CA HCD ESG-CV Training Series: Homeless Programs & Services 101
Learning Objectives

1. Trainees will be able to describe the current landscape of homeless programs and services funded at the state and federal level.
2. Trainees will be able to describe in detail each of the ESG and ESG-CV core program activities and will be able to give examples of best practice programs.
3. Trainees will gain an understanding of case management strategies that support successful homeless programs (trauma informed care, motivational interviewing, housing-focused approaches, harm reduction).
4. Trainees will be able to identify best practices to address community resistance to providing services to those experiencing homelessness.
5. Trainees will be able to explain state mandates regarding housing first; how they apply to their homeless programs and will be able to describe and operationalize the core tenants of housing first.
Questions to Answer

- What programs end homelessness?
- What are ESG & ESG-CV core programs?
- What is housing first & California’s mandate?
- What are best practices to engage & assist participants?
- How to address stigma towards the homeless population?
Reminder on Homeless Definition

The HUD definition:
1. Literally homeless
2. Imminently homeless
3. Other definitions
4. Unsafe situations
Homeless System of Care

Crisis Response System

Permanent Housing

Prevention

People experiencing homelessness

Temporary Housing

Coordination Entry

Homeless Management Information System (HMIS)
Crisis Response System
Crisis Response System

Homeless Prevention

What is it? Prevent crises from occurring & prevent an experience of homelessness

Who is it for?
- At risk of losing housing
- Homeless under other federal statutes
- Unsafe situations

What activities?
- Rental assistance
- Financial assistance
- Legal help
- Mediation
- Credit repair
Crisis Response System

**Diversion**

**What is it?**
Resolve an immediate housing crisis by problem-solving to find an alternative solution to entering the homelessness system.

**Who is it for?**
- At risk of losing housing
- Literally homeless
- Unsafe situations

**What activities?**
- Problem-solving conversation
- Financial assistance
- Mediation
- Connection to other supports
Crisis Response System

Street Outreach

What is it?
Essential services for meeting the immediate needs of unsheltered people

Who is it for?
Literally homeless and not living in shelter

What activities?
Services
Connection to resources
Transportation
Emergency Shelter

**What is it?**
Temporary indoor place to live or sleep

**Who is for?**
- Literally homeless
- Imminently homeless
- Unsafe situations

**What activities?**
- Place to sleep
- Services
- Food
- Storage of belongings
- Connection to resources
Low-Barrier Shelter

What is Low-Barrier Shelter?

- Admissions policies that screen-in (not screen out) households
- Welcome pets, partners, and possessions
- Minimal rules that focus on safety
- Ability for people to come and go
- 24-hour operations
Crisis Response System

Transitional Housing (TH)

What is it?
- Time-limited housing that may provide stability & a plan towards permanent housing; often high-barrier

Who is it for?
- Literally homeless
- Unsafe situations
- Sometimes* for special populations

What activities?
- Furnished place to live either a congregate setting or apartment
- Services
- Connection to resources
Housing Programs
## Permanent Housing Programs

### Rapid Re-housing (RRH)

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Time-limited rental assistance in permanent housing that provides support for long-term stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is it for?</td>
<td>Literally homeless Cat. 2 (non-ESG sources) Unsafe situations</td>
</tr>
<tr>
<td>What activities?</td>
<td>Their own apartment &amp; lease in participant’s name Case management Housing location service Financial assistance</td>
</tr>
</tbody>
</table>
Permanent Housing Programs

Joint Component TH & PH-RRH

What is it?
Crisis stabilization through TH and permanent housing (RRH) that provides support for long-term stability. The program is time-limited Participants choose which type of housing and when

Who is it for?
Literally homeless Cat. 2 (not ESG or ESG-CV) Unsafe situations

What activities?
Their own apartment & lease in participant’s name Case management Housing location service Financial assistance
Permanent Housing Programs

Permanent Supportive Housing (PSH)

What is it?
Permanent housing that provides support for long-term stability with no time limits

Who is it for?
- Literally homeless
- Unsafe situations
- Focus on chronically homeless

What activities?
- Own apartment
- Intensive case management
- Financial assistance
### ESG & ESG-CV Core Programs

<table>
<thead>
<tr>
<th>Program Component</th>
<th>ESG</th>
<th>ESG-CV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness Prevention</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diversion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Outreach</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency Shelter (&amp; Temporary Shelter)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Re-housing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Joint Transitional Housing &amp; PH-Rapid Re-housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMIS</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Housing-Focused Practices

What is housing focused?

All homeless programs are orientated towards and focusing on moving people into and keeping permanent housing.

Creative Problem-Solving
- Legal Assistance
- Connection to Mainstream Resources
- Employment

Financial
- Arrears
- Moving costs
- Transportation & Car Repair
Housing-Focused Practices

1. Housing & Housing Stability
2. Meeting Participant Goals

- **Shelter**
  - Needs housing
  - Shelter worker connects to CES

- **Street Outreach**
  - Wants to live with children
  - Outreach worker connects with DFCS

- **Rapid Re-housing**
  - Wants to work
  - Connects to employment while locating housing
Best Practices
Overview of Best Practices

Housing First

Motivational Interviewing
Harm Reduction
Trauma Informed Care
Housing First is an approach where homeless persons are provided immediate access to housing and then offered the supportive services that may be needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessary barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed – when the daily stress of being homeless is taken out of the equation.

Ann Marie Oliva
Director, Office of Special Needs Assistance Programs
August 21, 2016
Four Overarching Principles:

1. Homelessness is a housing problem and should be treated as such.
2. Persons should be stabilized in permanent housing as soon as possible – and then connected to resources to sustain that housing.
3. Underlying issues that may have contributed to a person’s homelessness are best addressed after that person is in a stable housing environment.
4. All persons experiencing homelessness are “housing ready.”
Definitions without Jargon

- Accept participants regardless of sobriety
- Participants will be supported in ways that meet their individual needs
- Participants will not be evicted for not complying with their service plan
- Participants are not required to take classes before being placed in housing
Housing First is mandated or encouraged across the system of care:

- **Housing First Prioritization**
  - **COC WRITTEN STANDARDS**: Housing, shelter, prevention, outreach, other CoC programs or those with reference in grant agreement
  - **STATE-FUNDED HOUSING PROGRAMS**: Permanent supportive housing, Rapid Re-Housing, No Place Like Home, CESH, HEAP, CalWORKS HSP, CDSS programs, new state funding (CA Welfare and Institutions Code Section 8255)
  - **ESG**: Shelters, outreach, prevention, Rapid Re-Housing (25 CCR 8409)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

1. Tenant screening and selection practices that promote **accepting applicants** regardless of their sobriety or use of substances, completion of treatment, or participation in services.

2. Applicants are **not rejected** based on poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness”.

3. **Acceptance of referrals** directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

4. Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.

5. Participation in services is not a condition of permanent housing tenancy.

6. Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California’s Civil, Health and Safety, and Government codes.

7. The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

8. In communities with **coordinated assessment and entry systems**, incentives for funding promote tenant selection plans for supportive housing that **prioritize eligible tenants based on criteria other than “first-come-first-serve,”** including, but not limited to, the **duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services** and prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.

9. Case managers and service coordinators who are **trained in and actively employ evidence-based practices for client engagement**, including, but not limited to, motivational interviewing and client-centered counseling.

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

10

Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants’ lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

11

The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
### Housing First

<table>
<thead>
<tr>
<th>Housing as a tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid connection to housing</td>
</tr>
<tr>
<td>Services are available &amp; optional</td>
</tr>
<tr>
<td>Housing is not contingent on participation in services</td>
</tr>
</tbody>
</table>
Overview of Best Practices

Housing First

Motivational Interviewing

Harm Reduction

Trauma Informed Care
Motivational Interviewing

Let’s pause & reflect.

Think about a time when you wanted to change something in your life.

- What was it?
- How did you know?
- Did someone tell you to change?
- What helped you change?
- What kind of support did you need?
What is Motivational Interviewing?

“Motivational Interviewing is a way of being with a client”
(Miller and Rollnick, 1991).

**Goal:**
Guide the person towards solving their own challenges and ambivalence (not to offer them a solution)

**Practitioner’s job:**
Elicit and reinforce patient motivation for change
Motivational Interviewing

Change Talk to Behavior Change

- Commitment
  
  - Desire, Ability, Reason, Need

  - Behavior change
  
  - Taking steps
<table>
<thead>
<tr>
<th>Motivational interviewing is...</th>
<th>Not...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaboration</strong></td>
<td><strong>Confrontation</strong></td>
</tr>
<tr>
<td>• Developing a partnership in which the client’s expertise, perspectives, and input is central to the consultation</td>
<td>• Provider imposes awareness of client’s reality</td>
</tr>
<tr>
<td>• Fostering and encouraging power sharing in the interaction</td>
<td>• Provider tries to take control of the interaction</td>
</tr>
<tr>
<td><strong>Evocation</strong></td>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>• There sources and motivation for change reside within the client</td>
<td>• Provider assumes that client lacks knowledge</td>
</tr>
<tr>
<td>• Motivation is enhanced by eliciting and drawing on the client’s own perceptions, experiences, goals</td>
<td></td>
</tr>
<tr>
<td><strong>Autonomy</strong></td>
<td><strong>Authority</strong></td>
</tr>
<tr>
<td>• Respecting the client’s right to make informed choices facilitates change</td>
<td>• Provider tells client what they should do</td>
</tr>
<tr>
<td>• Emphasize patient control and choice</td>
<td></td>
</tr>
</tbody>
</table>
Let’s pause & reflect.

Think about a time when you wanted to stop doing something that was unhealthy.

- What was it?
- How did other people feel about this behavior?
- Did someone tell you to just stop?
- What helped you change?
- What kind of support did you need?
What is Harm Reduction?

**Action** through policy and programming to reduce the harmful effects of behaviors

Non-judgmental approaches, strategies to enhance informed decision-making
- Knowledge, skills, resources, supports

Some portion of the population will always engage in high-risk behaviors
- Social, economic, mental health, personal reasons
Who can implement Harm Reduction?

- Housing providers
- Supportive services providers
- Medical and mental health partners
- Emergency shelters
- Local and regional policymakers
Key Characteristics of Harm Reduction

- Remove Barriers
- Non-Coercive Engagement
- Client-Driven Services
- Focus on Immediate Needs
- Information and Education
- Building Relationships
- Personal Responsibility
- Community Partnerships
Let’s pause & reflect.

Think about a time when you experienced that had a high level of stress like a loss, an accident, a death, etc.

- What was it?
- How did you feel?
- How did you move through this period?
- What helped you?
- What kind of support did you need?
Trauma Informed Care

Traumatic Stress

- Homelessness and trauma are interrelated
- Trauma overwhelms one’s ability to cope
- Persistent trauma impacts physical, emotional, relational, and cognitive functions
- Behaviors are adaptations to past threats
Importance of Being Trauma-Informed

Create responsive services/programs
Avoid re-traumatizing clients
Help clients on their path to recovery

“Understanding, anticipating, and responding to the issues, expectations, and special needs [that each trauma-survivor may have]. At minimum, trauma-informed services should endeavor to do no harm...”

<table>
<thead>
<tr>
<th>Trauma-Informed</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems/Symptoms are inter-related responses to or coping mechanisms to deal with trauma</td>
<td>Problems/Symptoms are discrete and separate</td>
</tr>
<tr>
<td>Shares power/Decreases Hierarchy</td>
<td>Hierarchical</td>
</tr>
<tr>
<td>Homeless families are active experts and partners with service providers</td>
<td>People providing shelter and services are the experts</td>
</tr>
<tr>
<td>Primary goals are defined by homeless families and focus on recovery, self-efficacy, and healing</td>
<td>Primary goals are defined by service providers and focus on symptom reduction</td>
</tr>
<tr>
<td>Proactive – preventing further crisis and avoiding re-traumatization</td>
<td>Reactive – services and symptoms are crisis driven and focused on minimizing liability</td>
</tr>
<tr>
<td>Understands providing choice, autonomy, and control is central to healing</td>
<td>Sees clients as broken, vulnerable, and needing protection from themselves</td>
</tr>
</tbody>
</table>

Addressing Resistance
What is NIMBY
N – Not
I – In
M – My
B – Back
Y – Yard
Stigma & How to Address it

Individuals
- Clothing bank
- Showers
- P.O. Boxes

Programs
- Site visits from local leaders
- Open house with local law enforcement & community members

Community
- Shelters throughout the community
- Safe Parking programs
- Public forums to address concerns
Stigma & How to Address it

Example: Tiny Home Developments

- **Casitas de Esperanza in San José**
  - Prior to construction, County staff went to community associations located near the project site to introduce the program. Taking the time to hear community concerns and respond to questions led to community associations being strong partners and advocates.
  - A Community Advisory Committee comprised of neighborhood leaders meets monthly to address concerns, offer creative input, and provide community updates.

- **LiveMoves in Mountain View**
  - Worked closely with the City of Mountain View and extended community outreach to a 1,000 ft. radius and conducted two community-wide meetings—one during the daytime and one during the evening.
  - The agency knocked on neighbors’ doors to put a face to LifeMoves.
  - The contractor made sure the neighbors were aware of big construction activities so there were no surprises.
  - A Supports Committee of outside volunteers helped stage an open house and wrote notes for the incoming residents.
Programs that Work:

- **Street Outreach**
  - *Life Move’s Homeless Outreach Teams* in San Mateo County

- **Low-barrier, housing focused shelter**
  - *Homeward Bound’s Family Center* in Marin County

- **Various homeless programs & services**
  - *Bay Area Bright Spots* in and around San Francisco
  - RRH and PSH for **vets in Riverside County**
Thank you for listening