Agenda Item #: 9:30 AM

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

WORKSHOP SUMMARY

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Meeting Date: **October 23, 2018**

Department: **Community Services**

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I. EXECUTIVE BRIEF

Title: **Presentation and Review of the Ten-Year Plan to End Homelessness and Proposed Next Steps-"Leading The Way Home"**

Summary: In July 2017, Community Services staff and other stakeholders hosted a workshop to report progress on the Ten-Year Plan to End Homelessness, and to discuss the process for developing a new community plan using the collective impact model, which involves the commitment of a group of stakeholders from different sectors using a structured form of collaboration to solve a specific problem. Since that time, Community Services has worked with a grant-funded expert consultant and over 150 organizations to develop a new homeless plan for Palm Beach County entitled "Leading The Way Home". Staff is presenting an overview of the goals and action steps that have been achieved from the previous Ten-Year Plan. Staff will also discuss the process, goals and draft recommendations for the new homeless plan that has been developed. Countywide (HH)

Background and Policy Issues: In early 2006 community stakeholders began the initial meetings to develop the Ten-Year Plan to End Homelessness in Palm Beach County (Ten-Year-Plan). The Palm Beach County Board of County Commissioners established the Homeless Advisory Board (HAB) in May of 2007 to assist with the oversight and implementation of the Ten-Year Plan. In 2007, Community Services was established as the lead for the Palm Beach County Continuum of Care (also known as the Homeless and Housing Alliance). The HAB, Homeless and Housing Alliance and other Community stakeholders continued working together and completed the Ten-Year Plan to End Homelessness in July 2008. The plan consisted of seven (7) major goals and 64 action steps.

Attachments: Overview of the Collective Impact to Update and Implement the Plan to End Homelessness Power Point

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Recommended By: James E. Green 10/15/18
Department Director **Date**

Approved By: Nancy L Bolton 10/23/18
Assistant County Administrator **Date**

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT					

# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? **Yes** _____ **No** _____
Does this item include use of federal funds? **Yes** _____ **No** _____

Budget Account No.:
Fund___ Dept_Unit Var_ Object Var_ Program Code _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: _____
Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

10/18/18
OFMB 10/16 10/10/16

10/18/18
Contract Development and Control
10/18/18 TW

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

PALM BEACH COUNTY

Using Collective Impact to Update and Implement the Plan to End Homelessness

October 2018

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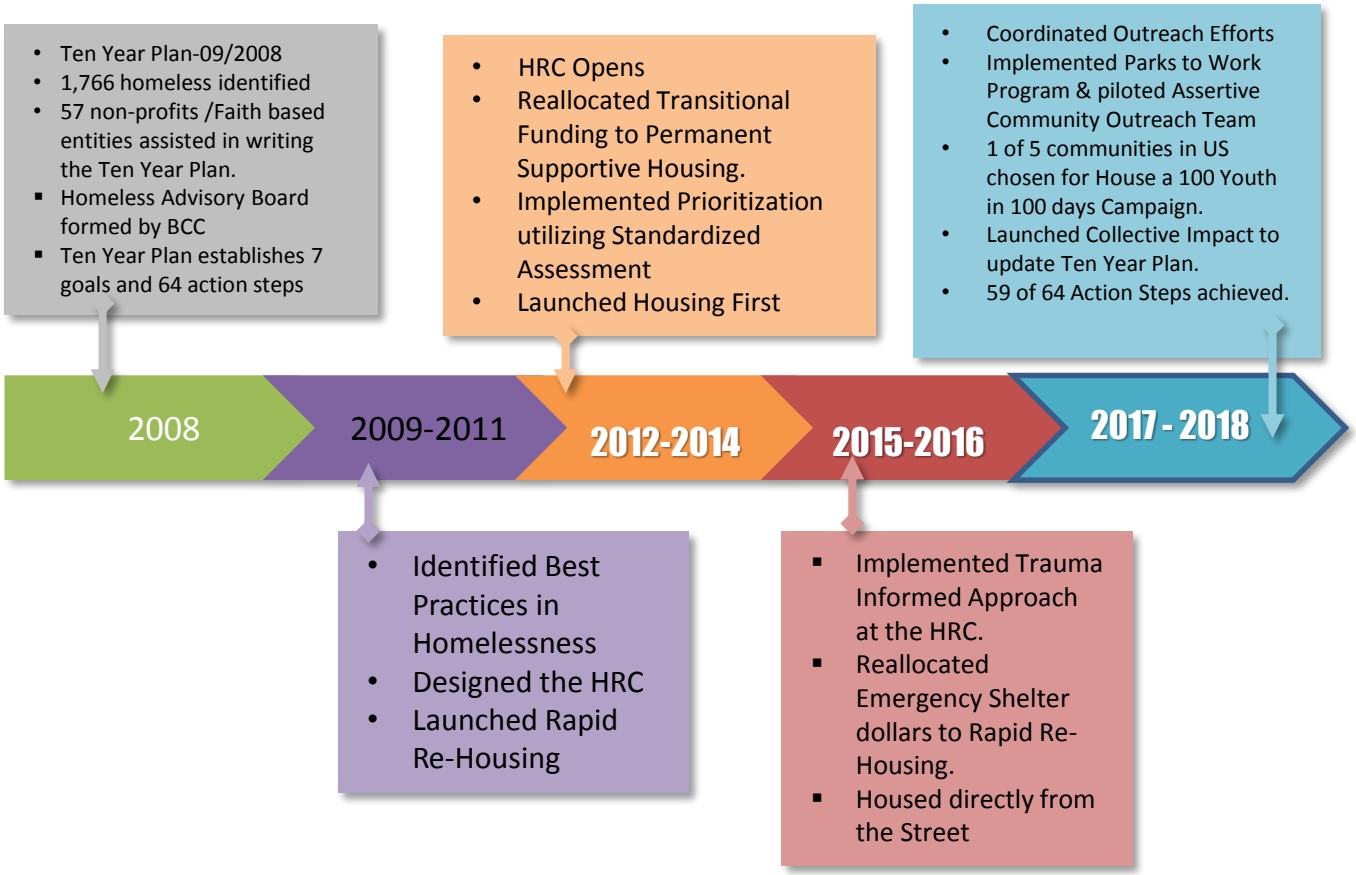
Timeline of Ten Year Plan Accomplishments



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FIRST HRC-LEWIS CENTER (SUCCESSES)

- *Navigated 17,269 individuals/families since inception*
- *Provided shelter for individuals/families since inception – 6,003*
- *In the last fiscal year (17/18), 1,777 calls navigated and 871 of those navigated entered the homeless system.*
- *Enhances probability of permanent placement due to the consistent and more stable environment and support services. 2,103 families/individuals placed in permanent housing since inception.*
- *Completed 59 out of 64 Action Steps*

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Seven Goals	Achievement
Develop a Universal System for Intake/Assessment and Enhance Client Information Management System	• County now administers HMIS • Coordinated Entry Navigation Center • Improved efficiency-less than 60 days per client
Provide Interim Housing Services (0 to 90 days) for Homeless Individuals/ Families	• Built Homeless Resource Center in 2012 (Lewis Center) • Purchased Program Reach • Working with Hotels and Motels • Planning To Build Homeless Resource Center II
Coordinate Partnerships and Resources for Homeless Services	• Expanded Homeless and Housing Alliance • 100 Day Challenge • Parks to Work program • Homeless Coalition Partnership • Engaged Faith based Through New Initiative
Improve Access to Homeless Services with Outreach and Education	• Developed Homeless Outreach Team • Moved Into John Prince Park • Leadership Conference and Increased HHA Training • Project Connect
Prevent Individuals and Families from Becoming Homeless	• Expanded Prevention Services • Engaged Faith based In this Effort • Incorporated Diversion Training
Secure a Stable Stock of Affordable/Accessible Housing	• Implemented SMART Landlord Campaign • Working more closely with Housing Authorities and Community Land Trust • Enhanced Process to Access Set Aside Units from Developers • Preparing to Build 18-21 Cottage Homes
Provide System Oversight and Evaluation of the Ten-Year Plan	• New Members on HAB Board • New Committees formed for Housing, Faith based, Ten Year Plan and Business Engagement • Will Received Quarterly Update on New Homeless Plan

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ABOUT CSH

At CSH, it is our mission to advance housing solutions that deliver three powerful outcomes: 1) improved lives for the most vulnerable people, 2) maximized public resources and 3) strong, healthy communities across the country.

Our work across systems, combined with our housing expertise gives us a unique perspective.

CSH believes access to safe, quality, affordable housing - with the supports necessary to keep vulnerable people housed – is an effective solution to homelessness.

Local Solutions to Homelessness

CSH has supported communities across the nation in addressing specific issues related to homelessness at the local level, through technical assistance, trainings and tailored products like homeless system flow maps.

CSH provides practical, customized, and focused technical assistance with high impact for local, state and regional organizations to create or improve permanent supportive housing. CSH's team of experts knows how to make things happen in communities that need policy, planning, project assistance, and system changes.

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Background

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AN END TO HOMELESSNESS

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- *Quickly identify and engage people at risk of and experiencing homelessness.*
- *Intervene to prevent the loss of housing and divert people from entering the homelessness services system.*
- *When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.*

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PROCESS SUMMARY

In July of 2017, the County held a Collective Impact Day to

Share the progress made on the Plan to End Homelessness goals to build a more coordinated and housing focused system

Re-introduce the Collective Impact Model as the framework for updating the Plan

Solicit direction and priorities from the community for updating the plan

In the late fall 2017 / early winter 2018, several all day community workshops were held to map out the current system of services and housing interventions and identify gaps in the system for each population.

Fiscal Scans were completed to show the total current investments in preventing and ending homelessness.

Over 14 work sessions were held with sectors who work with those experiencing homelessness and those that invest in ending homelessness to hear their ideas, questions, and strategies to prevent and end homelessness.

Focus groups were held with individuals experiencing homelessness to gain their perspective on what the system needed to provide to help them end their homelessness.

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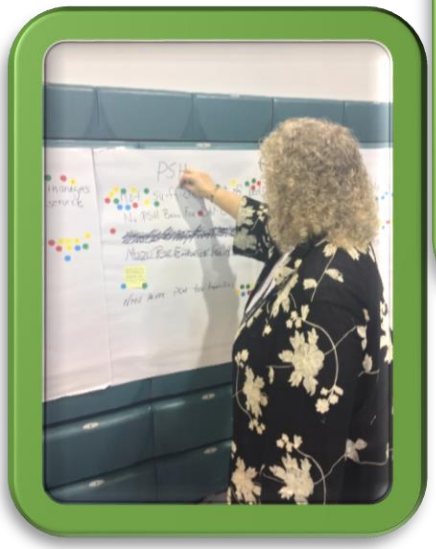
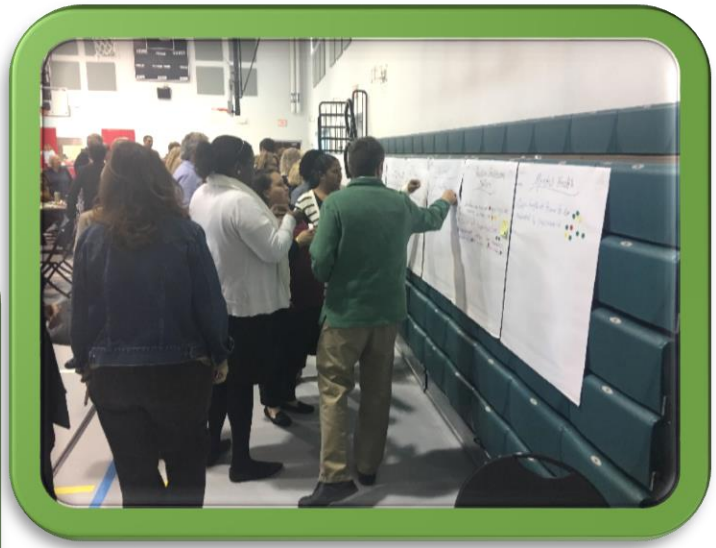
Setting Priorities





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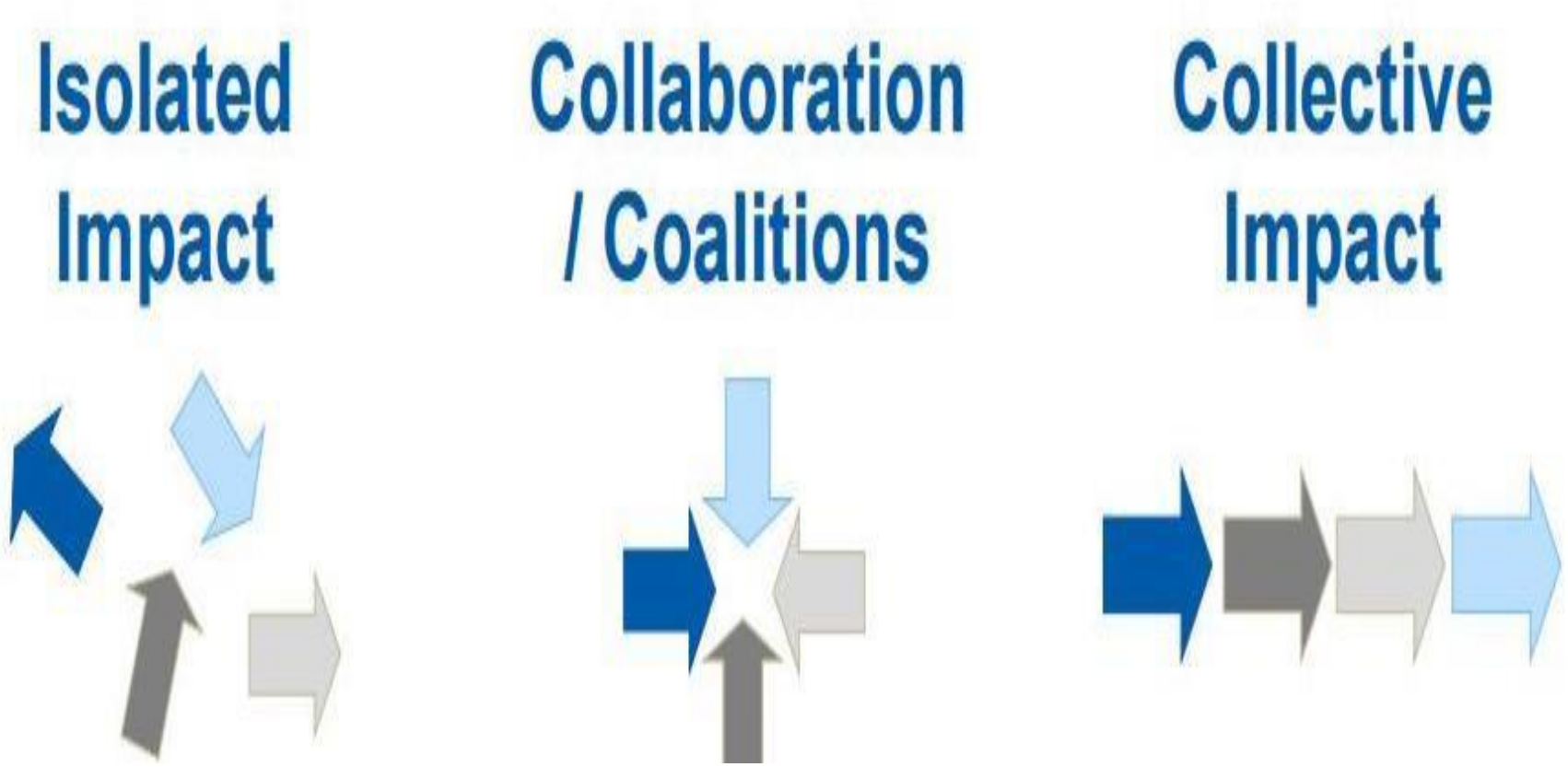
EVOLUTION TO COLLECTIVE IMPACT



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COLLECTIVE IMPACT: GETTING STARTED

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5 CONDITIONS OF COLLECTIVE IMPACT

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Systems Data

02

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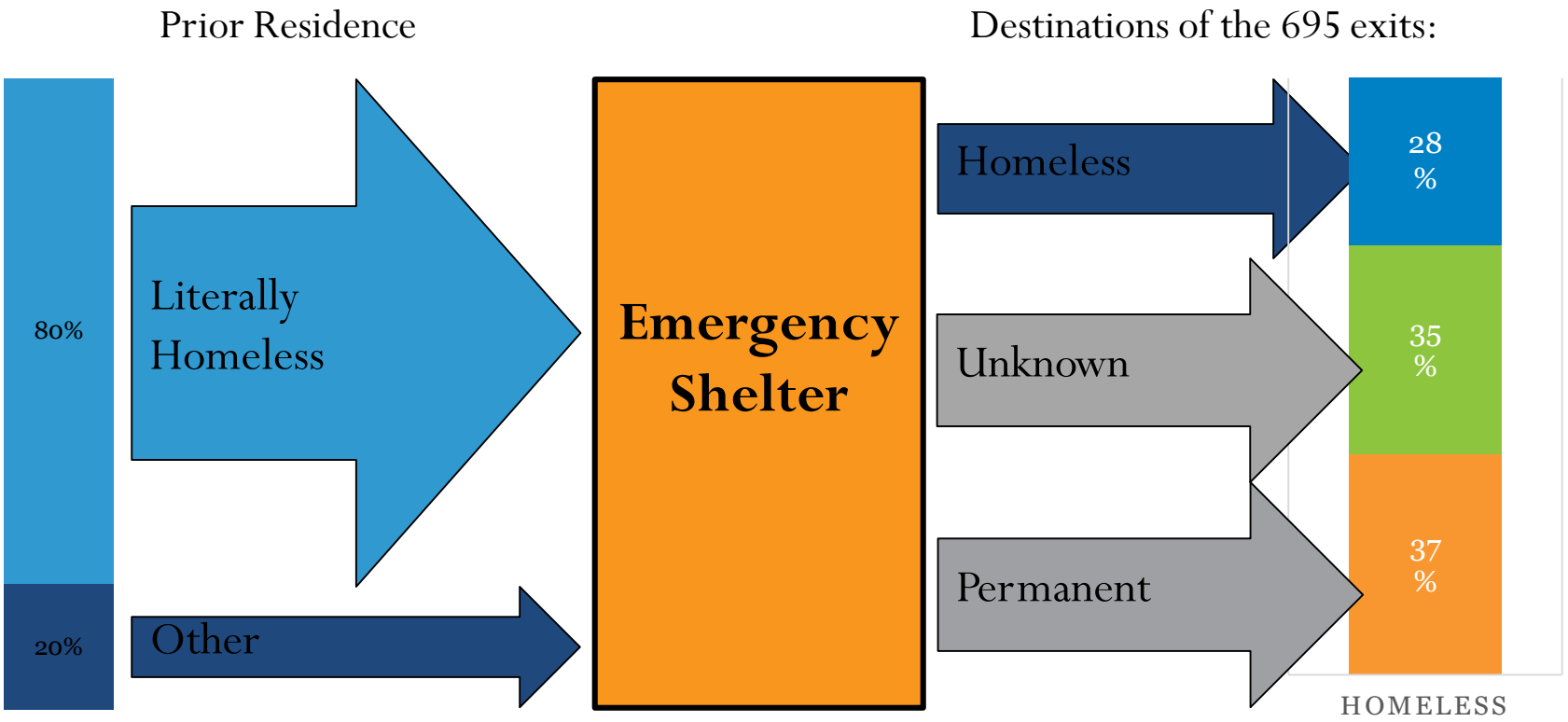
PALM BEACH INDIVIDUALS: EMERGENCY SHELTER



Top Prior Residences:

79% Place Not Meant for Habitation (Literally Homeless)
9% Staying with Family and Friends (Other)
8% Hospital/Psych/Jail/Detox (Other)

Top Destinations:

19% Rental Housing (Permanent)
14% Don't Know/Refused (Unknown)
14% Permanent Stay with Family/Friends (Permanent)

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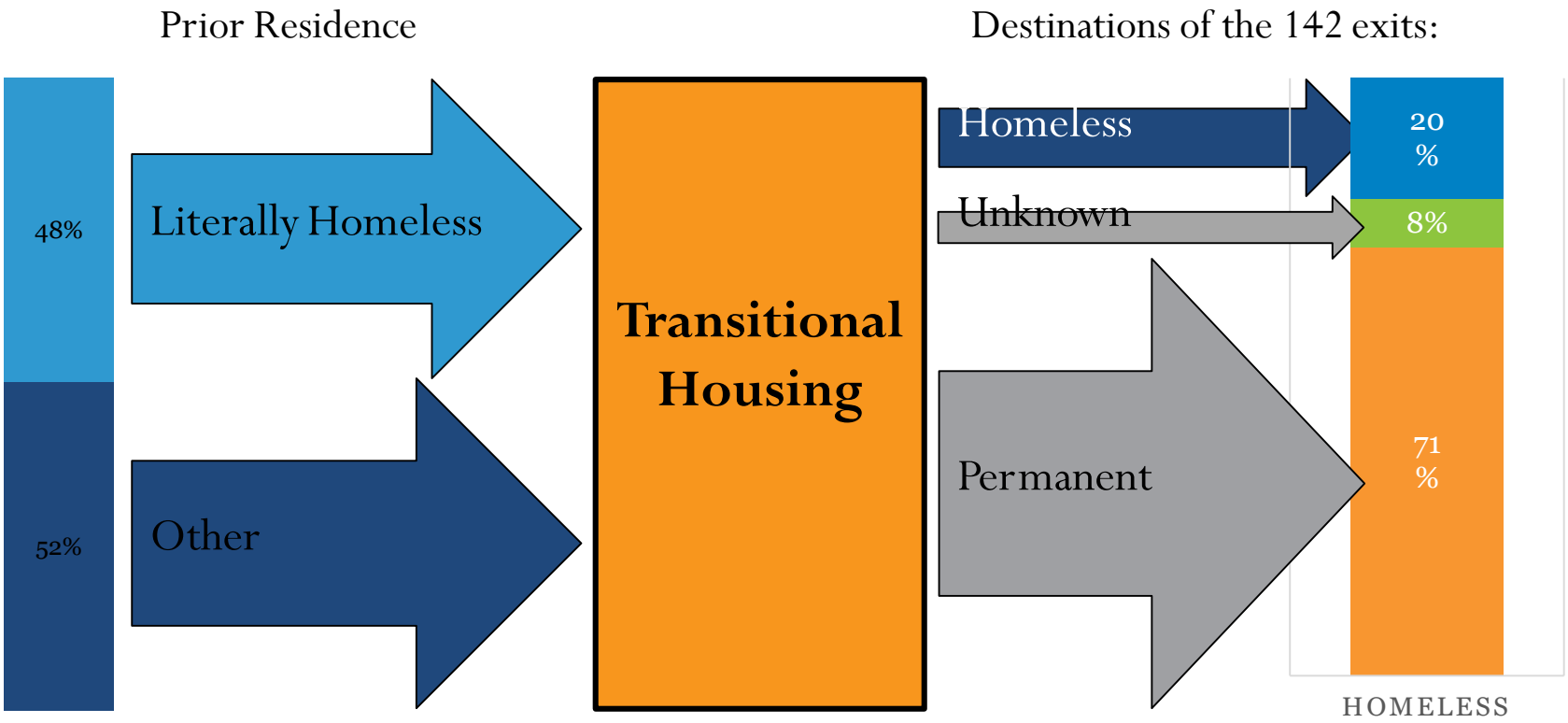
PALM BEACH INDIVIDUALS: TRANSITIONAL HOUSING



Top Prior Residences:

32% Jail/Psych/Detox/Foster Care (Other)
26% Emergency Shelter (Literally Homeless)
22% Places Not Meant for Habitation (Literally Homeless)

Top Destinations:

33% Permanent Stay with Family/Friends (Permanent)
32% Rental Housing (Permanent)
6% Temporary Stay with Family/Friends (Homeless)
6% Jail/Detox (Homeless)

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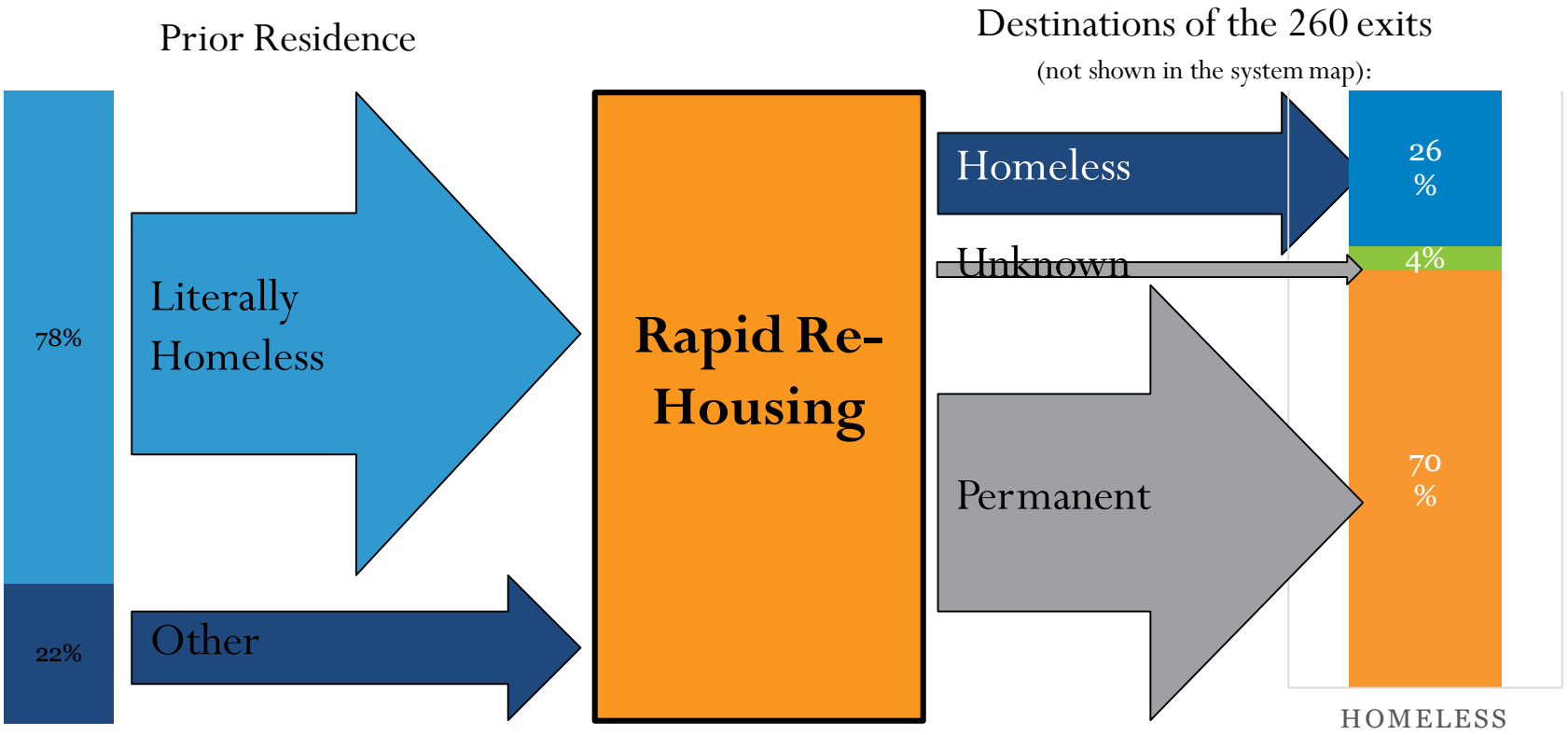
PALM BEACH INDIVIDUALS: RAPID RE-HOUSING



Top Prior Residences:

53% Place Not Meant for Habitation (Literally Homeless)

25% Emergency Shelter

9% Transitional Housing (Other)

Top Destinations:

67% Rental Housing (Permanent)

17% Place Not Meant for Habitation (Homeless)

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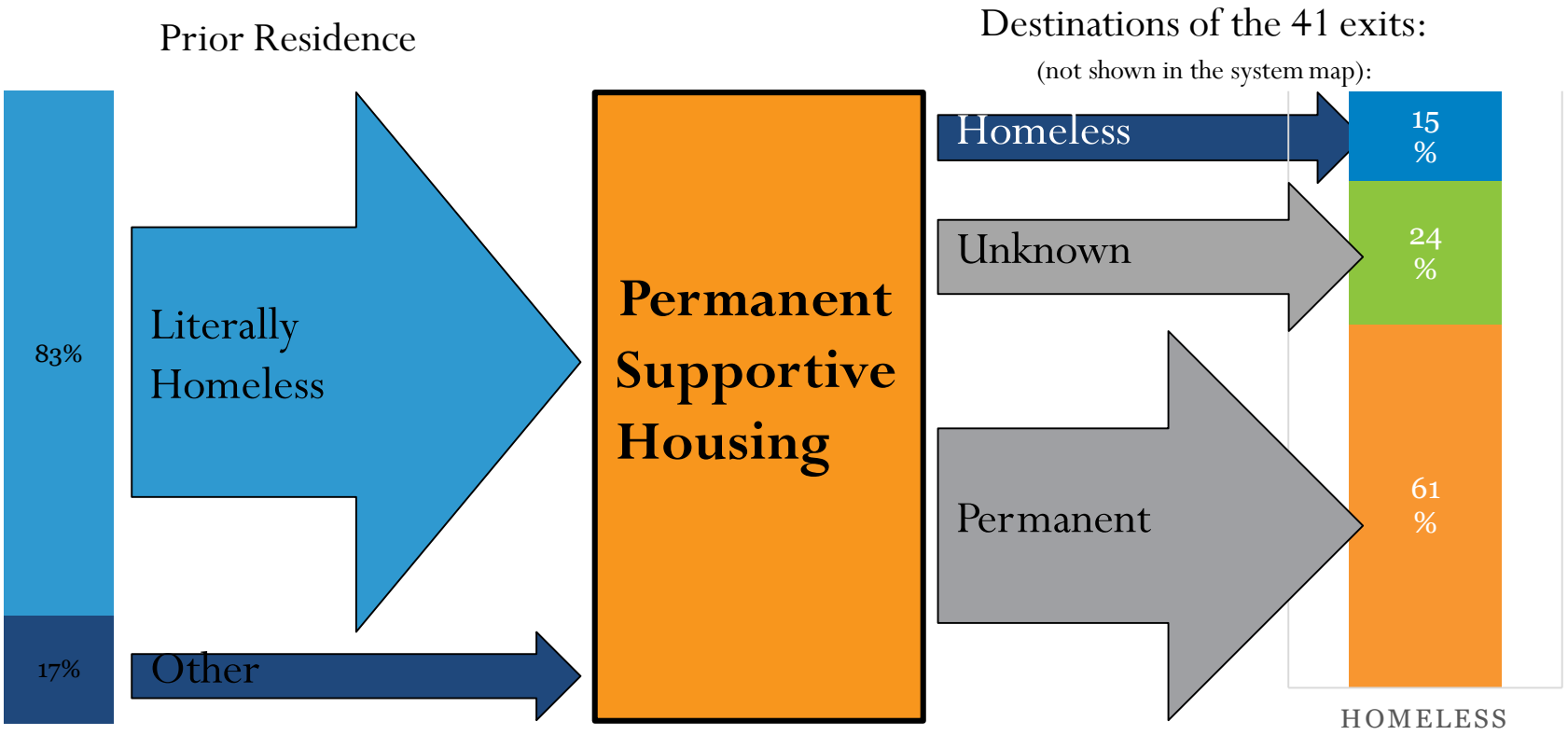
PALM BEACH INDIVIDUALS: PERMANENT SUPPORTIVE HOUSING



Top Prior Residences:

45% Place Not Meant for Habitation (Literally Homeless)
38% Emergency Shelter (Literally Homeless)
12% Transitional Housing (Other)

Top Destinations:

29% Rental Housing (Permanent)
29% Permanent Stay with Family/Friends (Permanent)
12% Other (Unknown)

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KEY HIGHLIGHTS

High percentage of people entering permanent housing directly from "place not meant for human habitation"

High number (50%) of literally homeless people engaged via outreach with an additional 18% coming from institutional settings

Unusually high number of people coming from detox/substance abuse facilities as well as other institutional settings into TH.

Significant number moving in permanently with family or friends

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Understanding the Need (Supportive Housing)

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PERMANENT HOUSING PROJECTIONS

Estimates the number of permanent housing interventions needed that:

Is based on local PIT, HIC, AHAR, and APR data

Includes Permanent Supportive Housing, Rapid Rehousing/Other Permanent Housing

Informs Financial Modeling

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SUPPORTIVE HOUSING NEED BY POPULATION

Population	Supportive Housing Need
Homeless Individuals and Families (includes 114 Veterans)	491*
Child Welfare Engaged Families and Young Adults in Transition	346
Criminal Justice Involved *FUSE popn (166)*	806
Intellectual & Developmentally Delayed	305
Group Home Waitlist	125
Nursing Home Waitlist	30
Addiction	6
Total	2163
**Unduplicated*	

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Investments

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TOTAL FINANCIAL INVESTMENTS

Housing Location	165800
Legal	176538
Transportation	182434
Employment (Homeless Only)	381966
Outreach	1300761
Transitional Housing	1978150
MH Services	2015373
Prevention and Diversion	2658136
Emergency Shelter	3012764
Rapid Rehousing	3865578
Other	4496128
Case Management	4553568
Permanent Supportive Housing	7193213
SA Treatment	8342871
Total	40323280

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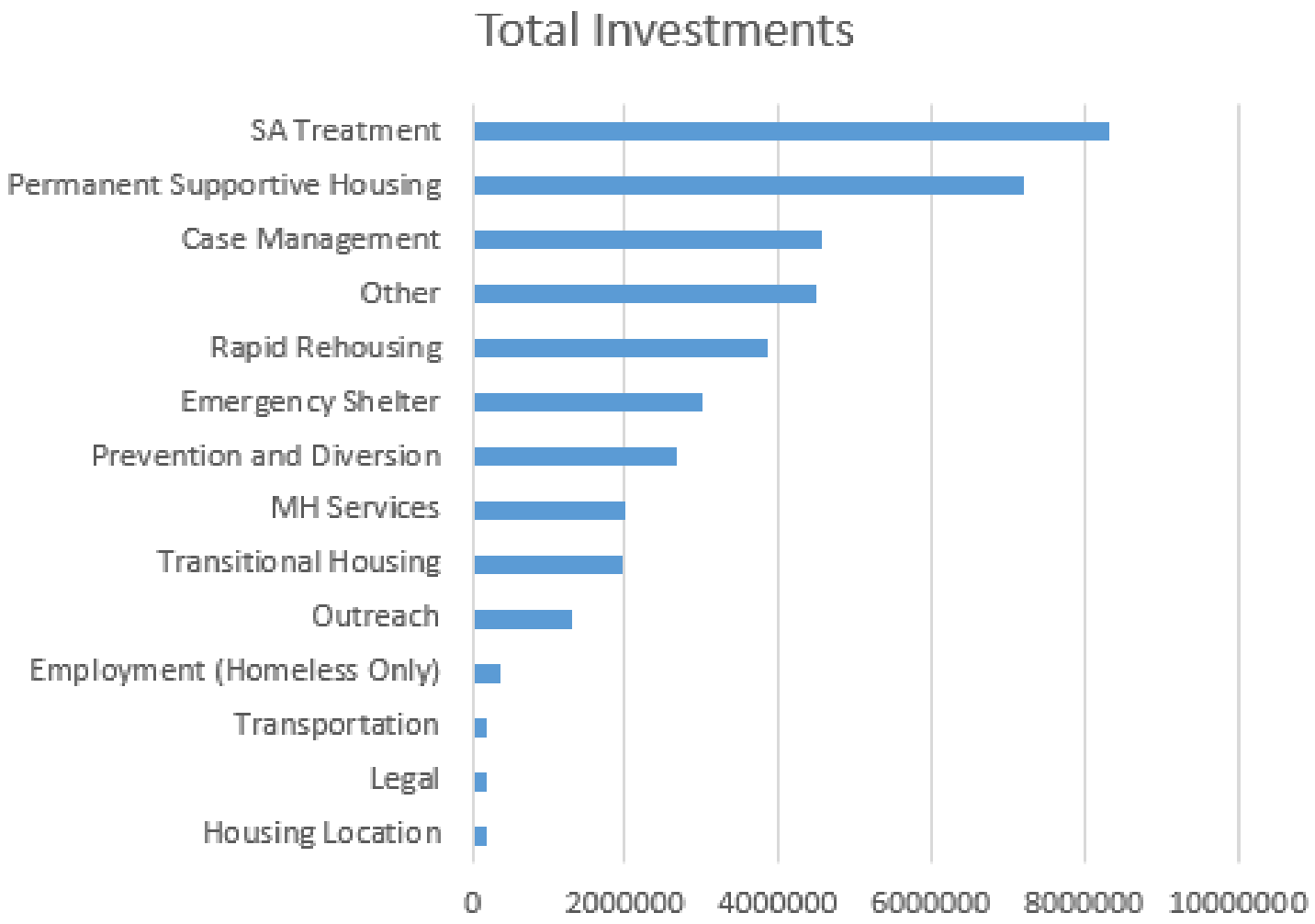
TOTAL INVESTMENTS BY CATEGORY



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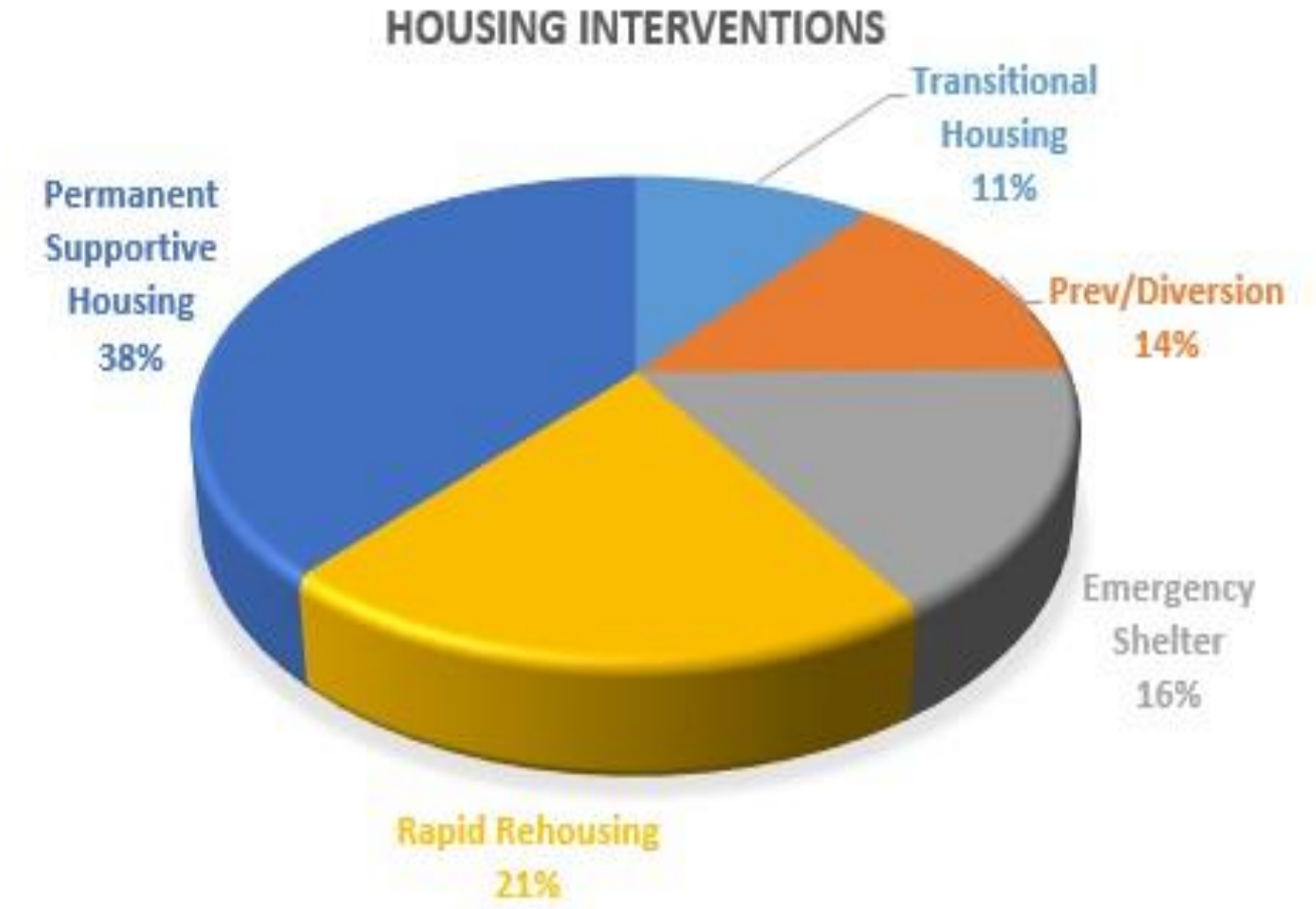
HOUSING INVESTMENT



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Community Priorities

05

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COMMUNITY-WIDE AND SECTOR MEETINGS: PRIORITY ISSUES

- ***Education***
- ***Funders / Investors***
- ***Housing Developers***
- ***Faith-based***
- ***Providers***
- ***Healthcare***
- ***HAB***

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COMMON THREADS

Community Engagement *: Ensuring that the entire community is made aware of the extent and complexity of ending homelessness and a part of co-creating solutions*

Collaboration*: Gathering the existing and prospective entities that interface with homeless populations to share perspectives and brainstorm on what works and what does not. Inclusivity is key in order to create a shared understanding of priorities.*

Coordination*: Organizing and orchestrating effective mechanisms for communication and service provision such as transportation services, workforce and developers / property owners. Aligning to carry out right-sized interventions for the community.*

Creativity*: Understanding the county geography, cost of living, and homeless demographics and devising less conventional housing developments, such as modular or micro developments, shared housing options and maximizing existing housing stock.*

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ISSUE AREAS

Members of the community were asked to participate in group discussions and workshops and came up with priority areas:

- ***Healthcare / Primary Care / Behavioral Health***
- ***Permanent Supportive Housing (PSH)***
- ***Affordable Housing***

There were many additional topics which emerged naturally as priorities and garnered important talking points to address homelessness.

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PROVIDER PRIORITIES

- Additional mental health services to bridge and close gaps between engagement and psychiatric evaluation and care
- Increase PSH across all vulnerable populations: (i.e. seniors, SMI, ID/DD, families, chronically homeless)
- Increase affordable housing opportunities for youth, seniors, families, and others

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Recommendations

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RECOMMENDATION ISSUE AREAS

Healthcare / Primary Care / Behavioral Health

Permanent Supportive Housing and Other Permanent Housing

Support Services

Community Engagement

Funding Re-Aligning and Investment Strategies

Systems Level

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HEALTHCARE / PRIMARY CARE / BEHAVIORAL HEALTH

Establish a committee of health entities and institutions in Palm Beach to address homelessness which reports back to the larger Continuum of Care Board. This can overlap with existing Health Neighborhoods efforts, and this body should include private and public health systems.

Engage in formal partnerships to deliver services and/or provide training to homeless service and supportive housing case management staff. FQHCs can enhance their partnerships with SUD and mental health providers to bolster bi-directional communication to secure medical homes and care coordination. Consider onsite, off-site and mobile case management and housing services.

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HEALTHCARE / PRIMARY CARE / BEHAVIORAL HEALTH

Enhance hospital engagement with homeless service providers to participate in CES referral system and/or plans for discharge. Consider incorporating care coordination, case management and recuperative care with hospital services

Develop an integrated approach to behavioral and physical healthcare including the integration of treatment for addictions

Create strategies for obtaining benefits and regaining benefits when leaving institutions – part of standard discharge planning

Find ways to increase access to psychiatric services for assessment and for treatment

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HEALTHCARE / PRIMARY CARE / BEHAVIORAL HEALTH

Create healthcare strategies with a focus on housing as a foundation for recovery

Prioritize and invest in supportive housing for those who are medically vulnerable

Develop a respite care program for those experiencing homelessness

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HEALTHCARE / PRIMARY CARE / BEHAVIORAL HEALTH

Develop strategy for restorative dental care for individuals experiencing homelessness.

Create cross-system service and funding strategies for services in supportive housing (Hospital Systems, MEs, MCOs, local and federal funding)

Track health and economic outcomes across systems

Find a point person at AHCA and locally to coordinate Medicaid billing credentialing for organizations

Compile a comprehensive list of ALL community health services available

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HEALTHCARE / PRIMARY CARE / BEHAVIORAL HEALTH

Expand the number of psychiatric providers that accept Medicaid

Increase the number of Mobile Crisis Team triage units

(There are 11 in the State, and 3 of those are in PBC)

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Health Outcomes

SF study found 5-year survival rates of 81% for PLWAs in supportive housing compared with 67% who remained homeless

Chicago study found 55% survival for PLWAs in supportive housing compared with 35% of control group, and lower viral loads among housed group

Seattle study found 30% reduction in alcohol use among chronic alcohol users in SH

Denver study found 50% of tenants improved health status and 43% had improved MH

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COST SAVINGS

Cost Savings

Direct Access to Housing in San Francisco found that supportive housing reduced nursing home costs by $24,000.

Chicago – Permanent supportive housing saved almost $25,000 per person, per year

Downtown Emergency Shelter Center in Seattle showed 41 percent in Medicaid savings by reducing ER visits and hospital inpatient stays.

Portland, Maine - Medicaid costs were reduced by almost $6,000

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SUPPORT SERVICES

Increase the number of case managers to support high needs clients

Expand number of peer support specialists

Operationalize trauma-informed care across all populations

Improve preventive healthcare for seniors

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COMMUNITY ENGAGEMENT

Outreach to Neighborhood Associations to spread word about the need and the work of the homeless system in their community

Create communication strategy with faith communities that have a ministry connected to homelessness, ex-offenders, and other vulnerable populations

Develop approach and message to business community to connect to homeless system as potential employer and funder

Coordinate with faith-based organizations around inventory and capacity of beds and target populations (singles, families, TAY, animal-friendly, food served, etc.).

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ROLE OF FAITH-BASED ORGANIZATIONS

- ***Establish a committee of faith-based entities and institutions in Palm Beach*** *to address homelessness which reports back to the Homelessness Continuum of Care*
- ***Faith leaders should attend and/or host resource fairs*** *to raise awareness and connectivity amongst congregants and service providers.*
- ***Coordinate a calendar of services*** *amongst all members of faith-based alliances, having clear and regular bi-directional communication with homeless outreach coordination staff. These services can include: safe parking, beds (singles, families, TAY / students, with pets), food service, recovery services and others.*
- ***Identify and leverage prospective volunteers, landlords and employers within the faith community.*** *Faith-based organizations and their parishioners play a critical role in adding to local long-term housing stability interventions and can collaborate with homeless service providers to match clients enrolled in CES.*

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STATE ADVOCACY

Work with State Agencies on identifying an on-going funding plan for gaps in funding services for non-Medicaid eligible services and for services provided to those not eligible for Medicaid

Develop a Funders Collaborative Committee for Policy Change

Encourage the State to include assessments for risk of homelessness in their discharge planning process and to link individuals with appropriate local partners

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EDUCATION AND PATHS TO EMPLOYMENT

- ***Work with graduating seniors experiencing homelessness so that they understand how to access fee waivers for college and other services available to them***
- ***Work with universities to establish a pool for rental subsidies or provide housing to students experiencing homelessness***
- ***Collect the necessary data to better understand the need at the collegiate level***
- ***Make a four year commitment to these students to provide stability and a clearly defined path to a career.***

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HOUSING

- ***Develop a county-wide housing strategy across the full spectrum of housing subsidy and services needs to address homelessness which reports . The current emphasis on workforce housing needs to be expanded to meet the needs of other populations including those who live on SSDI or low wage employment***
- ***Figure out how to bring all the cities into the process: National League of Cities***
- ***Designate a person to assess the impact of the new Qualified Opportunity***
- ***Engage in formal partnerships with Faith-Based Organizations that may have surplus land that can be used to develop mixed income housing***
- ***Monitor "big –box " stores that close that can be rezoned for innovative housing***

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HOUSING

- ***Figure out how to build up – what zoning has to be changed. Would require less land and have more affordable housing units.***
- ***Fully utilize PHAs' ability to have preferences and to develop properties***
- ***Establish a person/entity focused on just developing a supportive housing pipeline***
- ***Explore impact of innovative housing such as shared housing Consider shared housing, millennium housing, incorporating care coordination, case management and recuperative care with hospital services***
- ***Ensure community input and trauma-informed design are used in the development of the new HRC***

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HOUSING

- Explore the possibility of putting a representative on the FHFC so that the county can put forth recommendations that benefit the county. Examples: separate WPB from Broward and Miami Dade since competing with them puts Palm Beach at a disadvantage. Also non profit developers who can only develop small number of units need to have funding allocated for smaller unit buildings

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PERMANENT SUPPORTIVE HOUSING AND OTHER PERMANENT HOUSING

Develop and/or establish units for Permanent Supportive Housing (PSH) to meet the projected needs for single adults and families.

Permanent Supportive Housing (PSH) should exhibit the following qualities:

- *Services should be individualized based on peoples' needs*
- *Barriers to housing should be reduced (i.e., tenants should not be turned away because they have a criminal record or have poor housing history)*
- *Support systems should be robust and encouraged outside of direct service provision*
- *Living skills (i.e., money management, housekeeping, self-care, conflict resolution, job readiness, etc.) services should be available*
- *Increase access to services – either have them on-site or ensure that tenants can get to them easily with public transportation*
- *For PSH, services should include clinical care, case management and residential services*
- *Financing for PSH could be streamlined by creating bundled funding opportunities through capital, services and operating resources*
- *Frontline staff, supervisors and managers should be trained in quality supportive housing, including relationship building between services and property management and other aspects of providing housing to vulnerable populations*
- *Eviction prevention strategies are important for people to be able to retain PSH. These strategies should focus on the strengths that tenants bring to the table*

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PERMANENT SUPPORTIVE HOUSING AND OTHER PERMANENT HOUSING (CONTINUED)

Other Permanent Housing strategies:

- *Create landlord engagement strategies to house people in the private market as well as mainstream affordable housing. Landlords look for financial security when taking on risky tenants.*
- *Rapid Re-Housing funds should be targeted to those households who would most benefit from a short-term rent subsidy that comes with lighter service package. Connect employment opportunities to these households.*
- *Set aside existing and/or create new units in affordable developments for homeless individuals and families. These units should be subsidized more than the other units (at 0-30% Area Median Income) and have some services connected to them.*
- *Any crisis / bridge / short-term housing should be connected to housing placement teams. Outreach workers should also work on securing housing for homeless individuals and families.*
- *Provide supports through mentors who are people with lived experience. Mentors can be advocates for housing for people experiencing homelessness as well as provide advice and support that those who do not have lived experience cannot necessarily give.*

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FINANCIAL ALIGNMENTS: PHILANTHROPY

- ***Start with one project that they can all get behind – each contributing their area of interest …Different foundations have different interests/ Create a Menu of funding options for an A_Z project. Collective Impact – looking to this effort to leverage their dollars***
- ***Follow up with funders on what specific impacts their investment has***
- ***Join Funders Together to End Homelessness***

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SYSTEM LEVEL: COLLABORATION AND COORDINATION

- ***Recognize the layered response that needs to occur to respond to the diverse needs of different populations experiencing homelessness.*** *Diverse populations experiencing homelessness include transition aged youth, seniors, veterans, single adults, families, communities of color, LGBTQ communities, survivors of domestic violence, people with mental health and/or substance use disorders, people with chronic health conditions and others. Very few people fall into only one category; therefore, providers need to coordinate to provide the unique services for these populations.*
- ***Avoid unnecessary duplication of services and support through increased understanding of programs as well as increased coordination.***
- ***Provide the local Coordinated Entry System (CES) the support it needs to be the clearinghouse for services and housing for homeless individuals and families.***

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SYSTEMS LEVEL

- ***Create an education campaign about homelessness and methods that the community is undertaking to reduce it.*** *This campaign should include success stories of people with lived experience, updated digital and/or printed directory of local services and providers (including faith-based organizations), a description of future strategies that the communities will put into place, as well as specific calls to action.*
- ***Add more diversity to the planning and implementation table.*** *In addition to people with lived experience, others with expertise in specialized populations are also important participants in the implementation process. In order to avoid creating a Consortium that is too large and unwieldy, have meaningful participation from additional perspectives on committees.*
- ***Bring employers to the table.*** *Employment is a key strategy to move people from homelessness and poverty. Job training providers are important to this strategy, and employers need to learn that there are people who have come from homelessness who are accountable and can work well in their companies, industries, and/or organizations. Employers should include the nonprofit and faith-based community as well.*

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