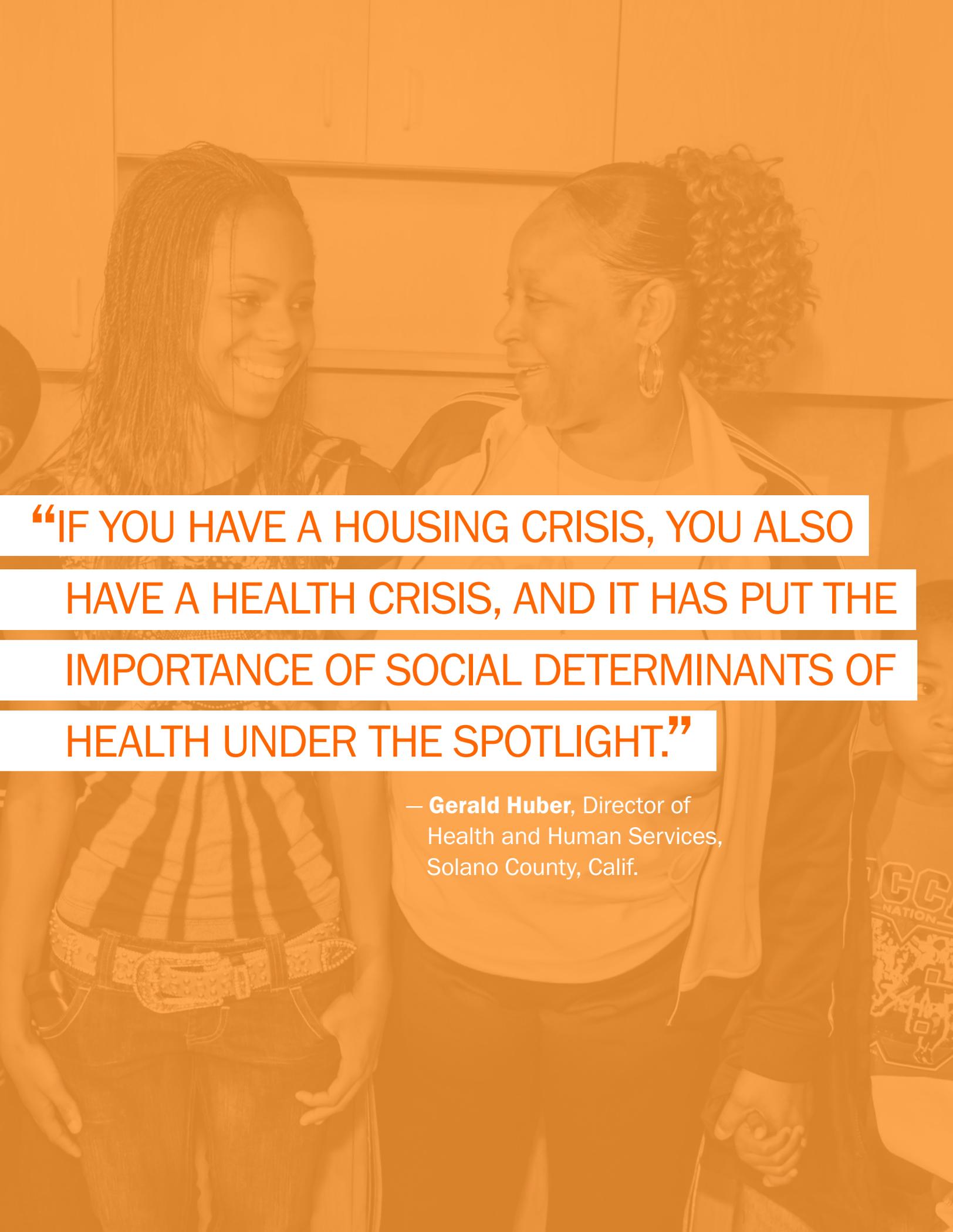




**THE COUNTY ROLE IN ENDING
HOMELESSNESS AND IMPROVING
PUBLIC HEALTH**



“IF YOU HAVE A HOUSING CRISIS, YOU ALSO
HAVE A HEALTH CRISIS, AND IT HAS PUT THE
IMPORTANCE OF SOCIAL DETERMINANTS OF
HEALTH UNDER THE SPOTLIGHT.”

— **Gerald Huber**, Director of
Health and Human Services,
Solano County, Calif.

INTRODUCTION

More than 580,000 people in the U.S. experience homelessness on any given night, and evidence suggests that this number increased in 2020 due to the COVID-19 pandemic and resulting economic downturn.¹ Homelessness is not just an urban problem – only half of people experiencing homelessness live in major metropolitan areas, followed by those in suburban areas (25 percent) and other urban and rural communities.² Counties across the country invest close to \$11 billion in housing and community development each year and play an important role in addressing the needs of people experiencing homelessness.³

The main drivers of homelessness include lack of affordable housing, unemployment, poverty, stagnant low wages and lack of access to mental health and substance abuse treatment. The effects of homelessness are just as varied. Homelessness and housing instability are closely connected to declines in physical and mental health as homelessness can cause and exacerbate health conditions due to barriers to accessing health care, adequate food and safety and social services.⁴ People experiencing homelessness have high rates of HIV infection, substance abuse, mental illness, tuberculosis and other chronic conditions. Additionally, people experiencing homelessness are at an increased risk for contracting or having more serious cases of COVID-19. Due to the nature of homelessness, those affected face challenges obtaining



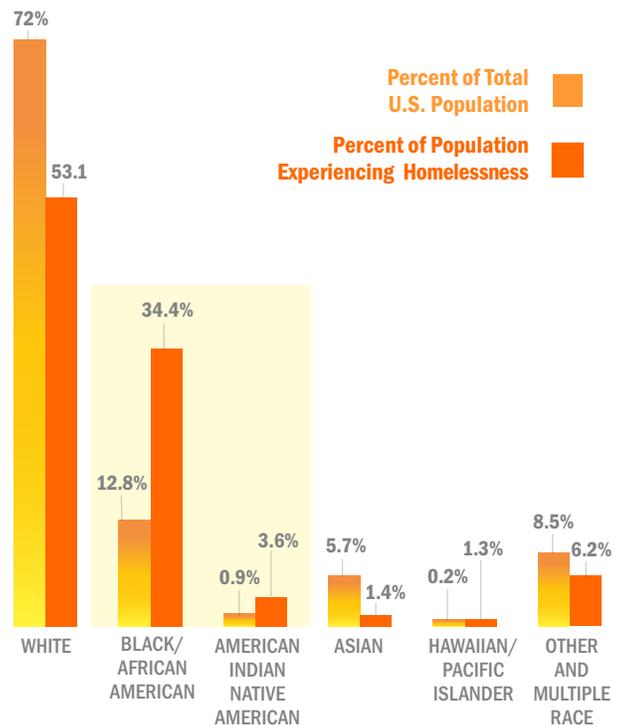
Homelessness is not just an urban problem – **only half of people experiencing homelessness live in major metropolitan areas** followed by those in suburban areas (25 percent) and other urban and rural communities.

cleaning products, practicing social distancing and self-quarantining and are more likely to suffer from an undiagnosed comorbidity. With so many factors affecting people who are or at-risk of experiencing homelessness, the solutions must also be multi-faceted and comprehensive.

As local providers of the full range of supportive services needed to tackle the many social and economic drivers of homelessness, counties are uniquely positioned to pursue collaborative partnerships to effectively address this crisis. This brief outlines solutions for how county leaders can form and leverage partnerships to address and end homelessness through crisis, transitional and long-term housing.

HOMELESSNESS DOES NOT AFFECT ALL PEOPLE EQUALLY.

Black and indigenous people in the United States experience homelessness at higher rates than white people and comprise a disproportionate share of the homeless population compared to the general population.* The racial disparities in homelessness are a by-product of structural inequities in income, access to health care and housing.⁵



Source: The United States Census Bureau and The 2019 Annual Homeless Assessment Report (AHAR) to Congress.
*Throughout this report, NACoRF uses language and terms from the original analytical source documents, as appropriate.

KEY TAKEAWAYS

HOMELESSNESS CAN EXACERBATE OR DIRECTLY CAUSE HEALTH CONDITIONS DUE TO BARRIERS TO ACCESSING HEALTH CARE, NUTRITIOUS FOOD AND SAFETY AND SOCIAL SERVICES. COUNTIES ARE USING VARIOUS STRATEGIES TO ADDRESS HOMELESSNESS:

***CRISIS HOUSING**

strategies reduce barriers to shelter use or quickly increase available bed space through partnerships, often with local hotels.

***TRANSITIONAL HOUSING**

programs provide individuals and families with short-term housing and supportive services.

***LONG-TERM HOUSING**

programs resolve the underlying causes of homelessness by employing a Housing First approach that offers short-term rental and financial assistance in combination with services.

CREATE PARTNERSHIPS TO END HOMELESSNESS

The first steps to implementing an effective county-wide approach to ending homelessness are to gather community partners and formally commit to solving the problem. Counties may choose to create a Homelessness Coalition or Task Force as a part of a coordinated county-wide approach involving housing and social services providers, health and hospital officials, criminal justice leaders such as sheriffs, non-profit organizations and other community stakeholders. This group can collect and examine local data through the

Homeless Management Information System (HMIS)* – and other systems available through health care facilities and hospitals – to understand the challenges they face. They can then use this information to make decisions on how to effectively allocate financial resources, services and programs to address the needs of those experiencing homelessness. As part of this planning, the coalition can develop a process for monitoring progress and measuring outcomes to better inform policy, practice and program decisions.

**HMIS is a local information technology system used to collect client and program data on the provision of housing services to homeless individuals and families and those at risk for homelessness.*

*The **Montgomery County, Md.**

Coalition for the Homeless (MCCH) provides emergency shelter and permanent housing support services through collaborative community partnerships with 44 government agencies and non-profit organizations.⁸ The MCCH provides 60 percent of the emergency shelter beds and 40 percent of permanent supportive housing solutions in the county.⁹ The emergency shelter provides food and supportive services including case management; medical, psychiatric and dental care; employment services; three meals a day; bathrooms and showers; and laundry facilities.¹⁰ The MCCH also operates 10 permanent supportive housing programs to connect people who have experienced homelessness to services such as rental assistance and case management to ensure they are never homeless again. **Ninety-seven percent of MCCH permanent supportive housing clients do not return to homelessness.**¹¹

HUD CONTINUUM OF CARE PROGRAM



The U.S. Department of Housing and Urban Development (HUD) provides support for local coalitions through the **Continuum of Care (CoC) program**. A Continuum of Care is a local planning body that coordinates services and provides funding for non-profits and local governments to quickly re-house people experiencing homelessness.⁶ Each CoC is responsible for using HMIS software for data collection and management that complies with HUD reporting standards.⁷

IMPLEMENT CRISIS HOUSING AND SHELTERS

The COVID-19 pandemic has highlighted the need for more robust options for crisis housing. Sixty-three percent of people experiencing homelessness in the U.S. are in shelters and 37 percent are in unsheltered locations, leaving many people on the streets.¹² Counties can utilize emergency shelters to assist people experiencing a crisis with immediate housing arrangements. While many shelters are only open at night, counties may choose to extend hours, especially during months of extreme heat or cold.¹³ Counties can also reduce barriers to shelter use by eliminating rules that require sobriety, minimum income, background checks or that do not allow pets.¹⁴ Additionally, the COVID-19 pandemic is causing a need for crisis housing to prevent the spread of the virus and care for people who are sick. Some counties have rented hotel rooms to provide accommodations that allow for social distancing, quarantine and isolation. Finally, coupling housing with supportive services can help prevent homelessness brought on by adverse effects of difficult life events such as the loss of a job, a sudden illness, natural disasters and severe weather or fleeing an unsafe situation.

*Shelter House, in **Johnson County, Iowa**, increases bed capacity from December to March to operate a temporary, low-barrier winter emergency shelter for people who are chronically homeless. The shelter provides individuals with meals, linkages to permanent housing, employment support and mental health treatment.¹⁵ Since the shelter was established, there has been no loss of life due to exposure to the cold weather.



63% of people experiencing homelessness in the U.S. are in shelters



37% are in unsheltered locations, leaving many people on the streets



Further, the Iowa City Police have received 74 percent fewer vagrancy calls for service and report significant reductions in incarceration, ambulance and emergency room utilization.¹⁶

*In response to the COVID-19 pandemic, the **Erie County, Pa.** health department partnered with two local hotels to establish an Isolation and Quarantine program for people experiencing homelessness and those in need of a space to quarantine. To prevent large-scale

communal spread of COVID-19, rooms were paid for by the county and made available to those that were turned away from local homeless shelters and to college students unable to isolate at home. The public health department partnered with other agencies and community-based organizations to provide guests with food and health care support services such as daily wellness checks, coordination of medical appointments and prescription refills.¹⁷

SUPPORT TRANSITIONAL HOUSING

Transitional housing provides individuals and families with short-term housing stability and appropriate supportive services to become self-sustaining.¹⁸ These temporary programs connect people experiencing homelessness to permanent housing by structuring and supporting services such as case management, health care, mental health and substance abuse treatment, education, life skills and job training.¹⁹ Counties can also use transitional housing to support people facing long waiting lists for housing vouchers and permanent affordable housing. These programs are particularly effective when focused on people who face severe challenges finding housing and when it is offered with no barriers to accessing the program.²⁰



*Transitional Housing of **Steele County, Minn.** is a non-profit organization that helps people who become homeless locate affordable housing and provides the first month's rent and deposit for rental housing. Rent subsidies are based on a sliding scale for up to two years, and clients meet regularly with case managers to secure connections to treatment and services. This program also provides eviction prevention assistance to those at risk of becoming homeless through a one-time cash grant that is paid directly to landlords.²¹



*The Tiny Homes Village in **Bernalillo County, N.M.** has 30 units, a main building with a kitchen,

communal space and bathrooms. Residents receive wraparound services on site from non-profits, and all residents have a case manager, a counselor, occupational therapists and a resource manager. The county partners with the Albuquerque Indian Center to operate the village, which helps build connections to Native American residents who disproportionately make up 40 percent of the local homeless population.²²

*The **Lancaster County, Pa.** Re-Entry Coalition is a collaboration of over 70 agencies and organizations providing services to individuals returning to the community after incarceration in prison or jail. The program meets the immediate needs of individuals by providing referrals to transitional housing, physical and mental health treatment, employment training, legal services, food and clothing resources and family support.²³

*In **Orange County, Calif.**, as a part of the overall COVID-19 response and strategic outreach, the county's Office of Care Coordination and Public Health Services worked to engage with unhoused individuals and transition them from temporary housing options to permanent housing opportunities. The strategic response also provided social support including food assistance and mental health services for people experiencing homelessness.²⁴

INVEST IN LONG-TERM SOLUTIONS

Long-term solutions to ending homelessness often require a Housing First approach. Housing First recognizes that it is difficult to resolve the underlying causes of homelessness without permanent and stable housing.²⁵ Once a person is securely housed, they can work towards addressing employment, health care, mental health and substance abuse treatment and other needs. A Housing First approach may include permanent supportive housing and rapid re-housing programs as long-term solutions to ending homelessness for vulnerable county residents.

PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing (PSH) is a cost-effective model that has been demonstrated to help people avoid homelessness, increase housing stability and improve health. Some PSH units are located at a single site with an entire building devoted to on-



Communities utilizing PSH have seen a more than 90 percent success rate in keeping those who enter the program from becoming homeless again.²⁶

site coordination of services and case management. Others are integrated sites that offer some units in a building dedicated to PSH or individual tenants leasing units in the community.²⁷ These programs build independent living skills and connect residents with health and behavioral health care and treatment and employment services.

Communities utilizing PSH have seen a more than 90 percent success rate in keeping those who enter the program from becoming homeless again.²⁸ Investments in PSH have reduced the number of chronically homeless individuals by 8 percent nationwide since 2007 and have been shown to significantly lower public costs associated with the use of crisis services such as shelters, hospitals, jails and prisons.

***In San Bernardino County, Calif.** the Department of Behavioral Health worked with the housing authority to create the Homeless Outreach Support Team (HOST). HOST uses federal HUD Homeless Assistance Grant Funding to provide permanent supportive housing and case management services to chronically homeless individuals with mental illness and their families. HOST works with the sheriff's Homeless Outreach Proactive Enforcement team to conduct outreach and engage with hard-to-reach clients. HOST staff assist qualified individuals with housing applications and help them locate and move into housing.²⁹

***Voters in Washington County, Ore.** approved the development of a regional supportive housing program funded with a new income tax on high-earning households and a business profits tax; these new taxes will generate more than \$200 million annually for 10 years. This program will provide wraparound services to help reduce homelessness through case management, mental health and substance abuse treatment, job training, housing assistance and culturally specific services.³⁰ The county will develop an implementation plan and allocate funds for rent assistance through

PSH combines non-time-limited housing and rental assistance with case management and supportive services

and is targeted to individuals and families with chronic illness, disabilities, mental illness or substance use disorders who have experienced long-term and repeated episodes of homelessness.²⁶

local housing authorities. Funds will also support contracts with local social service and health care providers who help people experiencing homelessness and housing insecurity.

RAPID RE-HOUSING

Rapid re-housing is an evidence-based intervention designed to help individuals and families quickly exit homelessness and enter permanent housing by providing short-term rental and financial assistance and individualized targeted supportive services.³¹ These programs provide sustainable solutions for effectively moving people experiencing homelessness into permanent housing.³²

Housing identification services match households with affordable housing in the community and recruit landlords willing to provide rent opportunities to people with a history of homelessness.³³ Rent and move-in assistance offers time-limited financial assistance including funds for move-in costs, deposits, rent and utility costs. Case management services are provided to help households address barriers to housing stability such as addressing credit history or debt issues, helping participants negotiate and understand



lease agreements, navigating transportation issues and resolving family conflicts. Individuals and families are also connected to public benefits, health care, employment and job training.

***Mercer County, N.J.** received a federal Homeless Prevention and Rapid Re-Housing grant to fund a rapid re-housing program in 2008. The Mercer Alliance to End Homelessness redirects families into housing through a screening and assessment process and providing prospective tenants with housing options. Families also receive six months of funding for rent and expenses and case management.³⁴ Since 2012, Mercer County has reduced the number of chronically homeless families to

zero and seen a 71 percent reduction in homelessness overall.³⁵ This program reduced the length of time a family draws public assistance, increased monthly income in many cases and cut costs 50 percent from the county's previous transitional housing program.³⁶

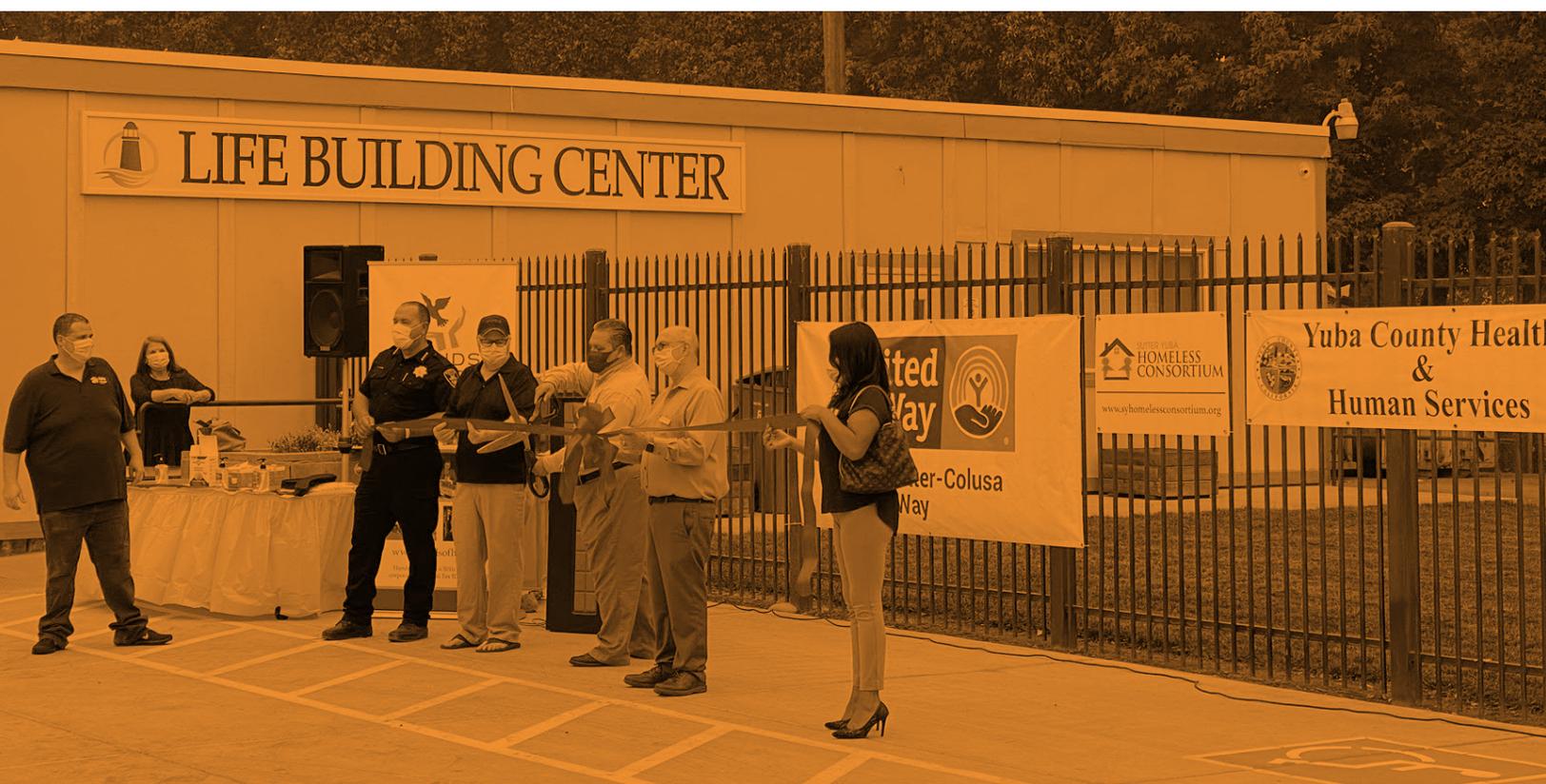
***Non-profit service providers and county staff in Hennepin County, Minn.** created the Rapid Exit program, which offers supportive services to families residing in homeless shelters. The program helps families find housing and offers six months of financial support to both the family and the landlord. As a result of the program, fewer families are using homeless shelters and for shorter periods of time.³⁷

CONCLUSION

As a social determinant of health, housing can provide structural and societal opportunities to achieve positive health outcomes. As the social safety net for many residents, counties are uniquely qualified to implement these solutions. In organizing and leading coalitions of community partners, counties can move from administering individual programs to building strategic initiatives that deploy cost-effective and complementary interventions that will end homelessness and improve health outcomes for some of the nation's most vulnerable residents.

ACKNOWLEDGEMENTS

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