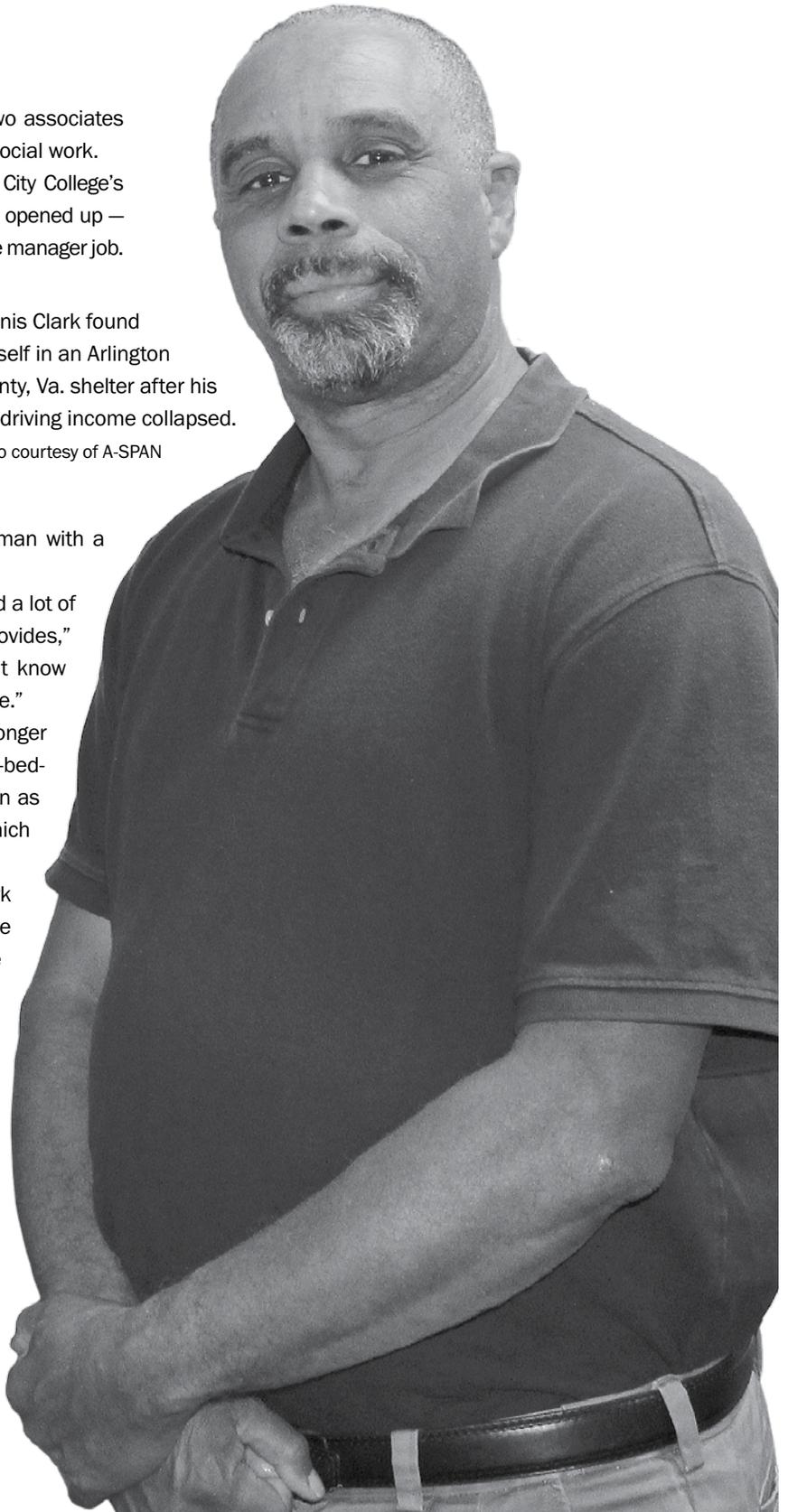
Thanks to A-SPAN and Arlington County, Clark has a home and his dignity.

"They don't make you feel like you're belittled in any way, they're always positive," he said. "Some of them have great personalities and a sense of humor, and it helps in a place like that, and I just want to give the staff an A+ rating."

As for Castillon, she said, "I'm just so grateful to be in a position where I'm at right now, where I'm going back to get my bachelor's, the kids are doing okay in school. I don't have any wants; I'm financially stable." 

Dennis Clark found himself in an Arlington County, Va. shelter after his taxi-driving income collapsed.

Photo courtesy of A-SPAN



# HOMELESSNESS: the view from

Department of Housing  
and Urban Development  
Secretary **Julian Castro**

## How successful has HUD and the Administration been in achieving the goals set for ending homelessness?

Since 2010, when the president launched Opening Doors, the first-ever federal strategic plan to prevent and end homelessness, we've made historic progress. Among veterans alone, we've reduced homelessness by nearly half in that time.

Overall homelessness is down by more than 10 percent during the Obama Administration. We're very proud of what we've been able to accomplish. While we're clear-eyed about the work that's still ahead, I believe we are on the right track.

## What roles do counties and other local governments play in achievement of the goals for "ending homelessness"?

This unprecedented progress would not be possible without the dedication of local leaders. That's where the rubber meets the road. As a former mayor, I appreciate the demands on local governments to deliver results for the people they serve.

On the issue of homelessness, it could be easy for a local official to not put it at the top of the priority list. But I've seen so many leaders step up to the challenge of ending homelessness — and the folks that put in the effort and follow best practices have often seen tremendous progress that benefits their entire community.

And counties feel the pressures that homelessness puts on their own health and human services programs. Align-

ing county-led programs with efforts to identify, prevent and end homelessness makes sense and works better.

## What are the key strategies, partnerships and services to help improve outcomes for homeless populations?

"Housing First" has been critical to the success of communities across the nation. The old-school model for ending homelessness tells us that we must require a person experiencing homelessness to solve their personal challenges first — like getting sober, for example — before they'll be offered housing. For most folks, that's just not a successful approach. It's easier to tackle other problems once you've got a safe, stable place to call home. That's the Housing First model in action.

It has been a highly effective strategy among folks who are experiencing chronic homelessness and have higher service

needs as well as for families with children who are having their first housing crisis.

In the effort to end veteran homelessness specifically, we've also had a great amount of success with the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program. It's a joint HUD-VA offering that pairs HUD rental assistance in the form of a voucher with the supportive services provided

by a VA medical center. The HUD-VASH program has helped more than 117,000 veterans.

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Overall homelessness  
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10 percent during the  
Obama Administration.

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## When a state or local government claims to have ended homelessness for a certain population, what does this really mean?

For the three states and 33 communities that have already achieved an effective end to veteran homelessness, it means they've put a system in place to ensure homelessness is prevented wherever possible. If it can't be prevented, they can ensure it is a rare, brief and one-time experience. What it doesn't mean is that there will never be another veteran who experiences homelessness in their community. We know there will always be folks at risk of experiencing homelessness for a number of reasons, whether it's a bad turn in the economy, health issue or an unexpected life event. That's why we need to keep building on our momentum and put strong response systems in place in every community.

### What are the key take-aways thus far from the “ending homelessness” initiative?

We now know that ending homelessness is no longer a pipe dream. It’s achievable — and communities around the country have stepped up to prove it. This has been made possible through unprecedented partnerships at the federal, state and local level as well as with the business community, nonprofits and philanthropy. It’s also required a significant investment from Congress that we have seen for veterans.

What we need going forward is that same level of partnership, investment and energy to be focused on making the same progress with families, youth and the chronically homeless as we’ve seen among veterans.

The good news is that ending homelessness is not a partisan issue. We all have a vested interest in solving this challenge and strengthening our communities. That gives me hope that this great work that was really catalyzed during the Obama Administration will carry on in the future.

### What are HUD and other agency partners doing to ensure the positive outcomes for homeless populations including veterans, families and youth continue beyond the Obama Administration?

Under the president’s Opening Doors plan, HUD will continue to work strategically with the U.S. Interagency Council on Homelessness (USICH) to coordinate the 19 different federal agencies that work to prevent and end homelessness.

One of the key factors in our progress so far is the work of USICH. It’s broken down silos that too often prevented natural partnerships at the federal level and it’s made it possible to



**Julian Castro**

Department of Housing and Urban Development Secretary (2014–2016)

coordinate this highly effective national effort.

Next October, USICH is facing a sunset deadline. I’ve been a strong proponent of an extension of its mandate and will continue to advocate for the Council to lead this effort beyond the Obama Administration. If we want to continue making a positive impact for the folks who are facing homelessness in our nation, we need to leave a strong system in place to carry on this work in the years to come. 

## FAST TAKES

### HUD’S HOMELESS HELP AT HOME

To learn more about HUD programs to help the homeless, including which HUD programs operate in your area, visit <https://www.hudexchange.info/homelessness-assistance/>.

# Housing homeless vets yields strategy to end all homelessness

By Baylee Crone  
executive director

National Coalition for Homeless Veterans

In August 2016, the annual Point-in-Time (PIT) count showed us that veteran homelessness has dropped nearly 50 percent since 2010. This means that, across the country on a given night, fewer than 40,000 veterans were experiencing homelessness.

Veteran homelessness dropped precipitously in the last year (a 17.3 percent decrease from 2015), with large decreases in the numbers of unsheltered veterans sleeping on our nation's streets. At the National Coalition for Homeless Veterans (NCHV), we hailed this progress as an indication that investments in ending veteran homelessness were working, but that we still had a lot of work to do, and we need all hands on deck.

For over 26 years, NCHV has been the only national agency solely dedicated to ending and preventing homelessness for those who served our country. Across the country, our community organizations and partners are stepping in with a hand up to good jobs, safe homes and opportunities for real connection for the most vulnerable veterans.

NCHV offers community education, advocacy and direct technical assistance to service providers in our network and works closely with our member organizations and corporate, nonprofit and government partners on the national, state and local levels.

Each year, NCHV eagerly awaits the results of the PIT count — it serves as an annual checkup, a guidepost to analyze efforts in our shared goal to end homelessness for each veteran experiencing it. Are we still making progress?

The momentum now is on the side of rapid change, and we are closer than ever to achieving our mission of effectively ending veteran homelessness in every community. This change happens on the local level, with local county officials playing a critical role in marshalling resources and facilitating coordination.

Every year, NCHV supports more than 9,000 organizations

working tirelessly to transform the lives of individual veterans and to build the systems that respond to their changing needs. Communities that have built these systems have reached a “functional end” to veteran homelessness, meaning that the local community is able to rapidly assist every veteran experiencing homelessness in that community so homelessness is brief, rare and nonrecurring.

So far, 33 local jurisdictions and three states have reached a functional end to veteran homelessness. In Montgomery County, Md. partners announced a functional end to veteran homelessness in December 2015 after committing to a multi-year effort to prioritize veterans in affordable housing. The county set clear goals with specific targets, communicated their progress with the wider community on a regular basis, and, critically, had dedicated county-level staff to oversee and manage this effort.

In early 2015, Flagler County, Fla. reached a functional end to veteran homelessness by thinking outside the box. They used a “battle buddy” and other peer support models to support veterans navigating the housing process and developed a coordinated list of veterans, by name, so no veterans fell through the cracks.

In Minnesota, the Minnesota Department of Veterans Affairs dedicated staff to the effort, a needed step to get all partners at the same table to build out an operations system that rapidly increased permanent housing placements.

As NCHV has grown and developed in this effort, it has learned that the collective effort to end homelessness for veterans has begun to set up models for change to end all homelessness. NCHV's network of community agencies and local advocates can serve a vital role in supporting local county officials looking to identify gaps in services and to build common community goals. And they need your help to end and maintain an end to all homelessness, including veteran homelessness, across the country. 

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To learn more about NCHV and its network of community agencies, visit [www.nchv.org](http://www.nchv.org) or call 202.546.1969.

# Leon County, Fla. homeless shelter leads by innovation, example

**By Jack Peterson**  
**associate legislative director**

Just a half-mile down the road from the Leon County, Fla. jail sits a homeless shelter. On one brisk December night, nearly 380 people slept within the walls of the Kearney Center, a number that Center Chief Operating Officer Monique Ellsworth describes as “not even close to capacity.” The center operates 24/7, 365 days a year as part of a public-private partnership between the county, the city of Tallahassee and several foundations and non-profits.

Since April 2015, the Kearney Center has focused on serving its residents in new, collaborative ways. With the jail nearby, where inmates are often released at 12:01 a.m. with nowhere to go, is just one example of their novel approach to combating homelessness.

Innovation at Kearney starts with the building itself. There are “flex rooms” in both the men’s and women’s wings of the shelter, which allow residents who need time to themselves, or are experiencing trauma, or, as a family, need a little extra space. “Gathering” rooms are also located on each wing where residents can attend classes, watch TV, read or come together as a community.

One of the smallest — but perhaps most important — rooms is also the first of its kind: a heating room for personal effects. By reaching temperatures over 160 degrees Fahrenheit, the room exterminates any pests that might have hitched a ride, including, and especially, bed bugs.

Since opening, the center has had only four bed bug sightings, and a partnership with a local pest control company provides immediate resolution for these tiny crises.



NACo Board members learn more about the Kearney Center in one of its “Gathering Rooms,” during a tour of Leon County’s state-of-the-art homeless shelter. Photo courtesy of Leon County, Fla.

The Kearney Center stands as much more than a simple shelter with a new building. More than 40 different community partners visit the shelter each week to help meet the needs of residents — whom they refer to as “clients” — giving them access to employment services, substance abuse programs, mental health counseling and GED classes, as well as connecting them with a variety of county services departments.

Kearney Center clients can sign up for meetings with different departments or organizations, and some meeting rooms are designed to simulate the look and feel of interviews.

“We’ve learned that homeless individuals are rarely homeless just for one reason,” noted Chuck White, who oversees partnerships with agencies and external organizations. “The wrap-around services provided at Kearney pull from different sectors, break down silos, and meet as many needs of the clients as possible,” he said. Ellsworth is more direct about the need for establishing relationships within the community: “This simply isn’t possible without our community partnerships.”

In assisting their clients, the center can point to one significant example of success and hope: the center itself. During construction, the center employed 28 homeless persons, 22 of whom are still in permanent housing. The kitchen gives residents the opportunity to work and train in food preparation, even allowing them to earn certifications. Clients of the center are responsible for cleaning the facilities on a rotating schedule.

“Our communities are ultimately defined by how we treat the least among us,” White said. At the Kearney Center, every day is an opportunity to help its clients move forward from a moment of desperation, with the very walls of the building serving as a symbol of hope and possibility. 

“Our communities are ultimately defined by how we treat the least among us,” White said. At the Kearney Center, every day is an opportunity to help its clients move forward from a moment of desperation, with the very walls of the building serving as a symbol of hope and possibility. 

# Best Practices from NACo Achievement Award Winners

## **The Danray Home**

*Henrico County, Va.*

In November 2013, Henrico Area Mental Health & Developmental Services created a new level of residential programming for people with serious and persistent mental illness. The Danray Home provides housing and support to five adult male clients who have expressed an interest in living independently, but who currently lack the skills and abilities to manage without the support of staff.

The unusual component of this program involves the staffing levels: Rather than having staff present 24 hours a day, seven days a week, staff is present at critical points throughout the day to provide support and education. These critical points typically occur early in the morning when residents are waking and again in the evening when residents are settling in for the night. Staff focus on teaching skills related to medication management, cooking, budgeting and housework.

During other parts of the day residents live independently giving them an opportunity to practice the skills they are learning. The primary objectives of this program are to increase residents' independent living skills and to encourage integration into the larger community. This new level of residential support has resulted in decreased operating costs, and more importantly, improved outcomes for residents of The Danray House.

## **Homeless Outreach Support Team (HOST)**

*San Bernardino County, Calif.*

HOST (Homeless Outreach Support Team) is an outreach-based program providing services in the field to get chronically homeless individuals with mental illness into permanent supportive housing. HOST collaborates with the Sheriff's Homeless Outreach Proactive Enforcement (HOPE) team to conduct outreach events, go out into the field, and engage the most difficult and hard to reach clients. HOST staff works with qualified individuals to complete the necessary applications and assessments in the field and, upon receipt of housing voucher, will assist the individual to locate and move into housing.

HOST continues to offer recovery-based wrap-around case management services to the individual to assist them to recover, gain wellness and reintegrate into the community with the ultimate goal of independence and self-sufficiency.

## **Homeless Resource Center**

*Palm Beach County, Fla.*

To affirm the need for and demonstrate its own commitment and leadership in ending homelessness, the Palm Beach County Board of Commissioners established the Palm Beach County Homeless Advisory Board. This board was chartered with the task of preparing and overseeing the implementation of the 10-Year Plan to End Homelessness in Palm Beach County.

The combined efforts of the board, community representatives and formerly homeless individuals led to adoption of the 10-Year Plan by the County Board in September 2008.

A Homeless Resource Center is one of the action steps identified in the 10-Year Plan to address centralizing and streamlining entry into the homeless service delivery system. On July 2, 2012, The county opened its first Homeless Resource Center — the Senator Philip D. Lewis Center. This Homeless Resource Center serves as the county's central point of access for homeless services.

At the Lewis Center, in 90 days or less, homeless individuals and families receive high-quality services from a team of community partners, to return them to a self-sufficient lifestyle. The services are provided under contract/agreement with the county, in conjunction with county staff, under the seamless umbrella of the center.

## **Housing Stabilization Program**

*Boulder County, Colo.*

The Housing Stabilization Program (HSP) is a short to medium-term (one to 12 months) rental assistance program for households experiencing temporary housing instability. Administered by Boulder County's Department of Housing and Human Services, in partnership with a network of seven community based organi-

zations (CBO), HSP provides financial assistance and case management services throughout Boulder County. The program's primary goal is to reduce the number of evictions, housing crises and homelessness in the community. Its secondary goal is to work collaboratively with the child welfare agency to support its clients' housing needs. The HSP's case management model includes standardized assessments, enrollment in financial stability classes, access to job readiness training tracks and linkage to resources to return households to self-sufficiency. The HSP has strengthened community connections and the safety net by pushing assistance and service delivery out to the community partner level. Since launching in 2011, it has assisted more than 1,000 households with their household stability needs.

## Homeless Prevention Project

*Mobile County, Ala.*

In November 2011, Mobile County allocated Community Development Block Grant (CDBG) funds to Legal Services Alabama to hire a Homelessness Prevention Project (HPP) attorney to provide free civil legal services to the underserved areas in Mobile County. In 2013, CDBG funds expanded services and targeted representation of domestic violence victims.

The HPP addresses civil legal issues that cause homelessness. The targeted clients are those experiencing problems with homelessness which include housing (evictions, warranty of habitability and other landlord-tenant issues), consumer (wage garnishments, debt collection defense and bankruptcy), family law (domestic abuse, divorce and custody) and public benefit cases (disability and unemployment compensation denials, and food stamps). The project identifies people on the verge of becoming homeless and takes necessary steps to keep them in their homes. This "front end" assistance greatly benefits those in poverty.

## A Plan to Eliminate Homelessness for Families with Children

*San Diego County, Calif.*

A special local preference for homeless families for the Housing Choice Voucher Rental Assistance Program — commonly referred to as "Section 8" — is helping to break the cycle of homelessness for families with children, who have already graduated



from a federally funded transitional housing program.

In just three years, the program reduced the number of homeless families with children on the street from 193 to zero in the county area. The San Diego County Department of Housing and Community Development, serving as the county's housing authority, created the program which gives those families access to permanent affordable housing. Historically, homeless families with children "graduating" from transitional housing programs have often returned to the streets due to a lack of permanent affordable housing. This process has created a cycle of

homelessness, placing children in vulnerable and unhealthy environments and creating an additional burden on the already limited supply of shelter beds available to the homeless. Housing these families opens up beds and resources in regional shelters for other homeless people and increases the effectiveness of the region's limited resources.

## Homeless Data Tracking

*Palm Beach County, Fla.*

The Point-in-Time (PIT) count is a one-day, statistically reliable, unduplicated count of sheltered and unsheltered homeless individuals and families in a community. Historically, homeless PIT counts are completed on paper, transferred onto a spreadsheet and analyzed. Data is then compiled for the required federal and state reports. The entire process is time consuming and extremely labor intensive.

A cross-department project team composed of staff from Palm Beach County Human Services and Information Support Services was formed in the summer of 2012 to address the count process. The result was the development of a web-based application and process redesign for conducting a homeless PIT count. The app also provides a way to track and oversee volunteers and meeting attendance, as well as adapt to any type of survey that requires staff participation to facilitate completion by the desired population.

This team effort yielded a process that will allow the community to gather homeless count statistics much more efficiently and to release results much sooner in the process. This application streamlines data collection, improves the data quality, facilitates reporting, enhances overall staff productivity and could be replicated in other counties. 



# HEALTH FAIR WELCOMES SANTA CLARA COUNTY'S HOMELESS

A shampoo and haircut were among the amenities offered to the Health Fair guests. Photos courtesy of Santa Clara County, Calif.

**By Janice Rombeck**  
Santa Clara County, Calif.

More than 300 uninsured, low-income and homeless men and women in Santa Clara County, Calif. streamed through a jam-packed community room on a crisp fall day to receive what most of us take for granted — haircuts, warm clothing and health check-ups.

The fifth annual free Downtown Health Fair on Oct 21, at the Cathedral Basilica St. Joseph in San Jose, was organized by the staff of Santa Clara County Board of Supervisors President Dave Cortese and the Cathedral, with the help of dozens of local agencies, nonprofits, community organizations and other service providers.

The one-stop collaboration provided flu shots; glucose, cholesterol, hepatitis C and HIV screenings; and blood pressure tests and dental exams. Guests are referred to follow-up visits to clinics or treated by doctors on site.

Participants were also treated to lunch, foot baths, hair washes and haircuts, warm clothing and socks and shoes. A mobile unit provided showers, and a nonprofit group took studio-quality portraits for the guests to take away with them. This year, they also had the opportunity to register to vote.

As guests visited the dozens of tables with information, they

made important connections to services that they might not have known about but are eligible for, including disability benefits, CalWORKs (employment help), CalFresh (food stamps), Medi-Cal (the state's Medicaid), Covered California and legal services. In most cases, guests could sign up on the spot.

By the most recent homeless count, a point-in-time census and survey taken in 2015, there are 6,500 homeless people in Santa Clara County on any given night, and more than two-thirds had been homeless for more than a year. Persistent homelessness can lead to serious health conditions and diseases — hypertension, heart disease, poor circulation, depression and mental illness.

The Health Fair is just one event in the county's campaign to end homelessness. Last year, a Housing Task Force, whose members represented diverse interests and backgrounds, came together to recommend short- and long-term solutions to end homelessness, and, with the City of San Jose, the county launched All the Way Home, a campaign to house homeless veterans.

But the Health Fair remains a real-life reminder of why we do what we do and a very real picture of who we serve. 

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*If you want more information on Santa Clara County's Downtown Health Fair, please call the Office of Supervisor Dave Cortese at 408.299.5030 or email [dave.cortese@bos.sccgov.org](mailto:dave.cortese@bos.sccgov.org).*

# Homelessness Prevention Status: 114th Congress offers little progress; federal programs continue assistance

**A**lthough more than 300 bills relating to homelessness were introduced in the 114th Congress over the last two years, only 13 were signed into law by President Obama. Of these 13, most focused on reducing or eliminating homelessness among veterans — a topic that has received much attention from local leaders across the country, as well as from within the White House.

One exception, however, was P.L. 114-22, the Justice for Victims of Trafficking Act of 2015. Officially signed into law by President Obama on May 29, 2015, this law includes victims of human or sex trafficking within the criteria for awarding grants for services to runaway and homeless youth.

Despite scant congressional activity, there remain many existing federal programs that local governments can tap to assist individuals and families who need housing support.

Some of these programs help counties treat the symptoms of homelessness: Health Care for the Homeless — through the Department of Health and Human Services' (HHS) Health Resources and Services Administration — provides primary care and substance abuse treatment for homeless individuals; Runaway and Homeless Youth Programs — through HHS' Administration for Children and Families — help transitional and homeless youth for up to 21 months. Federal programs such as HHS' Community Services Block Grant and Social Services Block Grant can be used, as well, to support social services directed towards homeless individuals and families, and the children of homeless families are prioritized for enrollment in Head Start programs.

In addition to treating the symptoms, there are dozens more federal programs that address the primary roadblock facing homeless individuals and families and help them find temporary and permanent housing.

Most of these are operated through the Department of Housing and Urban Development, and many are accessible to local

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Despite scant congressional activity, there remain many existing federal programs that local governments can tap to assist individuals and families who need housing support.

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governments. These programs target a wide variety of individuals and include:

- **Housing Choice Voucher Assistance Programs**, which provide Section 8 and other vouchers to low-income families, disabled individuals (Section 811) and seniors (Section 202) for rent subsidized homes and apartments

- **HUD Veterans Affairs Supportive Housing (HUD-VASH)**, a joint initiative between HUD and VA to provide housing choice vouchers, and case management and outreach to homeless veterans

- **Continuum of Care (CoC) Program**, which provides funding to nonprofits, and state and local governments to quickly re-house homeless individuals and families while minimizing trauma and dislocation impacts

- **Emergency Solutions Grant (ESG) Program**, which provides funding for street outreach, quality of emergency shelters, operation of such shelters, essential services to residents, rapid re-housing of homeless individuals and families, and homelessness prevention

- **Rural Housing Stability Assistance Program**, which provides funding in rural areas to improve housing situations for homeless; stabilize housing for individuals and families that are at risk of becoming homeless; and improve the ability of low-

est-income residents to afford stable housing

■ **The Youth Homelessness Demonstration Program (YHDP)**, a new initiative that will fund up to 10 communities (including four rural ones), to implement new and innovative project models to reduce the number of youth experiencing homelessness

■ **The Community Development Block Grant (CDBG)**, which provide formula grants to state and local governments for community development needs, can be used to provide both transitional and permanent housing as well as supportive services to families or individuals experiencing homelessness, and

■ **The HOME Investment Partnerships Program**, which provides formula grants to states and local governments to create affordable housing opportunities, can be used to fund a wide range of activities that build, buy or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to low-income people.

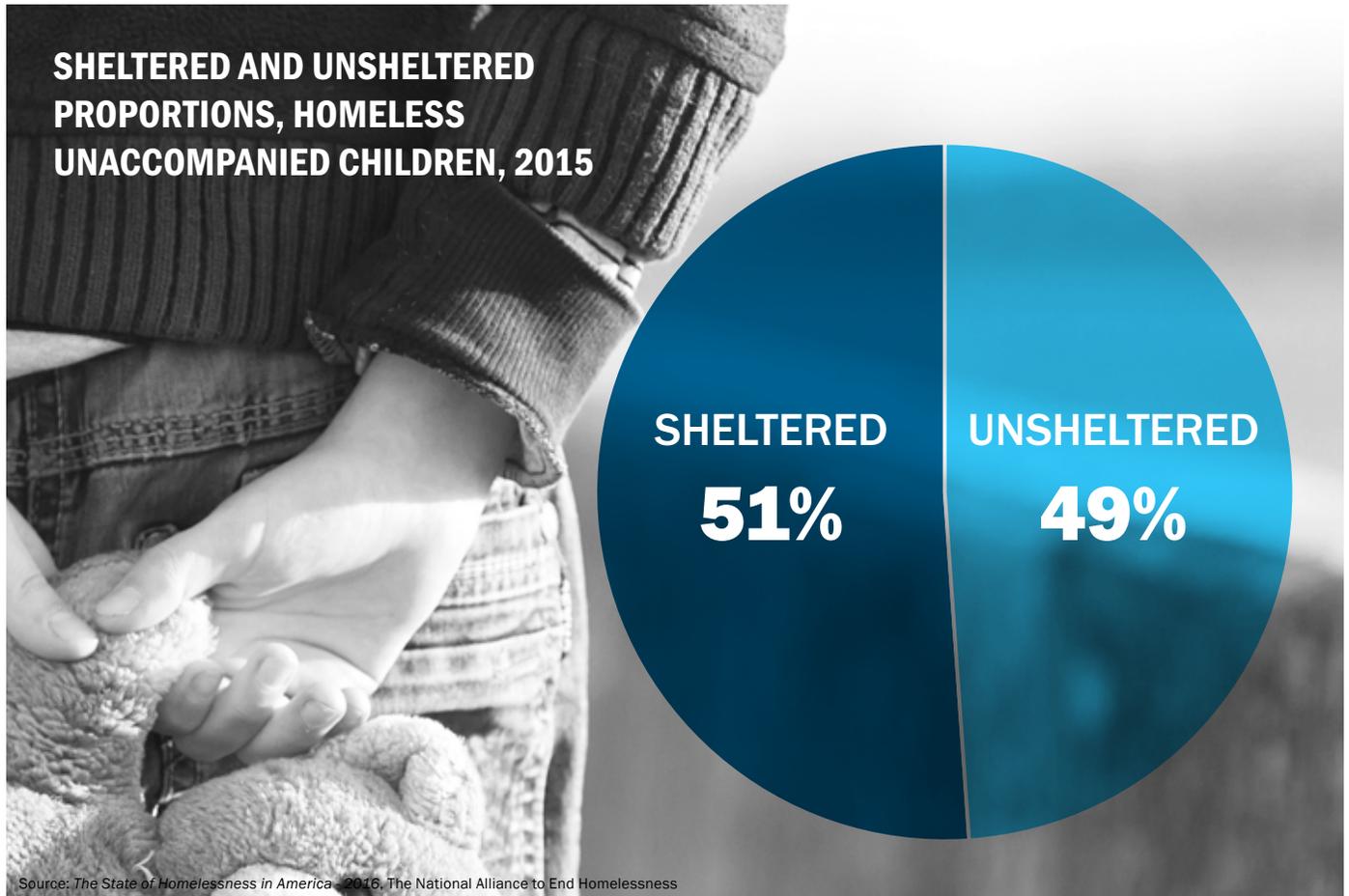
In addition to HHS and HUD, the Department of Justice (DOJ) is

also involved in efforts to prevent and end homelessness, with a focus on individuals returning to communities after incarceration.

In June, DOJ partnered with HUD to announce awardees under the Pay for Success Permanent Supportive Housing Demonstration, which tests cost-effective and housing-focused ways to help persons cycling between the criminal justice and homeless service systems. The program is part of a broader Obama Administration effort to “reduce barriers facing justice-involved individuals who are trying to put their lives back on track, including barriers to housing.”

Awardees announced in June include several local governments: Los Angeles County, Lane County, Ore., Pima County, Ariz., Montgomery and Prince George’s counties in Maryland, Travis County, Texas and Matanuska-Susitna Borough, Alaska. 

*Associate Legislative Directors Daria Daniel, Jack Peterson and Hadi Sedigh contributed to this report.*



# Q & A with homeless advocate Nan Roman

**Nan Roman**

**National Alliance to End homelessness**

**N**an Roman is the president and CEO of the National Alliance to End Homelessness, a non-partisan, nationwide federation of public, private and nonprofit organizations with a network of more than 10,000 partners devoted to ending homelessness. To learn more, visit [www.endhomelessness.org](http://www.endhomelessness.org).

## There seem to be several definitions of homelessness. How would you define it?

The National Alliance to End Homelessness generally uses the definition established by the departments of Housing and Urban Development and Veterans Affairs which states that an individual is homeless if he or she lives in an emergency shelter, transitional housing program, safe haven, or a place not meant for human habitation, such as a car, abandoned buildings or on the street.

It also includes people who are staying temporarily with someone else (doubled-up, couch-surfing) but have to leave imminently. We use definitions from other departments when they are relevant to their programs or for general information, but most often we focus on the HUD-VA definition.

## Has the face of homelessness changed over the past 20 years?

There have been some changes in the various subpopulations in the past 20 years. Chronic homelessness — long-term homelessness among people with disabilities — has gone down. Vet-

eran homelessness has gone down. This is due to concentrated efforts to attack these problems, ramped-up resources and tremendous innovation at the local level.

Although homelessness is a complicated problem — low incomes, high housing costs, disability, domestic violence, family conflict, health, and so many other factors play a role — it is important to remember that people who have a home are not homeless. Our work at the alliance is all about identifying and sharing strategies that will bring us, as a nation, closer to this simple solution of getting people into housing and ending their homelessness.



**Nan Roman**

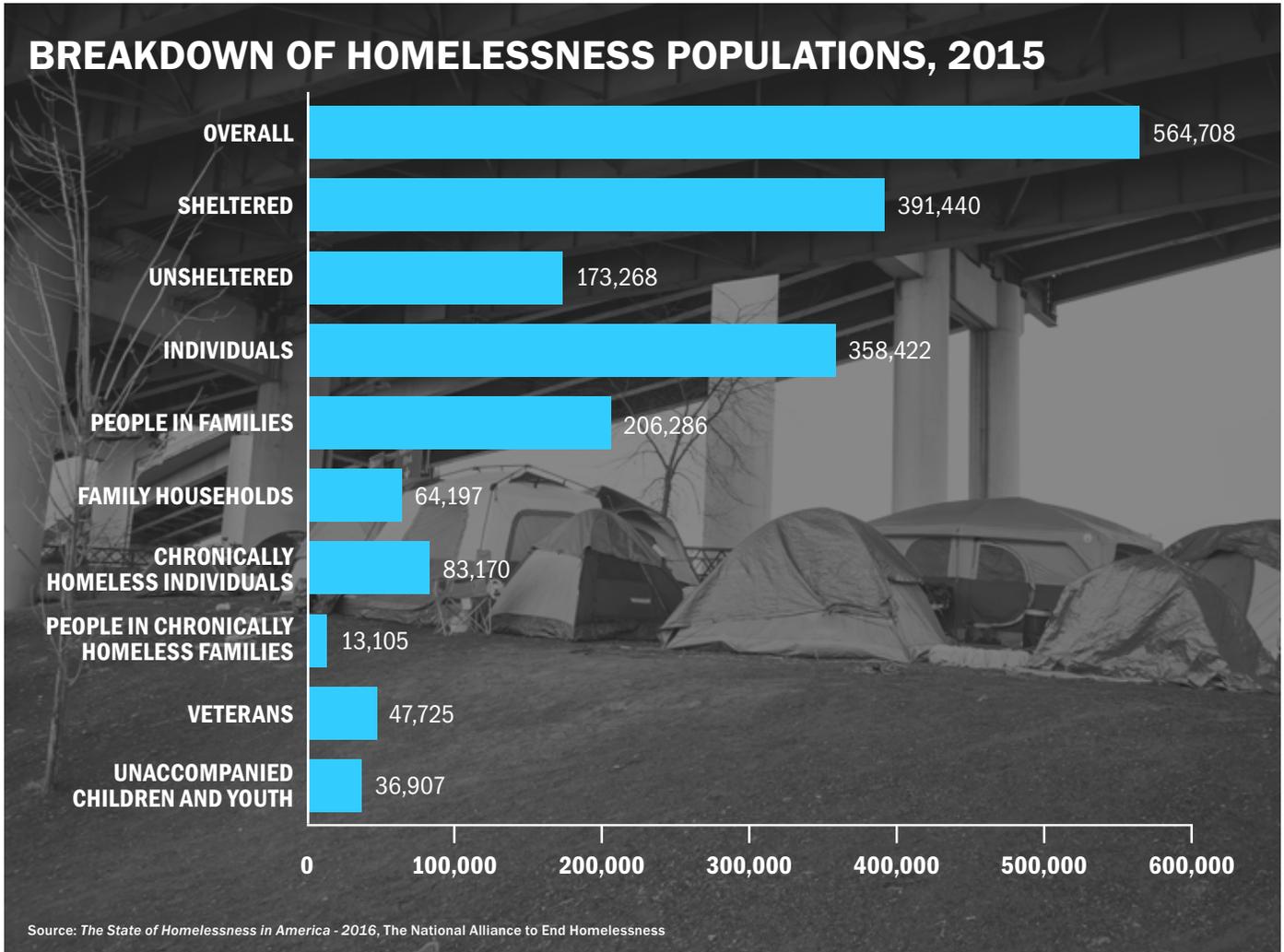
## Do different populations — veterans, women, victims of domestic violence, for example — have different housing needs?

Different populations may need different types of housing interventions or different levels of housing assistance. For example, people with serious disabilities who are homeless for long periods of time need longer-term rental assistance, whereas many families and individuals who are homeless briefly for economic

reasons may only need short-term help paying for housing.

Youth who are homeless might benefit from “host homes,” in which they live with a family; while survivors of domestic violence may require a safe and confidential place to stay in the short run and possible help relocating to housing in a different jurisdiction.

And although housing does end homelessness for everyone, many people also need services to stabilize their housing. Families may need home visiting and child care support. Veterans may need treatment or employment assistance. People with illness need connection to treatment and support.



### What’s the most surprising fact about homelessness?

I don’t know about surprising but something that most people may not know is that we know how to end homelessness. We know what programs work to get people back into housing. For veterans, where investments for housing have been greater, dozens of places have already ended homelessness, using this know-how.

Another fact people may not recognize is that widespread homelessness hasn’t always been a problem in our country. Before the 1980s, homelessness was infrequent and usually very brief. When a family or individual experienced a crisis and lost their housing, they could quickly find another place to live: communities had enough affordable housing available for rent. Today, the supply of affordable housing is dwindling. Runaway rent increases are far outpacing the slow, stagnant growth in wages and the distance

between the two is growing into a worrisome gap that is threatening the housing stability of more and more Americans.

### What federal policies — if any — hamper efforts to serve the homeless population?

The major federal policy that affects homelessness is the lack of affordable housing. The federal housing support programs for low-income people do not receive nearly enough money — they are only available to about one-quarter of the people who need them, and the rest go without. Homeless people may have all sorts of problems, but if they are housed they are no longer homeless.

The market does not create or provide housing that is affordable to people who are poor — living at 30 percent of the area median income or below — in any community in the U.S. This re-

sults in too many people spending well over half of their incomes for rent. Any crisis — the loss of a job, an illness, a move away from their support system — can catapult them into homelessness. Three times more people need housing assistance than get it, and this failure to support people causes too many to become homeless.

### **Is it likely there will always be some percentage of the population who chose to remain unsheltered?**

In some places, the number of unsheltered homeless is expanding rapidly. On a single night in January 2016, there were 176,357 people living outside. That is an increase of nearly 2 percent from last year. There are a lot of factors that go into that number. Some of these individuals do choose to live outside and remain outside of the system. For others, it's the only option if they choose to not seek temporary emergency shelter — and that's a choice that they could be making based on a variety of factors. And in some communities there is not nearly enough capacity to shelter all homeless people.

Every day, in cities across the nation, there are outreach workers who go out into communities and encourage people on the street to come inside but many refuse. For some, avoiding shelters is related to a mental illness, for others it might be well-founded fear, since shelters are not always safe places.

High barriers to access a shelter can also be a deterrent. These barriers are requirements that must be met in order to utilize services — requirements like sobriety, a curfew or even having a photo ID. In some cases for families, being unsheltered might be the only option if they want to stay together or don't want to leave a pet behind.

These are all factors that play into the unsheltered number but are also factors we can mitigate in order to help the most people possible.

### **What's the biggest myth about the homeless?**

There are several assumptions that people make about homelessness that turn out not to be true.

One myth is that homeless people are all single adults who are homeless for years on end and live in shelters or sleep on the streets. There are certainly some people who fit that description, most of whom have severe disabilities that require treatment. But nearly a third of people who are homeless live in families; and most single adults are homeless only briefly before getting

back into housing.

Another myth is that before homeless people can get back into housing they need to resolve any problems they may have. If they're unemployed, they need to get a job. If they have a substance abuse disorder they need to get clean and sober. If they have a mental illness, they need to complete treatment. In fact, it turns out that it is very difficult for people to resolve very difficult problems like these when they are living on the streets or in shelters. On the other hand, having a stable home allows people to take on and address these complex issues. All of us need the safety of a home to successfully address life's problems.

### **While federal, state and local governments all grapple with the problem of homelessness, whom do you believe has the largest stake in solving it?**

I am not sure that any one level of government has a greater stake than the others, but because homelessness is experienced at the local level, it is likely that's where not only the economic costs but also the social and human toll of the problem is most directly felt.

### **People point to poverty, lack of affordable housing, domestic violence, unemployment, substance abuse problems or mental health issues as the principal causes of homelessness. Would you agree, and if so, which do you think is the most likely reason?**

Many factors contribute to homelessness: poverty, mental illness, addictive disorders, decreases in public assistance, rising health care costs. But the main reason people experience homelessness is because they cannot afford the housing that is available to them. Runaway rent increases are far outpacing the slow, stagnant growth in wages and the distance between the two is growing into a worrisome gap.

### **What advice would you give county leaders seeking to reduce the number of homeless in their communities?**

I would advise three things: commit to ending homelessness, set a timeline for getting there and put together the partners you need to solve the problem; focus on the strategies that are proven to work with an emphasis on housing; and remember that although we know what to do, we need to do enough of it and do it long enough to reach the goal. 

# MORE THAN EMERGENCY SHELTER:

Counties take  
different paths  
to address  
homelessness

**By Charlie Ban**  
**senior staff writer**

The quickest way to end homelessness is to provide housing. It's simple, but the economics are the hard part — the sum of funding, program support and available housing.

Rapid re-housing, now considered the model program by the Department of Housing and Urban Development, tries to limit the amount of time in temporary shelter and quickly get homeless families and individuals back into permanent, or at least long-term shelter.

Mercer County, N.J. was one of the 15 communities to receive a federal Homeless Prevention and Rapid Re-housing Grant to fund a rapid re-housing program in 2008.

The program is rooted in the “housing first” philosophy, which hinges on taking care of immediate shelter needs and then addressing substance abuse and job stability later. Mercer County covers six months of rent and expenses for privately owned rental housing to give recipients a chance to build their savings and, with good execution, stay in that house.



In 2015, the number of homeless families decreased 4.6 percent from the previous year. Jim West / Alamy Stock Photo

“We don’t allow them to get an apartment they can’t sustainably afford,” said Marygrace Billek, director of human services for Mercer County. “And we open up resources like a food pantry so any income they have can go toward building savings.”

Mercer County’s earlier system moved families to transitional housing — with a heavy emphasis on social service delivery — from the shelter, almost like social promotion in schools. It was slow and expensive and not as efficient, as Billek found out. And now HUD doesn’t pay for transitional housing.

“We looked (in 2008) at what we were doing and realized we weren’t ending homelessness, we were managing it,” she said. “We had set up a process so that people would go from emergency shelter to transitional housing and sometimes to permanent housing. If you stuck with us long enough and did all of the right things, eventually, someday, you could be rewarded with housing.

“But homeless people didn’t need 18 months of classes on being a better parent; they needed a home.”

It’s a simple and direct approach for people who need a finish line, not red tape. Though some homeless people have been on the street for years, with mental and behavioral health or substance abuse disorders interfering with their chance for a sustainable lifestyle and requiring permanent supportive housing with heavy social service delivery, many are simply caught in the economic friction between wages and the cost of living.

“The level of poverty for families who are homeless isn’t very different from everyone else who lives in their neighborhood,” Billek said. “They’re on the margins and something happens, their car breaks down and they can’t get to work, they lose their job and their carefully balanced world falls apart. Get them in a safe place where they can get their bearings and they could be back on their feet.”

Reorganizing Mercer County’s system redirected all families through a standard screening and assessment process. Since 2012, Mercer County has not had a chronically homeless family, down from 130 in 2008.

The program has cut down on the length of time a family draws public assistance (an average of 189 days, down from the previous 339-day average), and increased monthly income in 50 percent of cases, compared to 14 percent previously. In the past seven years, only 6 percent of families have reported becoming homeless again, compared to an earlier 21 percent recidivism rate. All of that adds up to a nearly 50 percent cut in costs from the previous model.

Single homeless adults generally exhibit mental health or sub-

stance abuse disorders that require permanent supportive housing, but Billek said the county has a rapid re-housing model for single people, too.

“We focus on getting them back to work, but if they haven’t held a job in three years, they’re probably not getting one soon, so we shift our focus to getting them Social Security payments and then working on job training,” she said.

Regardless of the population, vigilance in program evaluation is necessary for success.

“Never take your eye off of the numbers,” Billek said. “If you don’t look at your data all the time and see the amount of time people spend in the shelter has gone from 47 days to

54 days, and you don’t ask ‘Why did that happen, what’s the problem?’ pretty soon the number will keep creeping up.”

In the rapid re-housing process, Mercer County provides expert consultation for lease negotiations.

“For a mother of three who gets in a house and then finds out she’s responsible for every utility and she has to clear the snow, that just makes it harder to keep her in a home,” Billek said. “We can be advocates for them, the social service environment is very confusing unless you have some help navigating it.”

## A SAFETY NET BEFORE THE SAFETY NET

Of course, keeping people from becoming homeless in the first place is another strategy. Hennepin County, Minn. is developing a “chatbot” legal advice smartphone app, which can give tenants a resource for their rights and options if they are facing eviction.

“We have a lot of households who use this tactic of stopping paying rent if the landlord isn’t fixing something,” said Mikkel Beckmen, director of the Hennepin County-Minneapolis Office to End Homelessness. “That may work in other cities and states but in Minneapolis, that will get you evicted.”

So educating tenants and trying to avoid eviction is all part of Hennepin County’s strategy of preventing homelessness in the first place. In some circumstances, that includes direct rental assistance to tenants.

“As much as you can keep people in housing, you should, because once you lose it, it becomes very hard to find a spot in a competitive housing market,” Beckmen said. “Families who have been in shelters are at the most risk of repeating, but studies have also shown that (government) rental assistance isn’t necessary for keeping all families in their homes. If we do offer direct rental assistance, to keep people from being evicted, we target families with less than \$15,000 in annu-

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It’s a simple and direct  
approach for people  
who need a finish line,  
not red tape.

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al income and who have had shelter experience previously.”

Beckmen’s department is also trying to reconcile the different timelines for emergency assistance services and housing court.

“Housing court is fast, it could take between three and 14 days for someone to be evicted, but it takes longer than that to even get emergency assistance started, leaving a vulnerable gap.”

Hennepin County is also working with cooperative landlords to provide direct counseling and a form of mediation to work out solutions to keep tenants from being evicted.

If all of that fails, Hennepin is one of a dwindling number of counties with a Right to Shelter policy for all families and single people with disabilities, the only in the upper Midwest.

## A GEOGRAPHIC CHALLENGE

Battling rural homelessness presents a number of challenges. Communities spread out over larger areas make it hard to position service providers. The National Alliance to End Homelessness estimated that 7 percent of the homeless population lives in rural areas, according to the Department of Health and Human Services. Many rural homeless stay with family or friends, which keeps them off of the official homeless counts and makes it hard to accurately track the size of the population.

That contributes to less funding for rural counties to fight homelessness.

“A lot of times, when it comes to funding, we end up not being eligible,” said Danielle Lurie, chairwoman of the Tuscarawas County, Ohio HOME (Housing Opportunity Monitoring Education) Network. “It’s tough.”

So she and her staff do what they can, as do other counties in the same situation, working from the margins to do what they can for people living on the margin to put people in homes. They have some vouchers, and some funding for rapid re-housing, but most efforts involve a lot of scraping to get by.

When an oil and gas boom in eastern Ohio brought out-of-town workers, affordable housing was in high demand and lower-income residents’ options narrowed further.

“We were able to get through to some local landlords who understood the purpose we served and were willing to stick with (the local renters),” Lurie said. “It wasn’t an issue that they wouldn’t get the money, Section 8 vouchers come guaranteed straight from the government, and quite frankly, in the long run it was more affordable for landlords because the oil and gas population was pretty rough on the properties. But we developed those relationships and made sure landlords knew the impact.”

Some counties have it worse than Tuscarawas, which still opens

up its 91-bed shelter to neighboring Carroll County, which doesn’t have one of its own. Just over half of the United States’ 3,069 counties (1,536, to be exact) maintain homeless shelters with at least one bed. Like Tuscarawas County, they do tenant education, build that roster of cooperative landlords and hope for options such as a drop-in shelter some day.

“It’s a need, it continues to come up. It’s not something that’s particularly welcomed by the community — nobody wants it in their back yard — but if managed properly, it could be a real asset,” Lurie said.

## A PLACE TO LIVE

The bridge between homelessness and security is the availability of safe affordable housing, which HUD defines as costing no more than 30 percent of an individual’s income.

It’s something Billek feels fortunate about in Mercer County.

“We’re not San Francisco, we have housing and we can put a person in a house and they’d have choice,” she said. “If they don’t want to be in Trenton, there’s housing in Princeton, or Hamilton or Hopewell.”

St. Clair County, Ill. has plenty of housing, following a population decline that started in the 1950s. But many of the houses are in poor condition, and Terry Beach, director of the county’s intergovernmental grants department, has overseen disbursement of grants worth up to \$20,000 to rehabilitate low-moderate single-family homes, including emergency building code repairs.

In Butte County, Calif., a different plan to create safe housing is in the works. The county’s 10-year plan to end homelessness describes a designated campground for the homeless, with on-site amenities including showers, laundry facilities, mailboxes and a possible community building.

“For the chronically homeless, accustomed to an alternative lifestyle, a housing-first model can be threatening,” the plan says.

Just to the south, a Yuba County homeless shelter opened 20 8-foot-by-14-foot “tiny houses,” consisting of a room with two beds with no water or electricity, to provide some protection from the elements for the homeless for 30 days per person.

Whatever the resources they have available, counties are providing what is likely the last chance for many people in distress.

“Most of the time, people have family or friends they can rely on for help, so the people we see showing up at a shelter tend to be the least connected with the shallowest personal support networks,” Beckmen said. “Homelessness looks similar across the country because it’s really about people with incredibly low incomes trying to compete for an ever-dwindling resource.” 



The national rate of homelessness fell in 2015 to 17.7 homeless people per 10,000 in the general population. Marmaduke St. John / Alamy Stock Photo

## U.S. Interagency Council on Homelessness

**W**e can end homelessness for people with the most complex needs in our communities, including people with disabilities with the most extensive experiences of homelessness. We know the solution — supportive housing — and have seen it work across the country. However, ending chronic homelessness takes political will, leadership, collaboration and coordination among multiple state and local programs to align resources for housing and supportive services. To help you do this challenging work, we've compiled 10 strategies you can use to drive progress in your community.

### **1** Start at the Top: Get State and Local Leaders to Publicly Commit to and Coordinate Efforts on Ending Chronic Homelessness

One of the key lessons we have learned through our work ending veteran homelessness is that commitments from — and cross-sector coordination among — state and local elected officials can create the urgency necessary to achieve an end to homelessness.

The same is true for ending chronic homelessness. Governors, mayors and county leaders can convene the appropriate partners and drive accountability. And they can ensure that strategic planning is coordinated and that health, behavioral health, reentry and housing policies and resources are available and aligned to scale and deliver supportive housing to achieve this goal.

### **2** Identify and Be Accountable to All People Experiencing Chronic Homelessness, including People Cycling through Institutional Settings

You can't solve a problem you can't see. Solving chronic homelessness is only possible if every individual experiencing or at risk of it is located and identified across a variety of settings, and their progress in engagement and housing placement is tracked in real time. To do so, your community should conduct coordinated outreach, implement data-driven targeting by using and cross-referencing data sets (e.g., Homeless Management Information System, Medicaid, jail/corrections), and use other methods to identify people experiencing or at risk of experiencing chronic homelessness, including people cycling between homelessness, jails and hospitals. By tracking engagement

efforts at the person-level, such as with an active list, communities can better monitor their progress and hold themselves accountable to quickly helping every individual experiencing chronic homelessness.

### **3 Ramp up Outreach, In-reach and Engagement Efforts**

Persistent, coordinated and creative outreach efforts — and in-reach into institutional settings — are vitally important to the ability to not only identify, but engage, people experiencing chronic homelessness and link them to the housing and services interventions available in your community. That involves:

- ensuring that outreach efforts are comprehensive — covering a full geographic area and the multiple settings within it — and coordinated across all teams and providers
- sharing information across outreach teams and sites, and coordinated with other systems, including law enforcement, hospitals and emergency departments, prisons and jails, libraries and job centers
- partnering with Health Care for the Homeless (HCH) grantees and Projects for Assistance in Transition from Homelessness (PATH) grantees who can have a powerful impact on improving care coordination and optimizing resources
- partnering with law enforcement, prisons, jails and hospitals to conduct both in-reach and outreach to reduce the cycle between homelessness and criminal justice system involvement.

These efforts should seek to reach and connect with all people who are unsheltered within your community, including people living in encampments or tent cities, as well as people in institutional settings, such as jails and hospitals. All outreach should be person-centered and emphasize building rapport and trust as a means of helping people obtain housing with appropriate services.

### **4 Implement a Housing-First System Orientation and Response**

Communities must adopt a “housing first” approach across their entire system to ensure that people with complex needs can exit homelessness as quickly as possible. To drive such transformation, communities should adopt uniform measures of success that emphasize permanent housing, with the right level of services, as the goal for people experiencing chronic homelessness. Other strategies include:

- reducing or removing barriers for applicants with substance use issues, poor credit or financial history, or past involvement with the criminal justice system

- coordinating with legal services organization to address individual and systemic legal needs of people experiencing chronic homelessness

- creating strong and direct referral linkages and relationships between the crisis response system — local shelters, outreach programs, hospitals, police departments — and supportive housing, and

- ensuring that all staff in shelters, outreach teams and housing settings are trained that substance use, criminal histories or motivation are not obstacles to successful tenancy in housing.

### **5 Set and Hold Partners Accountable to Ambitious Short-Term Housing Placement Goals**

Many communities have established ambitious monthly, quarterly or 100-day housing placement efforts, sometimes called housing placement “surges,” to break down the larger goal of ending chronic homelessness into focused blocks of time and effort, while pushing their systems to perform with maximum efficiency and better outcomes. These goals can be met by:

- creating and sharing a community-wide list of people experiencing chronic homelessness
- using a tested and validated assessment tool and process to prioritize and target interventions
- using navigators or guides to address individuals’ needs
- monitoring progress rooted in access to housing on a weekly or monthly basis.

### **6 Prioritize People Experiencing Chronic Homelessness in Existing Supportive Housing**

In many communities, the supportive housing opportunities that have been created have unfortunately not been well targeted. In fact, national data shows that only about 29 percent of existing supportive housing is targeted to individuals experiencing chronic homelessness. You can maximize the impact of existing supportive housing by adopting a policy that prioritizes individuals experiencing chronic homelessness for any newly created units, and for any units that become available through turnover, unless there are no longer any individuals experiencing chronic homelessness remaining.

Coordinated entry is a critically important approach for prioritizing and matching people experiencing homelessness to the most appropriate housing and services. Within coordinated entry systems, communities can use data-driven approaches to prioritize people experiencing chronic homelessness who have the most significant needs for housing and services.

## 7 Project the Need for Additional Supportive Housing and Reallocate Funding to Take It to the Scale Needed

To end chronic homelessness, communities must have an adequate supply of supportive housing to assist individuals who are currently experiencing chronic homelessness and those who are likely to be chronically homeless in the near future. Some communities can make significant progress toward the goal just by improving the targeting of existing units. Most communities will also need to expand their supportive housing inventory through maximizing both targeted grants and leveraging new mainstream resources.

The degree to which resources meet this current and future need will vary from community to community. A good starting point is to use data to assess whether your community has a gap in supportive housing availability, and if so, to determine the size of that gap.

To expand the supply of supportive housing, communities can also monitor the performance and cost effectiveness of programs within their homelessness service system and reallocate funds to the programs with the best outcomes. Reallocating funds is one of the most important tools by which communities can make strategic improvements to their system for ending homelessness.

## 8 Engage and Support Public Housing Agencies (PHA) and Multifamily Affordable Housing Operators to Increase Supportive Housing through Limited Preferences and Project-Based Vouchers

By partnering with public housing agencies and operators of HUD-financed multifamily housing, communities can expand the supply of supportive housing, as well as create new housing opportunities for current residents of supportive housing. Specifically, PHAs and operators of multifamily housing can:

- establish a limited preference, committing Housing Choice vouchers, public housing units and multifamily housing units to serve people experiencing chronic homelessness, which communities can couple with supportive services

## ALL OUTREACH SHOULD BE PERSON-CENTERED AND EMPHASIZE BUILDING RAPPORT AND TRUST AS A MEANS OF HELPING PEOPLE OBTAIN HOUSING WITH APPROPRIATE SERVICES



- use project-based Housing Choice vouchers within apartment buildings being developed to serve as supportive housing

- increase opportunities for tenants of supportive housing who do not need the intensity of services provided to “move up” through Housing Choice vouchers and other affordable housing and employment services, freeing up supportive housing opportunities for people experiencing chronic homelessness.

## 9 Leverage Medicaid and Behavioral Health Funding to Pay for Services in Supportive Housing

Supportive housing combines affordable housing with a tailored package of support-

ive services that help people achieve housing stability. Implementing successful supportive housing requires consistent and effective supportive services, which in turn require reliable and sustainable funding. One of the most promising sources of sustainable financing for these services is Medicaid.

As federal guidance has clarified, states have the option of ensuring their Medicaid plans cover housing-related and supportive services that help people find and keep their housing and connect to care. States can supplement Medicaid with behavioral health system funding, such as mental health and substance abuse prevention and treatment block grants. By leveraging Medicaid and behavioral health funding for supportive services, communities can shift HUD funding toward providing rental assistance for additional units.

## 10 Help People Increase Their Income through Employment Opportunities and Connections to Mainstream Benefits and Income Supports

By combining affordable housing with supportive services, employment opportunities, and income supports, communities can help individuals with disabilities achieve stability and independence. A critical way to provide that stability is by connecting eligible people experiencing chronic homelessness to Supplemental Security Income and Social Security Disability Insurance benefits, and by increasing income through connections to employment opportunities and workforce programs. 

# Adult homeless strategies, poor fit for youths

**By Charlie Ban**  
senior staff writer

After an uncertain stretch on the streets, a young person makes it into a shelter, then finds himself rapidly re-housed — placed in an apartment by himself. And that’s not always good news.

That’s the wrong way to approach youth homelessness, according to organizations that provide youth services to counties, and it illustrates the disconnect between public policy and the situations young people are facing when they don’t have homes.

“The needs of homeless youth are vastly different from homeless adults,” said Paul Hamann, president and CEO of the Night Ministry, a Cook County, Ill. service provider. “There needs to be a continuum of options available, because if you rapidly re-house a young person in an apartment by themselves, especially if they’ve never lived by themselves, it usually doesn’t do too well for them.”

Melinda Giovengo, president and CEO of YouthCare, King County, Wash.’s youth homeless service provider, agrees.

“Housing is an integral part, but for young people, you were only putting a bandage on situations. If you’re not connecting young

people on a true path to exit homelessness, they’re going to fail. They probably haven’t lived by themselves and supported themselves (like adults placed in rapid re-housing), so when their rent subsidy runs out, they’ll probably be evicted.”

This confluence makes sense to David Pirtle, public educational coordinator for the National Coalition for the Homeless.

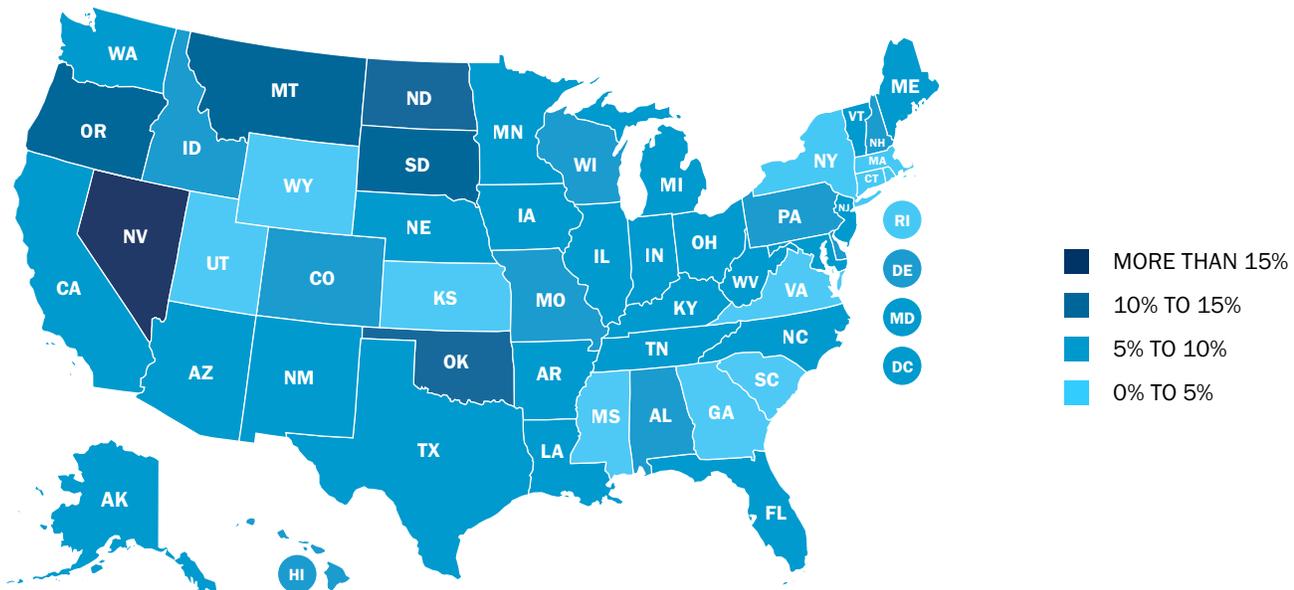
“They’re the last people we think of when we think of homeless folks,” he said. “They’re an afterthought when it comes to programming, and they’re harder to count because they don’t come use services the way adults do. They don’t always know where to go.”

The 2014 U.S. Department of Housing and Urban Development point-in-time count pegged youths under 24 as 34 percent of the national homeless population.

Giovengo suggests transitional housing, which is more temporary and more service-delivery intensive, but meets the needs of a developing person. But, HUD does not fund transitional housing as it once did, which makes it difficult to afford.

Hamann would like a developmentally appropriate compromise that places several youths in a group living situation with structured programming and supervision.

## PERCENTAGE OF HOMELESS PEOPLE WHO ARE UNACCOMPANIED CHILDREN AND YOUTH, 2015



Source: *The State of Homelessness in America - 2016*, The National Alliance to End Homelessness

Giovengo said job training and education has to be a part of the path out of homelessness.

“Biggest question we’re asked is ‘Can you help me get a job?’ she said.

With all concerns about housing in mind, the most important function is just getting kids into some kind of shelter.

“The most vulnerable moment is the child’s first night on the street,” Giovengo said. “In the first 48 hours, you will be raped, robbed or beaten. It doesn’t take long for homelessness to take a toll on young people. We have to do everything we can to prevent a young person from spending a night on the street.”

Just as the route out of homelessness is different for adults and youths, who are broken down to the 13–17 and 18–24 age groups, the paths that brought them there are different, too.

Where lost jobs or mental health or substance abuse disorders are typically the largest contributors to adult homelessness, youths age out of foster care or juvenile justice systems or run away from or are kicked out of their homes.

National estimates put the population of LGBTQ homeless youth at 40 percent of the total homeless youth population. In Harris County, Texas, 48 percent of homeless LGBTQ youth reported being kicked out of their family homes.

Homeless youths of all kinds gravitate to urban areas, with the population, culture and community most likely to support them, yet counties remain the bedrock social safety net and provide services regardless of jurisdictional lines.

Giovengo said that King County youth typically gravitate toward the urban centers — there’s a large encampment beneath Interstate 5 — and stick to their age range.

“Adult homeless camps are pretty frightening for kids,” she said.

Though her organization does outreach to many of the camps, bringing food and clean water, drug dealers and pimps also prey upon the kids there.

“They’ll give them a free sample (of drugs) to get them hooked,” she said. “A lot of the kids are looking for something to anesthetize them to what’s happening.”

Roughly 70 percent of homeless youth report having engaged in “survival sex” to secure housing, food or money, and the most

effective response King and many other counties have found is to not prosecute prostitution, but rather target the traffickers.

“If you’re a 13- or 14-year-old, alone for 45 minutes at the Westlake Mall, a pimp or John will approach you,” she said.

As for where to go, Giovengo said a good start is getting a count of the youth homeless population, from which to base programming. King County’s Count Us In report found 824 homeless and unstably housed youths on Jan. 28, 2016.

“Every year we’re within about 100 of the last year, always between 700 and 1,000,” she said. “The number gave us a target, but it’s also a number the community and the funders can plan around you can plan solvable solutions for.”

Hamann said counties can improve their youth homeless services by coordinating where departments that interact with them, then share data, which can go a long way to getting a better picture of the homeless youth they’re dealing with.

He also suggests counties pay for transitional housing that will better serve the youths’ developmental needs.

“There is definitely a role for the county to play in funding alternative housing options,” he said.

Prevention programs help.

“If there was a place for kids to cool off when there’s tension with their family, that would help stop a lot of rash decisions,” Hamann said. “If we could get a good preventive system in place, we can probably cut the population by one-third.”

Giovengo set King County’s goal as one of an outfielder diving to make a catch.

“We can’t prevent every child from leaving home or every family from breaking up, but we can prevent every child from sleeping in the street,” she said.

We have to do everything we can to prevent a young person from spending a night on the street. The longer a young person is out there, the harder it is to get them back inside.

And that first night is an eye-opener.

Pirtle, who was himself homeless for two-and-a-half years as an adult, found some common ground with homeless youths he met during that time.

“The most terrifying thing is realizing everything you don’t know that first night,” he said. 

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