



Commission to End Homelessness Homeless Service System Pillars Report

The causes and reasons people experience homelessness are complex and diverse. There are often multiple factors at play leading up to a homelessness crisis. Loss of income, relationship breakdown or separation, poverty and other socio-economic factors all affect an individual or family's ability to access and sustain housing. The solutions to homelessness are therefore equally as complex – interventions must be tailored to an individual or family's needs and the County of Orange's approach must be trauma-informed, recognizing the harm that experiencing homelessness can cause to someone's mental and physical health and the impacts on the wider community. There is often an intersection and needed coordination between homelessness, behavioral health, community corrections, healthcare, housing, mainstream benefits, and multiple supportive services.

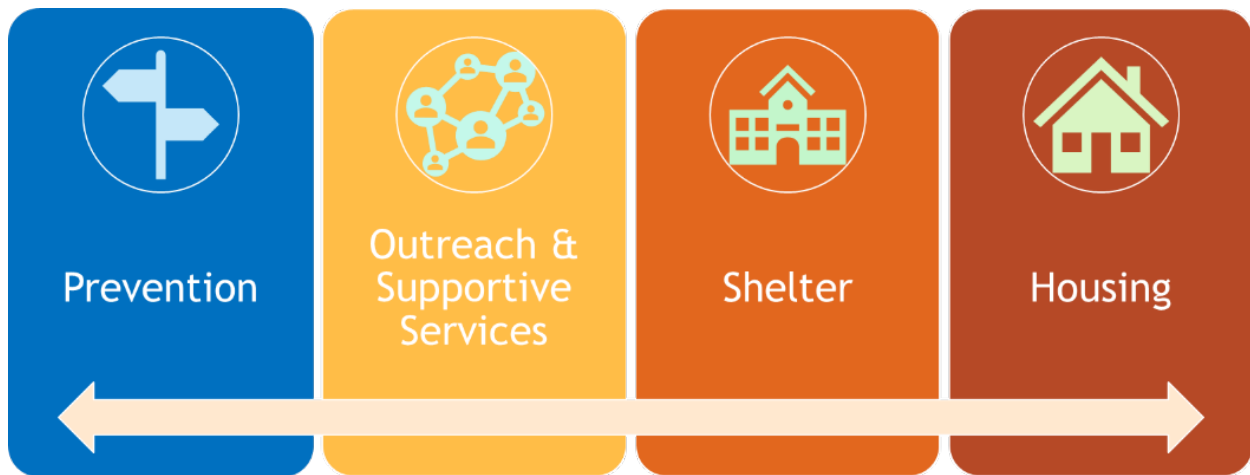
The Commission to End Homelessness has worked with its membership and the established Ad Hoc Working Group to analyze the Homeless Service System, focusing on Prevention, Outreach and Supportive Services, Shelter, and Housing. The transition and navigation between each pillar may not be linear for each individual or family experiencing homelessness. The pillars can be viewed as a continuum, with those at risk of or experiencing homelessness accessing services under each pillar depending on where they are in their journey to permanent and sustainable housing.

In examining each pillar, it was important to agree on a definition and goal to establish a collective understanding of the available interventions, programs, services, and outcomes within the pillar. These definitions then informed a set of principles and evidenced-based best practices to guide the delivery of homeless services in Orange County.

Local providers, national experts and people with lived experience were consulted on the framework of each pillar. Their feedback was utilized to refine the set of principles and commitments to better align the recommendations with daily practice and implementation of services to best meet the needs of the Orange County community at-risk and/or experiencing homelessness.

One reoccurring trend identified in each pillar was around the need to provide client-centered services. Client centered services focus on what the client wants and what is best for the client, requiring the client be actively involved in deciding the direction of their care and housing plan. Involving a client in this manner is essential because it allows the client to play a major role in identifying their own goals and services needed and establishes a shared accountability between the client and the service provider. This is achieved by the service provider ensuring consistent, meaningful interactions with the client to build trust and rapport in the service delivery process.

The graphic below represents the four Pillars that make up the Homeless System of Care:



All best practices identified have a grounding in national and local service providers, research on what works in homeless services delivery and evidence-based practices. The Commission to End Homelessness extends its gratitude and appreciation to all those who helped inform the process and shared their experience in direct client service work, as well as those who shared their lived experiences and expertise.

The Office of Care Coordination will use the identified best practices and guiding principles in this document to help define the approach and integration to services and contracts moving forward. It is the Commission to End Homelessness and Office of Care Coordination's recommendation that the County of Orange's Board of Supervisors evaluate and require contracts brought forth from County departments addressing homelessness also meet these standards. This document will serve as the guide to directing and shaping policy affecting homelessness and the approach to service requirements across County departments.

Pillar #1: Prevention

Definition: Homelessness prevention is a short-term intervention provided to individuals and families at risk of homelessness or experiencing a housing crisis to achieve housing stability.

Goal: Keep individuals and families in their homes and avoid an eviction with short-term interventions to stabilize housing.

Best Practices in Prevention:

- **Early Intervention and Targeting Those “At-Risk”** – Early intervention strategies can be enhanced and implemented beyond the traditional homelessness prevention. For example, childcare for low-income households can support families in increasing their income by allowing both parents to work. Targeting practices and interventions may be facilitated by using a risk assessment tool or prioritization that measures risk. This may include further targeted outreach at specific zip codes, local businesses and working with landlords.
- **Family Reconnection, Conflict Resolution and Mediation** – Assist individuals and families in building back and establishing relationships with their support system. This includes providing mediation and conflict resolution support to individuals and families who are at-risk of homelessness.
- **Emergency Rental Assistance and Limited Financial Assistance** – Provide financial assistance to pay rental arrears, past due utility bills and/or other unexpected financial expenses to address the factors causing the individual or family to experience housing instability and/or imminent risk of homelessness thus stabilizing in current housing. Ensuring flexibility of funding is key. Examples of financial assistance to be provided include rental deposit, utility deposits, payment of utility arrears and future costs, payment of rental arrears and future costs, bus tickets to assist with relocation and or transportation needs, grocery cards, gas cards.
- **Connections to Mainstream Benefits and Community Services** – Assist individuals and families at risk of homelessness in connecting to social services benefit programs. Utilize community-based provider training on independent living skills, including budgeting, job search and employment readiness services, to increase income and promote stability.
- **Partner with Other Systems** – Better planning between systems can assist individuals in transitioning effectively as they exit the corrections system, behavioral health system, and healthcare systems to avoid homelessness. Most individuals do not immediately enter the homeless system of care after exiting one of these other systems. For those at risk of entering the Homeless System of Care there is an opportunity to bring in family and/or friends to provide support from initial engagement and/or services to improve the overall approach to transitioning.
- **Establish Housing Sustainability** – Prevention efforts offset the greater costs experienced by the Homeless System of Care when people first become homeless and in a return to

homelessness, as such it is important that prevention does not only address the imminent risk of homelessness but provide the necessary supports to promote housing stability. Building in scheduled check-ins and aftercare plans for those transitioning from Rapid Rehousing and other assistance can improve housing stability and enhance prevention strategies.

Prevention Principles and Commitments

- **Early Intervention** – Identify risk factors and target interventions towards those most at-risk.
- **Increase Community Awareness and Education** – Conduct target outreach to ensure those who need the services are aware of the resources available by targeting certain zip codes and mailing directly to tenants and landlords.
- **Effective Reentry and Transition Planning** – Preventing returns to corrections, hospitals, and other institutional settings can be done by supporting the transition of these individuals out of these settings into appropriate locations.
- **Measure Outcomes** – It is important to determine the impact between the intervention and prevention for people at-risk of homelessness.
- **Prevention is an Integral Component of the Homeless System of Care** – When prevention is not possible, individuals and families who experience homelessness can access services under the other pillars to support in ending their homelessness

Pillar #2: Outreach and Supportive Services

Definition: Outreach is actively seeking, reaching out to, and engaging individuals experiencing homelessness, most often as the first step towards ending their homelessness. Supportive services are community-based services that support individuals and families to develop self-sufficiency and independence while on their journey to permanent and sustainable housing.

Goal: Persistent and frequent interactions to facilitate engagement, ensuring effective transitions from street to shelter, or more stable placement. Supportive services provide client centered wraparound services to support sustainment of housing placements in the community.

Best Practices in Outreach and Supportive Services:

- **Human Connections Build Trust** – Building trust and rapport through genuine, consistent outreach to an individual or family is required to appropriately assess and provide them with the resources and services needed to address their homelessness. Trust and rapport are built through interaction and outreach conducted by professional outreach workers who are culturally competent. Critical to this process is meeting the family where they are at, this includes both physical location and stage of engagement.
- **Assertive Outreach** – Outreach should occur through a regular schedule of visits to sites and resources used by individuals experiencing unsheltered homelessness. Ensuring consistent outreach to people experiencing unsheltered homelessness at frequented and varied locations allows outreach services to be more accessible and thus utilized. A warm, proactive, and repeated engagement strategy to build rapport with an individual or family greatly increases the likelihood for acceptance of shelter, housing and/or supportive services.
- **Provide Ample Time and Opportunity for Engagement** – Often the engagement process can take three or more months before a person accepts a connection to services. Engagement is an activity that occurs not only leading up to the acceptances of services but continues during and after the utilization of services. Consistent engagement through the utilization of services ensures that the individual or family continues to have a voice in the process. It is important to note that the engagement and services acceptance process is often greatly affected by the availability and capacity of appropriate shelter, housing and/or support services.
- **Recognition that Housing is One of the Lead Determinants of Physical and Mental Health** – Unsheltered homelessness leads to deteriorating physical and mental health, as such staff need to be trained in mental health, first aid and harm reduction methods to be able to provide an immediate response to these complex needs while on the streets and/or other unsheltered conditions. Understanding that outreach services are unable to fully address health needs while someone is experiencing unsheltered homelessness, establishing access to emergency housing and/or stable housing should continue to be the primary goal.

- **Outreach and Supportive Services are Best Delivered When Offered by Professional Service Staff (Non-Law Enforcement)** – Individuals and families experiencing unsheltered homelessness not only need specific housing interventions but require referrals and linkages to many specialized services to address complex issues related to mental health and substance use. Building the rapport and trust with this population, as well as having the knowledge and ability to assess for, refer and link individuals and families to the right housing and support services requires professional training and skills. Additionally, with the understanding that this population has a significant history of experiencing trauma that comes with difficulties in building healthy trusting relationships, it is critical that those who do engage and serve this population are equipped to build and maintain that trust. For example, whenever possible, safe outreach should be conducted without police escort. Outreach staff should be trained to recognize inherent risks and practice safety measures that promote healthy engagements and interactions with people experiencing unsheltered homelessness.

Outreach and Supportive Services Principles and Commitments

- **Compassion and Equity** – Outreach team capacity should support frequent engagement and focus on meeting the individual where they are at, including physical locations and progress towards permanent housing.
- **Practice a No Wrong Door and ‘Every Contact Counts’ Approach** – Ensure each outreach contact is impactful and a step in the right direction toward connecting the individual to permanent housing and/or supportive services. Understanding that rapport and trust building takes time, as well as many interactions, before an individual or family accepts services, it is important to track all interactions. This provides an opportunity to study the average length of time and identify the types of interactions that ultimately do lead to acceptance of services. Doing this will better assist program development and service models to ensure they are effective and efficient.
- **Supportive Services to be Tailored and Inclusive** – The population experiencing unsheltered homelessness and needing supportive services are to be served by programs that most meet their needs. This includes very few barriers to program entry, as well as culturally competent delivery of services offered supported by staff training.
- **Operate with a Holistic View of Recovery** – Recovery may be paused, or relapses may occur; however, outreach and supportive services are to remain focused on both clinical and personal recovery, as well as overall progress.
- **Consistent and Continuous Efforts** – Outreach and supportive services should be consistently and continuously offered, regardless of how many times an individual may have previously not engaged. This should be done using different and persistent engagement tools.

Pillar 3: Shelter

Definition: Shelter is a temporary residence providing safety and protection from exposure and functioning as a safety net at times of crisis for individuals and families experiencing homelessness.

Goal: Supports steps towards achieving housing and financial stability. Emergency shelters and navigation centers are generally considered to be the entry points to a broader array of supportive services, with linkages to longer term programs and/or permanent housing opportunities.

Best Practices in Shelter:

- **Low or No Barrier to Entry** – Shelter should be readily accessible, meaning easy to physically access and open at all hours of the day or night, thus reducing any barriers to access for people experiencing homelessness. The shelter’s eligibility and intake requirements should be minimal and simple to promote access, provide respite from the elements and safety in a structured program. Shelter eligibility and intake requirements should not exclude individuals who are experiencing mental health and substance use concerns, and/or medical issues, or establish requirements that these areas be address prior to entry. People experiencing homelessness fall into homelessness at all hours of the day and often have commitments such as employment and/or medical appointments that need to be attended to, thus policies should reflect a flexible schedule as opposed to limiting curfews and/or walk-up access.
- **Trauma-Informed Intake** – Program intake should focus on welcoming the individual and documenting the minimum information required to enter the facility. Often, individuals and/or families access shelter after experiencing a crisis and as such intakes should avoid extensive and lengthy assessment processes that involves participants repeating their story and information over and over, which can be retraumatizing and discourage engagement. Intakes should be completed in a space that provides privacy by a trustworthy individual, after providing access to basic necessities (i.e., food, water, access to restroom and shower) and should leverage information available in established databases, including background information and previous homeless service system utilization.
- **Psychologically Informed Environment (PIE)** – Provides supportive spaces to encourage positive interactions, including private rooms to meet with case managers and discuss sensitive matters, and outdoor spaces for socialization with other clients. The shelter design includes thoughtful consideration for light, comfort, temperature, color, and imagery. Shelter space and facilities are well maintained and safe for both participants and staff.
- **Incorporate Persons with Lived Experience** – Include shelter participants in decisions around expectations of client behavior by soliciting input and incorporating feedback in the development or updating of new policies and procedures to ensure a transparent and proportionate implementation of those expectations and enforcement for violation of

those expectations. Persons with first-hand knowledge of homelessness and shelter participation can share their perspectives on how policies and procedures of shelter operations affect the experience of homelessness and ongoing engagement of shelter and/or supportive services.

- **Tailored and Housing-Focused Case Management** – Case management that proactively supports clients in working towards positive shelter exit should be a key programmatic component of shelters. Shelter is a crisis-response resource and length of stay should be minimal to promote wellbeing and enable bed turnover to assist another individual experiencing unsheltered homelessness. Shelter should be focused on facilitating connections to available housing resources, reconnections to family and support networks, and supportive services that support the individual’s journey to permanent housing and stability within that housing.
- **Implement Navigation Center Model** – Additional wraparound supportive services to be offer at shelter programs and whenever possible co-located to promote access and utilization of supportive services.
- **Robust and Ongoing Training** – Well-trained and supported staff team maintain safety and security of shelter, smooth operations, and enhanced crisis management capability. Training resources provide needed tools and techniques for staff operating in shelters and create a better environment for clients. Training includes crisis management, trauma-informed care, principles of housing first and harm reduction.
- **Consistency in Shelter Operations** – Whenever possible create consistency in shelter operations, including mealtimes, privacy, access to facilities, transportation models and other components.

Shelter Principles and Commitments

- **Promote Dignity, Respect, and Equal Access** – The operations of shelters should support individuals and families experiencing homelessness in times of crisis and promote dignity, respect, and equal access.
- **Improved Accessibility** – Facilitate access to shelters whenever possible, including looking at entry requirements and/or program models.
- **Housing-Focused** – Focus on supporting the client to work towards permanent housing during enrollment and participation in navigation center and/or emergency shelter programs.
- **County of Orange’s Standards of Care** – Provides a standard to compliant management and delivery model for shelters.
- **Improved Design** – Explore potential to develop smaller congregate shelter program models and identify alternative models such as non-congregate shelter to support increased wellbeing of clients.
- **Essential Component of Crisis Response** – Shelters support access and flow through homeless system of care and act as a conduit to other supportive services and for housing resources.

Pillar #4: Housing

Definition: Housing is the solution to end a person's homelessness and provides a sustainable place to live long-term.

Goal: Housing programs and capacity that end a person's homelessness by providing a permanent home with supportive services to ensure sustainability and stability.

Best Practices in Housing:

- **Project Design and Administration** – The housing is tenant-centered, meaning it meets tenants' needs such as desired location and type of housing. The supportive housing projects meet or exceeds community standards, and the affordable housing and operating partners actively engage in community education and dialogue throughout the planning and development stages.
- **Property and Housing Management** – Management teams educate tenants on their rights and responsibilities as leaseholders and actively solicit tenant feedback. Individuals and families move into housing quickly, and the process accommodates the potential tenants' varying background and cultural needs, for example, by having forms and documents available in various languages. Housing program staff works closely with service providers and landlords to ensure tenants can sustain housing and be stable. While respecting tenant rights and privacy, staff regularly check-in to ensure the unit remains in good condition and receives any needed maintenance.
- **Supportive Services** – Services are voluntary, but also customized, and comprehensive, and target the needs of all household members, creating a high likelihood that the tenants engage in services. The primary service provider has established connections to mainstream and community-based resources and is able to facilitate access to services. Service provider staff supports tenants in developing and strengthening connections to their community. The supportive housing project has funding that is sufficient to provide services to tenants on an ongoing basis and flexible to address the changing tenant needs.
- **Community** – The most successful supportive housing does not operate in isolation but serves an integral role in the larger community. The supportive housing partners connect with and support the efforts of community stakeholders working to ensure positive community changes.

Housing Principles and Commitments

- **Stability and Sustainability** – All people can achieve housing stability in permanent housing if they are provided the right supports. All people have the right to self-determination, dignity, and respect.
- **Improved Quality of Life** – Housing serves as the foundation for improved quality of life and overall wellbeing. Health and mental health conditions, as well as employment are improved upon when people are housed.
- **Flexible, Voluntary Supportive Services** – Supportive services should be available and offered to tenants as they move-into housing to support with community integration, as well as promote stability and sustainability in the identified housing.
- **Increasing Housing Options** – Diversity in housing options is as critical as housing capacity. Individuals and families experiencing homelessness have unique housing and service needs, requiring the need for various housing options that address the varying needs of these households.

Next Steps

This document created by the Commission to End Homelessness comes to the Board of Supervisors as a framework to create recommendations and shape policy surrounding homelessness in the County of Orange. The Office of Care Coordination will use it to guide the programs to prioritize and to develop future programming to best meet the needs of individuals and families experiencing homelessness or at risk of homelessness.

Below are the Commission to End Homelessness and Office of Care Coordination's set of recommendations for next steps regarding this document, including how these best practices and guiding principles can be implemented and put into practice.

- Request the Commission to End Homelessness membership to champion these best practices, principles and commitments within their agencies, service areas and explore potential to incorporate them into their delivery model and request for proposal practices. This will support effective change, cultural competency, and consistent delivery across Orange County.
- Ensure these best practices, principles and commitments are incorporated into Office of Care Coordination's issued requests for proposals, quality standards, audits, and trainings. Additionally, the Office of Care Coordination work with County departments to implement these best practices and design programming to ensure alignment across the County, including in any competitive solicitation processes related to homelessness and/or the four pillars.