



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

- KUYLER CROCKER  
District One
- PETE VANDER POEL  
District Two
- AMY SHUKLIAN  
District Three
- EDDIE VALERO  
District Four
- DENNIS TOWNSEND  
District Five

**AGENDA DATE:** January 15, 2019 REVISED

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<b>CONTACT PERSON: Charles Felix    PHONE: 624-8000</b>				

**SUBJECT:** Approval to participate in the No Place Like Home program and subsequent acceptance of grant funds

**REQUEST(S):**

That the Board of Supervisors:

1. Adopt the attached Resolutions requested by the California Department of Housing and Community Development that: i) authorize the Tulare County Health and Human Services Agency to participate in the No Place Like Home Over-the-Counter program and to apply for a grant in an amount not to exceed \$925,621 for fiscal year 2018/2019, and ii) authorize subsequent acceptance of grant funds when awarded and disbursed;
2. Authorize Self-Help Enterprises as the development sponsor and co-applicant for a project under the Over-the-Counter program to be submitted no later than February 15, 2021;
3. Authorize the use of funding from the No Place Like Home Over-the-Counter program in an amount not to exceed \$500,000 for Self-Help Enterprises to implement future permanent supportive housing projects;
4. Adopt the attached Resolution authorizing Health and Human Services to apply in fiscal year 2018/2019 for the statewide competition of No Place Like Home funding to be used for the development of permanent supportive housing projects in an amount not to exceed \$15,000,000;
5. Adopt 2018 updates to Kings/Tulare Continuum of Care on Homelessness, Inc. 10-Year Plan to End Homelessness as the interim County plan required to participate in the No Place Like Home Over-the-Counter program;

**SUBJECT:** Approval to participate in the No Place Like Home program and subsequent acceptance of grant funds

**DATE:** January 15, 2019

6. Authorize the Director of Health and Human Services Agency or designee to sign the associated agreements, subsequent amendments, and related documentation; and
7. Authorize the Chairman of the Board to sign three (3) copies each of the Grant resolutions.

**SUMMARY:**

The Governor of the State of California signed Assembly Bill 1618, also known as the "No Place Like Home" (NPLH) Program on July 1, 2016. The NPLH Program dedicates funds to assist counties in developing permanent supportive housing for persons living with severe mental illness and experiencing or at risk of chronic homelessness.

The NPLH Program consists of three primary components: Technical Assistance, Over-the-Counter, and Competitive Program. The Notice of Funding Availability for the Over-the-Counter Program was released on October 30, 2018, and makes available \$925,621 to Tulare County to cover capital costs associated with developing permanent supportive housing for persons living with severe mental illness and experiencing or at risk of chronic homelessness. The Competitive Program makes available \$52,455,511 for the County of Tulare and other medium-sized counties within the State of California to apply to fund projects for the same purpose.

The NPLH Program allows applicants to identify a development sponsor to assume the lead on project development and management. Tulare County Health & Human Services Agency (HHSA) has identified Self-Help Enterprises (SHE) as development sponsor and co-applicant for the NPLH Over-the-Counter Program. SHE is a nationally recognized low-income housing developer with over 50 years of experience working in the Central Valley on a wide portfolio of affordable rental housing and supportive housing projects. SHE currently owns and operates 32 rental projects totaling 1,458 units, including Permanent Supportive Housing (PSH) units in Visalia. SHE recently completed projects in Dinuba and Lindsay, and is preparing to commence construction on 66-units in Goshen through a partnership with the County. SHE plans to utilize an amount not to exceed \$500,000 for permanent supportive housing units located within the County of Tulare for the Over-the-Counter Program. SHE will coordinate with HHSA to develop a Service Plan to ensure residents have access to supportive services, including mental health, substance abuse, transportation, employment training and referrals through other local partners. HHSA will continue to explore partnerships with developers to co-apply to the NPLH Competitive Program. The NPLH Competitive Program has multiple rounds to submit applications, and HHSA plans to apply to this for an amount not to exceed \$15,000,000 during currently unscheduled competition rounds anticipated to occur in fiscal year 2018/2019.

**SUBJECT:** Approval to participate in the No Place Like Home program and subsequent acceptance of grant funds

**DATE:** January 15, 2019

To be eligible to participate in the NPLH Program, applicants must include a recent plan that specifies the goals, strategies and activities both in process or to be initiated to reduce homelessness and make it non-recurring. HHSA will adopt 2018 updates to the Kings/Tulare Continuum of Care on Homelessness, Inc. Ten-Year Plan to End Homelessness to meet this NPLH Over-the-Counter Program threshold requirement.

This agreement has been approved as to form by County Counsel. The following term deviates substantively from the standard County boilerplate: 1) Multi-year. Applications for the Over-the-Counter program can be submitted no later than February 15, 2021. Tulare County HHSA will receive the allocations all at once but will finance Self-Help over the course of two years.

**FISCAL IMPACT/FINANCING:**

There is no application fee associated with this program. This program is a 100% grant, and there is no local match requirement. There is no additional net cost to the County General Fund.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The County's five-year strategic plan includes the Quality of Life initiative to promote public health and welfare for all individuals in Tulare County. The NPLH Program supports the initiative by providing housing stability and quality supportive services for persons living with severe mental illness and experiencing or at risk of chronic homelessness, a particularly at-risk community within Tulare County.

**ADMINISTRATIVE SIGN-OFF:**

 Bo Timothy Durick

Timothy D. Durick, Psy.D.  
Director of Mental Health

cc: County Administrative Office

Attachment(s) Kings/Tulare Continuum of Care on Homelessness Updated 12/2018  
Resolution authorization acceptance of allocation  
Resolution authorizing Over-the-Counter Program project application  
Resolution authorizing Competitive Program project applications

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVAL TO ) Resolution No. \_\_\_\_\_  
PARTICIPATE IN THE NO PLACE LIKE ) Agreement No. \_\_\_\_\_  
HOME PROGRAM AND SUBSEQUENT )  
ACCEPTANCE OF GRANT FUNDS )

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: JASON T. BRITT  
COUNTY ADMINISTRATIVE OFFICER/  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

1. Adopted the attached Resolutions requested by the California Department of Housing and Community Development that: i) authorize the Tulare County Health and Human Services Agency to participate in the No Place Like Home Over-the-Counter program and to apply for a grant in an amount not to exceed \$925,621 for fiscal year 2018/2019, and ii) authorize subsequent acceptance of grant funds when awarded and disbursed;
2. Authorized Self-Help Enterprises as the development sponsor and co-applicant for a project under the Over-the-Counter program to be submitted no later than February 15, 2021;
3. Authorized the use of funding from the No Place Like Home Over-the-Counter program in an amount not to exceed \$500,000 for Self-Help Enterprises to implement future permanent supportive housing projects;
4. Adopted the attached Resolution authorizing Health and Human Services to apply in fiscal year 2018/2019 for the statewide competition of No Place Like

Home funding to be used for the development of permanent supportive housing projects in an amount not to exceed \$15,000,000;

5. Adopted 2018 updates to Kings/Tulare Continuum of Care on Homelessness, Inc. 10-Year Plan to End Homelessness as the interim County plan required to participate in the No Place Like Home Over-the-Counter program;
6. Authorized the Director of Health and Human Services Agency or designee to sign the associated agreements, subsequent amendments, and related documentation; and
7. Authorized the Chairman of the Board to sign three (3) copies each of the Grant resolutions.

## County Project Authorizing Resolution Template for Projects Utilizing Competitive Allocation Funds

IN THE MATTER OF:  
AUTHORIZATION TO PARTICIPATE IN  
THE NO PLACE LIKE HOME PROGRAM

RESOLUTION NO. \_\_\_\_\_

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued a Notice of Funding Availability, dated October 15, 2018 as amended on October 30, 2018 ("NOFA"), under the No Place Like Home Program ("NPLH" or "Program") authorized by Government Code section 15463, Part 3.9 of Division 5 (commencing with Section 5849.1) of the Welfare and Institutions Code, and Welfare and Institutions Code section 5890;

WHEREAS, the NOFA relates to the availability of approximately \$400 million in Competitive Allocation funds under the NPLH Program; and

WHEREAS, County of Tulare is a County ("County") and an Applicant, as those terms are defined in the NPLH Program Guidelines, dated July 17, 2017 ("Guidelines").

NOW, THEREFORE, BE IT RESOLVED, that the County of Tulare Board of Supervisors for County does hereby determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and if awarded, accept the NPLH Program funds, as detailed in the NOFA, up to the amount authorized by the Guidelines and applicable state law.

SECTION 2. That the Director of Health and Human Services Agency or his or her designee, is hereby authorized and directed to act on behalf of County in connection with an award of NPLH Program funds, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to evidence the loan of NPLH Program funds, the County's obligations related thereto, and the Department's security therefore. These documents may include, but are not limited to, a State of California Standard Agreement ("Standard Agreement"), a regulatory agreement, a promissory note, a deed of trust and security agreement, and any and all other documents required or deemed necessary or appropriate by the Department as security for, evidence of, or pertaining to the NPLH Program funds, and all amendments thereto (collectively, the "NPLH Program Documents").

SECTION 3. That County shall be subject to the terms and conditions that are specified in the Standard Agreement; that the application in full is incorporated as part of the Standard Agreement; that any and all activities funded, information provided, and timelines represented in the application are enforceable through the Standard Agreement; and that County will use the NPLH Program funds in accordance with the Guidelines, other applicable rules and laws, the NPLH Program Documents, and any and all NPLH Program requirements.

SECTION 4. That County will make mental health supportive services available to each project's NPLH tenants for at least 20 years, and will coordinate the provision of or referral to other services (including, but not limited to, substance use services) in accordance with the County's relevant supportive services plan, and as specified in Section 202(n)(1) of the Guidelines.

PASSED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

Signature of Attesting Officer:

Printed Name and Title of Attesting Officer:

BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE STATE OF CALIFORNIA

IN THE MATTER OF:  
AUTHORIZATION TO PARTICIPATE IN  
THE NO PLACE LIKE HOME PROGRAM

RESOLUTION NO. \_\_\_\_\_

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued a Notice of Funding Availability, dated August 15, 2018 as amended on October 30, 2018 ("NOFA"), under the No Place Like Home Program ("NPLH" or "Program") authorized by Government Code section 15463, Part 3.9 of Division 5 (commencing with Section 5849.1) of the Welfare and Institutions Code, and Welfare and Institutions Code section 5890;

WHEREAS, the NOFA relates to the availability of approximately \$190 million in Noncompetitive Allocation funds under the NPLH Program; and

WHEREAS, the County of Tulare ("County") is an Applicant within the meaning of Section 101(c) of the NPLH Program Guidelines, dated July 17, 2017 ("Guidelines").

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for County does hereby determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and accept the NPLH Program funds, as detailed in the NOFA up to the amount authorized by Section 102 of the Guidelines and applicable state law.

SECTION 2. That Director of Health and Human Services Agency, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the NPLH Noncompetitive Allocation award, and to enter into, execute, and deliver a State of California Standard Agreement ("Standard Agreement"), a regulatory agreement, a promissory note, a deed of trust and security agreement, and any and all other documents required or deemed necessary or appropriate as security for, evidence of, or pertaining to the NPLH Program funds, and all amendments thereto (collectively, the "NPLH Program Documents").

SECTION 3. That County shall be subject to the terms and conditions that are specified in the Standard Agreement; that the application in full is incorporated as part of the Standard Agreement; that any and all activities funded, information provided, and timelines represented in the application are enforceable through the Standard Agreement; and that County will use the NPLH Program funds in accordance with the Guidelines, other applicable rules and laws, the NPLH Program Documents, and any and all NPLH Program requirements.

SECTION 4. That County will make mental health supportive services available to a project's NPLH tenants for at least 20 years, and will coordinate the provision of or referral to other services (including, but not limited to, substance use services) in accordance with the County's relevant supportive services plan in accordance with Welfare and Institutions Code section 5849.9(a).



PASSED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the following vote:

AYES: \_\_\_\_\_ NOES: \_\_\_\_\_ ABSTENTIONS: \_\_\_\_\_ ABSENT: \_\_\_\_\_

Signature of Attesting Officer:

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Printed Name and Title of Attesting Officer:

---

BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE STATE OF CALIFORNIA

County of Tulare

IN THE MATTER OF:  
RESOLUTION NO.

AUTHORIZATION TO ACCEPT THE COUNTY NONCOMPETITIVE ALLOCATION  
AWARD UNDER THE NO PLACE LIKE HOME PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued a Notice of Funding Availability, dated August 15, 2018 as amended on October 30, 2018 ("NOFA"), under the No Place Like Home Program ("NPLH" or "Program") for approximately \$190 million authorized by Government Code section 15463, Part 3.9 of Division 5 (commencing with Section 5849.1) of the Welfare and Institutions Code, and Welfare and Institutions Code section 5890;

WHEREAS, the NOFA relates to the availability of Noncompetitive Allocation funds under the NPLH Program; and

WHEREAS, the County of Tulare ("County") is a County and an Applicant, as those terms are defined in the NPLH Program Guidelines, dated July 17, 2017 ("Guidelines")

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for Tulare County does hereby determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and accept their NPLH Noncompetitive Allocation award, as detailed in the NOFA, up to the amount authorized by Section 102 of the Guidelines and applicable state law.

SECTION 2. That the Director of Health and Human Services Agency, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with the NPLH Noncompetitive Allocation award, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be awarded the NPLH Noncompetitive Allocation award, and all amendments thereto (collectively, the "NPLH Noncompetitive Allocation Award Documents").

SECTION 3. That County shall be subject to the terms and conditions that are specified in the NPLH Noncompetitive Allocation Award Documents, and that County will use the

NPLH Noncompetitive Allocation award funds in accordance with the Guidelines, other applicable rules and laws, the NPLH Program Documents, and any and all NPLH Program requirements.

SECTION 4. For Projects funded under Article II of the Guidelines, that County is hereby authorized and directed to submit one or more Project applications within 30 months of the issuance of the Department's NOFA, proposing to utilize any Noncompetitive Allocation funds awarded to the County.

SECTION 5: For Shared Housing Projects proposed under Articles III or IV of the Guidelines, if designated by the Department to administer funds for Shared Housing, the County is hereby authorized and directed to accept applications utilizing Noncompetitive Allocation funds no later than 30 months from the issuance of the Department's NOFA.

SECTION 6. That County will make mental health supportive services available to a project's NPLH tenants for at least 20 years, and will coordinate the provision of or referral to other services (including, but not limited to, substance use services) in accordance with the County's relevant supportive services plan, in accordance with Welfare and Institutions Code section 5849.9 (a).

PASSED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the following vote:

AYES: \_\_\_\_\_ NOES: \_\_\_\_\_ ABSTENTIONS: \_\_\_\_\_ ABSENT: \_\_\_\_\_

Signature of Attesting Officer:

\_\_\_\_\_

Printed Name and Title of Attesting Officer:

\_\_\_\_\_



# CONNECTING *the dots*

A Proactive Approach to Addressing Homelessness

Kings/Tulare Continuum of Care on Homelessness

## ***Connecting the Dots***

is dedicated to all of the men,  
women and children in our community  
who do not have a place to call home.

## **Acknowledgements**

The Kings/Tulare Continuum of Care on Homelessness gratefully acknowledges the following individuals  
and organizations for their support and technical assistance in producing

### ***Connecting the Dots: A Proactive Approach to Addressing Homelessness:***

HomeBase Center for Common Concerns

Machael Smith, San Joaquin Consulting

Betsy McGovern-Garcia, City of Tulare Redevelopment Agency

Thank you to the many people and organizations who have participated in preparing this plan and who  
have committed their leadership expertise and guidance to the success of this plan's development.

Kings/Tulare Continuum of Care on Homelessness  
<http://www.kingstularecoc.org>

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## Introduction/Background

On any given night in Kings and Tulare Counties, over 1,000 men, women and children are homeless. Individuals and families are sleeping in shelters, in parks under trees and in the bushes, or in parked vehicles or other street locations. Many are homeless as a result of losing a job, getting into a fight with a family member, affected by a mental illness, disability or experiencing a chemical dependency. There are families with children, teenagers, and senior citizens. These individuals and families are members of our community. In fact, 78%<sup>1</sup> of the local homeless population cite Kings or Tulare County as the location of their last permanent residence.

The Kings/Tulare Continuum of Care on Homelessness (Continuum) is a consortium of partners that include homeless service providers, advocacy groups, government agencies and homeless individuals who are working together to address the housing and support service needs of the homeless in this region of the Central San Joaquin Valley.

***“Individually, we are one drop. Together, we are an ocean.”***

**– Ryunosuke Satoro**

In 2008, the Continuum decided that it was time to unite, and organize local resources to create, adopt and implement a 10-Year Plan to prevent and end homelessness in our community. Managing homelessness without addressing the root causes of homelessness is neither beneficial nor cost effective for our communities; hospitals, law enforcement, businesses and local government bear the increased financial costs.

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Communities who have developed and implemented local Ten-Year Plans to End Homelessness have seen reductions in homelessness through the creation of humane, cost-effective systems to serve people experiencing homelessness.

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Local Ten-Year Plans to End Homelessness, encouraged by the U.S. Interagency Council on Homelessness (USICH), are results-oriented plans that incorporate cost-benefit analyses, prevention, housing and services innovations, and best practices.

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<sup>1</sup> 2011 Point In Time Survey Results



Additionally, the Federal Government acknowledges the effectiveness of unified planning efforts and in 2010 issued a national plan for ending homelessness, titled “Opening Doors: Federal Strategic Plan to Prevent and End Homelessness”.<sup>2</sup>

The Federal Plan focuses on ending chronic homelessness, preventing and ending homelessness among veterans, families, youth and children, and setting a path to ending all types of homelessness. It also encourages close collaboration among the main federal agencies needed to contribute resources, establishment of new programs, and policy revisions to impact reductions in nationwide homelessness.

Building on the momentum of the federal government and the guidance provided by USICH’s that all local jurisdictions should develop and adopt plans for ending homelessness, the

Continuum sought and secured funding to complete *Connecting the Dots: A Proactive Approach to Addressing Homelessness*.

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The four goals of the Federal Plan are:

- Finish the job of ending chronic homelessness in five years;
- Prevent and end homelessness among veterans in five years;
- Prevent and end homelessness for families, youth, and children in ten years; and
- Set a path to ending all types of homelessness.

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Funding for *Connecting the Dots* was made available through the following cities and organizations:

- Hanford
- Lemoore
- Porterville
- Tulare
- Visalia
- United Way of Tulare County

The Continuum selected HomeBase as the consultant to assist in completing the plan, and is grateful for the many additional hours, some that went above and beyond the original contract, contributed to this effort.

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<sup>2</sup> [www.ich.gov/PDF/OpeningDoors\\_2010\\_FSPPreventEndHomeless.pdf](http://www.ich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf)



## Purpose/Vision

Homelessness is a solvable problem; research and twenty years of experience have proven that to be true. Communities who have developed and implemented Ten-Year Plans have seen reductions in homelessness by creating more humane and more economical systems to serve people experiencing homelessness.

*For example:*

- Portland, Oregon experienced a 70 percent drop in the number of chronically homeless people living on the street in the first two years of its plan.
- Sacramento housed 756 homeless people in the first eighteen months of its plan.

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A community that has “ended homelessness” has set up a system of cost-effective housing and services that:

- Prevents people from losing their housing, to the extent possible,
  - Re-houses people who do lose their housing, and
  - Stabilizes people so that they do not lose their housing again.
- 

The purpose of *Connecting the Dots* is to create a roadmap for service providers, local government, and all community stakeholders to implement in order to find solutions for preventing and ending homelessness.



*Connecting the Dots* is intended to refocus current efforts and provide best practices for developing new programs. The Continuum has a vision that *Connecting the Dots* will be used as a practical guide for goal setting, establishing local priorities, allocating funding, and developing new programs that work to eradicate homelessness.

*Connecting the Dots* includes feasible implementation steps and resources that can be utilized by organizations and jurisdictions within Kings and Tulare Counties, to work towards a more complete continuum of services and housing for individuals experiencing homelessness.

The goals of the *Connecting the Dots* plan include:

- Create and implement action steps to reduce and prevent future homelessness;
- Form and/or expand the collaborations needed to successfully develop new housing units and connect homeless individuals with services;
- Capitalize on existing resources and leverage new sources of funding in order to be efficient in addressing the needs of at-risk and homeless community members;
- Expand the capacity of local agencies by utilizing existing best practices and educating on the effectiveness of a Housing First model;
- Be proactive in our approach to addressing homelessness.

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The vision of *Connecting the Dots* is to create a tangible set of action items that, when implemented, will provide an integrated and thorough approach to preventing and ending

homelessness. Connecting the Dots is a live working document intended to grow and evolve as progress is made towards ending homelessness.

It is being presented in this initial format, with the anticipation that as action items are accomplished, new tasks will be added to ensure that local jurisdictions, service and housing providers, the faith-based community and other stakeholders are staying ahead of the curve, and continually adapting to meet the changing needs of our local community.

***"How do you thank someone who has made it possible the steps from homelessness to hope, from a loss of self-respect to a sense of worth? Truly this is an awesome, life-changing opportunity for us and I am grateful beyond words."***

***-David Marsh  
First resident at Family Services' Permanent Supportive Housing program in Visalia***

Additionally, this plan is a mechanism for leveraging resources, utilizing existing best practices, identifying the things that the Continuum and key partners control and can impact, which then contributes to the overall goal of preventing and ending homelessness.

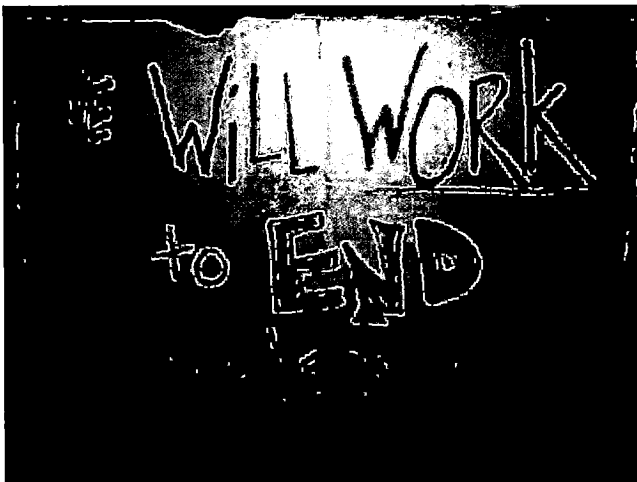
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## Plan Development

Kings and Tulare County leaders, along with local jurisdictions, the United Ways, and other Continuum stakeholders, have been considering writing a plan for several years.

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The Continuum is fortunate to have the opportunity to coordinate the development of **Connecting the Dots** this year because of the funding that was made available, and the collaborations that have resulted in this effort.



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At present, there is a heightened awareness of homelessness issues, as housing and income instability increasingly impacts many residents of Kings and Tulare Counties. Homeless services across the spectrum are seeing increased demand for assistance. At the same time, both public and private funding for these services is being reduced.

This is a unique time that calls for identifying all of the resources available and using them efficiently and effectively.

The Continuum of Care hosted three stakeholder meetings facilitated by HomeBase with the communities of Kings and Tulare Counties to gather information on the needs and current status of services.

Invitations were sent via email several times to 350 organizations representing service providers, faith-based community organizations, elected officials, community leaders and other stakeholders.

Meetings were held on September 9, October 14, and November 18, 2010. There were a total of 103 people who attended these meetings, representing the following sectors/groups:

- Elected officials from the Tulare and Kings County Board of Supervisors and Visalia City Council
- Local city government staff
- Local law enforcement agencies
- Homeless service providers
- Faith-based organizations
- Non profits organizations
- Tulare County Health and Human Services
- Kings County Behavioral Health
- Housing Authority of Tulare County
- Tulare and Kings County Office's of Education
- Local school districts
- Concerned citizens, including individuals currently experiencing homelessness
- Local hospitals
- VA Central California Health Care System

Each meeting focused on one area with participants prioritizing those practices that would work best in their communities.

At each stakeholder meeting, HomeBase presented information about best practices to end homelessness based on national research related to the three areas of housing, services and prevention/outreach. In addition, discussion occurred among attendees to update information on current services and efforts being made in Kings and Tulare Counties. The specific results of the meetings are included in the action plan of this document.



In addition, the Continuum participated in a community panel focused on homelessness sponsored by the *Visalia Times-Delta* as a community outreach effort. This meeting included members of several churches, interested citizens and homeless advocates. Participants were invited to comment on the plan at this meeting, and provide feedback relevant to the development of the plan.

## Current Capacity and Needs Assessment

### Homeless Population

The number of homeless people in Kings and Tulare Counties is captured through the annual Point in Time (PIT) count. In 2011, 804 homeless were counted through this survey in Kings and Tulare Counties. Of the 804 counted during the 2011 PIT, 620 were homeless in Tulare County, and 184 were homeless in Kings County. This count does not include precariously housed persons or homeless persons residing in an institutional setting (drug treatment facilities, hospitals, etc.) on the night of the 2011 Point-in-Time count.

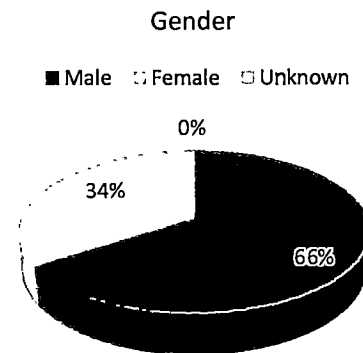
Year of Homeless Count	Total Number of Homeless Persons	Change +/-
2011	804	-17%
2010	966	0%
2009	966	-7%
2008	1,040	+3%
2007	1,012	N/A

#### Homeless Population

The total number of homeless counted in 2011 includes 676 adults, 128 children and 2 unaccompanied youth. Of the 534 homeless people surveyed as part of the 2011 PIT count, 351 were male, 182 were female and 1 respondent did not have a gender identified.

In a Continuum containing approximately 6,214 square miles, the Point in Time count is a daunting task.

The thoroughness of the data is dependent on the number of volunteers that participate in the count. While the Point in Time count is not the definitive measurement of homelessness, it does give a snapshot of homelessness throughout Kings and Tulare Counties, as well as provide information regarding area trends over time.



**Sub-populations** There are many sub-populations within the homeless. The following is a summary of the sub-populations within Kings/Tulare Counties in 2011.

**About Point in Time** The US Department of Housing and Urban Development (HUD) requires each Continuum of Care to produce statistically reliable, unduplicated counts of homeless persons in sheltered and unsheltered locations at a one-day point in time.

Subpopulation	#	%
Substance Abuse	143	50%
Mental Illness	68	24%
Chronic Homelessness	67	13%
Victims of Domestic Violence	63	12%
Veterans	36	7%
HIV/AIDS	3	1%

For the PIT Count, Continuum’s are instructed to count all adults and children in each household, as well as unaccompanied youth who meet HUD’s definition of homelessness. At the time of the count a person is considered homeless only when he/she resides in one of the places described below at the time of the count:

- Unsheltered homeless person resides in a place not meant for human habitation. Included in this count are people in temporary tents or armory shelters, encampments, and warming centers.
- A sheltered homeless person resides in an emergency shelter or transitional housing.



The definition of homelessness does not include persons who may be staying with friends or relatives, in a hotel/motel, in a treatment facility or in jail. Persons in these circumstances are defined as “Precariously Housed” and are often characterized as being at imminent risk of becoming homeless.

## Housing Types

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There are three types of housing that are available in Kings and Tulare Counties for people who are homeless or at-risk of homelessness: emergency shelter, transitional housing and permanent supportive housing.

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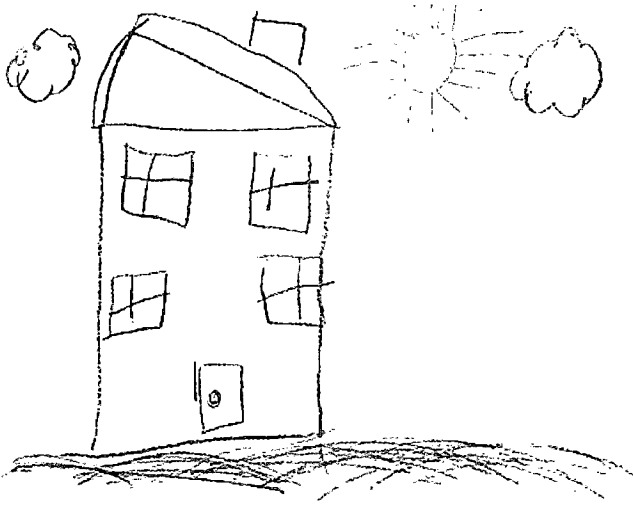
**Emergency Shelters** provide short-term stays of up to 90 days. Shelters generally are congregate living arrangements and residents do not hold leases or pay rent. Shelters tend to be highly structured and have many rules, including times residents may come and go, and may be dry facilities that drug test prior to entry. Shelters usually serve either single individuals or families with children.

**Transitional Housing** provides housing of time-limited duration. Most transitional housing programs in Kings and Tulare Counties provide stays of between 12 to 24 months. Units can be for a single individual or a family or may be shared among multiple individuals or families.

On-site services are provided and participation is typically mandatory. Services generally include case management with a focus on developing a plan to secure permanent housing and increase self-sufficiency (e.g., independent living skills, job training, etc.).

*"If it were not for this program, I would not have been able to complete my personal goals and I would have gone back to my abuser. I feel there is hope for my children."*

*-Maria, Graduate of the Central CA Family Crisis Centers Transitional Housing Program*



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Approximately 80% of homeless people with disabilities who are given the opportunity to move into supportive housing stay for a year or more, and many who leave move to independent settings<sup>3</sup>.

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**Permanent Supportive Housing (PSH)** is permanent affordable housing with services to help residents secure and maintain their housing and gain maximum independence. Participants are required to have residential leases. On-site services or linkages to community services are provided, and participation is voluntary.

The services offered on-site focus on assisting residents to secure the support they need to remain in housing and typically include case management, access to health and mental health services, child care, transportation and job training. This type of housing serves homeless single adults who have disabilities or households in which a family member has a disability (e.g., mental illness, substance abuse, chronic health conditions).

### **Current Housing Capacity**

The shelters and transitional housing programs in Kings and Tulare Counties represent a variety of service models, from basic overnight shelters with minimal services to longer term programs with extensive service programming (often specialized for a particular subpopulation, e.g., persons in recovery, persons fleeing family violence, etc.). Currently, Permanent Supportive Housing represents the smallest portion of the available housing stock in both counties, though the pace of developing permanent supportive housing is increasing, due to its effectiveness in ending homelessness for persons who need ongoing supportive services in order to remain housed (e.g., persons with a disabling condition).

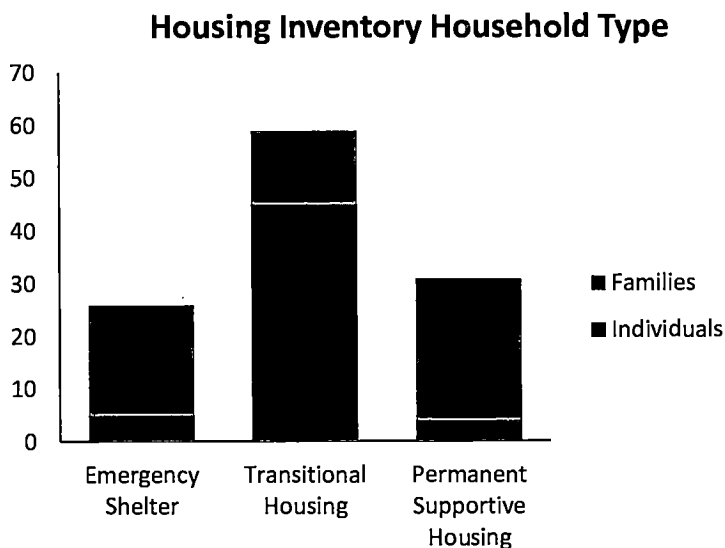
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<sup>3</sup> [www.csh.org](http://www.csh.org), Services for Ending Long-Term Homelessness Act (SELHA)



The following charts summarize the existing inventory of emergency shelters, transitional housing and permanent supportive housing in Kings and Tulare Counties. The charts have been divided into two sections to cover each county separately. The housing inventory data is collected annually at the same time as Point in Time.

### Kings County Inventory



Inventory of Housing Beds			
Housing Type	Ind.	Fam.	Total
Emergency	5	21	26
Transitional	45	14	59
Permanent Supportive	4	27	31
<b>Total Beds</b>	<b>54</b>	<b>62</b>	<b>116</b>

*Kings County has a tremendous need for Permanent Supportive Housing Beds.*

❖

*56% of Kings County PIT respondents have a disability.*

❖

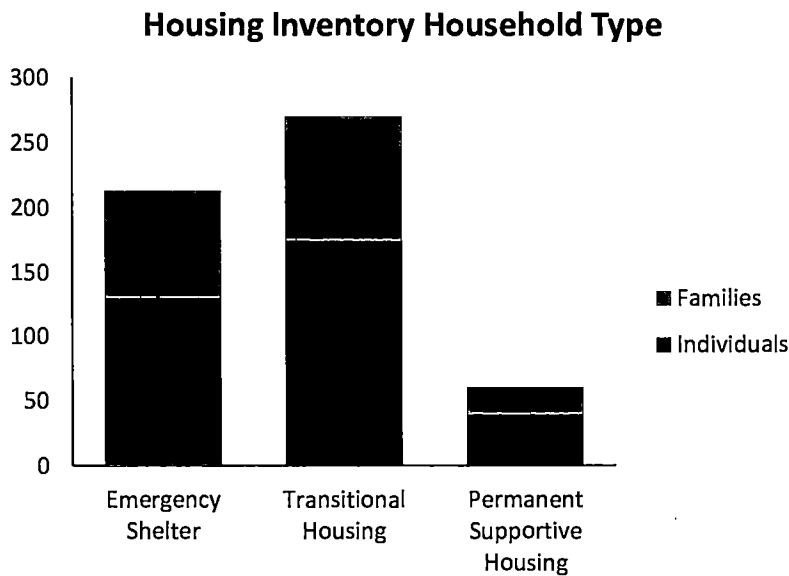
*There are zero emergency shelter beds for men in Kings County.*

❖

*62% of Kings County PIT respondents are homeless for the 1<sup>st</sup> time.*

It should be noted that until 2010, there were zero permanent supportive housing beds in Kings County and only five in Tulare County.

**Tulare County Inventory**



**Inventory of Housing Beds**

Housing Type	Ind.	Fam.	Total
Emergency	130	83	213
Transitional	175	95	270
Permanent Supportive	62	21	83
<b>Total Beds</b>	<b>367</b>	<b>199</b>	<b>566</b>

*Although there are family units available in Tulare County, there is a documented need for housing for families with a male member over the age of 16, as well as for single men in Tulare County.*



*44% of Tulare County PIT respondents have no source of income.*



*52% of Tulare County PIT respondents have a disability.*

Both counties have an evident disproportion of emergency shelter, transitional and permanent supportive housing beds for families versus those for individuals. However, it should be noted that the available family programs are mostly focused on serving women with children, which meets HUD’s definition of a “family”. **There is a need for programs that serve family units with a male household member over the age of 16.** In addition, many of the housing programs are restricted to certain sub-populations such as victims of domestic violence, transition-age youth, or those with a disabling condition.

The bi-county housing inventory list is located in Appendix B.



### **Available Supportive Services**

In addition to housing, persons experiencing homelessness often need an array of supportive services. Supportive services are defined as all non-housing assistance that help persons experiencing homelessness acquire and/or maintain housing. Examples may include outreach, healthcare, child care, substance abuse services, case management, transportation,

education, job training/placement, life skills, counseling, parenting skills, mental health care, and a variety of other services.

Kings and Tulare Counties are fortunate to have a variety of experienced social service providers, covering a spectrum of needs: housing, homeless prevention, employment and training, mental health and substance abuse services, healthcare, legal services, financial empowerment, family support, childcare, feeding programs, senior services, and more. Unfortunately, budget constraints coupled with demand that often exceeds availability quickly depletes these much-needed resources.

An inventory of the available services for each county can be found in Appendix C.

### **Needs Assessment**

#### **The Need for Housing in Kings/Tulare<sup>4</sup>**

Based on the numbers of homeless people and people at-risk of homelessness and the existing inventory of housing and shelter beds, there is an inadequate amount of resources throughout the system: from emergency shelter through transitional housing to permanent supportive and affordable housing. The greatest gap, relative to the local assessed need, is for permanent supportive housing and affordable housing that is affordable for people with extremely low incomes. Additionally, there continues to be an ongoing need for housing that serves families with a male household member over the age of 16.

<sup>4</sup> Data from the 2011 Kings/Tulare HDX Submission and the 2011 Kings/Tulare Point-in-Time Report.

## Kings & Tulare Counties

### Individuals:

Housing Type	Current Inventory	Unmet Need
Emergency Shelter	135	23
Transitional Housing	220	29
Permanent Supportive	66	200

### Persons in Families with Children:

Housing Type	Current Inventory	Unmet Need
Emergency Shelter	104	0
Transitional Housing	109	5
Permanent Supportive	48	56

### Summary, all Household Types:

Housing Type	Current Inventory	Unmet Need
Emergency Shelter	239	23
Transitional Housing	329	34
Permanent Supportive	114	256
<b>Total</b>		<b>313</b>

Local unmet need is derived from HUD guidance, which only includes homeless persons counted during PIT. The Kings/Tulare homelessness population is estimated to be three times greater.

Based on the unmet need calculation, there is a shortage of 313 beds in our community, with actual need far exceeding this estimation.

*Note: In estimating the unmet need for emergency shelter, transitional and permanent supportive housing in Kings-Tulare, we combined the unmet housing needs of Tulare County and Kings County, based on the assumption that homeless persons would require housing in the county where they currently resided. Additionally, these calculations do not account for the need of subpopulations, including families with a male household member over the age of 16.*

### ***Emergency Shelter***

Kings County has the greatest need for emergency shelter beds. At this time, there is only one emergency shelter and it serves only single women and women with children. Unfortunately, there are no family or men's emergency shelters available within the entire county.

### ***Transitional Housing***

There is a lack of available transitional housing for all populations within Kings County. Over the past year, two new projects have developed 27 additional transitional housing beds. Seven of these beds target the transitional age youth population, while the other 20 serve single men.



Although there are sufficient transitional housing beds for single women and women with children in Tulare County, there is a need for families with a male member over the age of 16, as well as for single men.

***"Homelessness cannot be solved by a single agency or organization, by a single level of government, or by a single sector.***

***Everyone should be reminded of the intricacies of homelessness as a policy area, and remember that preventing and ending homelessness will take real coordination, collaboration, and a constant exchange of ideas."***

***- HHS Secretary  
Kathleen Sebelius***

### ***Permanent Supportive Housing***

The most significant need in both counties is for Permanent Supportive Housing. To date, there are only 93 permanent supportive housing beds available and another 21 in development. There is an estimated unmet need of 256 beds for both counties.

### ***Low Income Housing***

There are two housing authority agencies that cover the bi-county area; the Housing Authority of Tulare County and Kings County Housing Authority. Both agencies offer low income housing in their respective jurisdictions (i.e., Section 8, where rent is set at 30% of household income). Currently, there is a 3 ½ year waiting list for this housing in Tulare County and a 3-5 year waiting list in Kings County.

It is important to acknowledge that most people who are homeless or at risk of homelessness do not necessarily require supportive housing, but rather housing that they can afford. There is an ongoing need to develop more low income and affordable (<50% Area Median Income) housing within the two counties.

Additionally, homeless service providers must focus on connecting homeless clients with other affordable housing resources outside of Section 8, including affordable housing rental opportunities funded through the tax-credit program and redevelopment low-moderate income housing funds, and affordable homeownership opportunities that utilize the self-help model and homebuyer assistance funds.

***"Nothing ends homelessness like a home."***

***-Unknown***



Children from families with housing problems are more likely to be in foster care than children without housing problems (46% vs. 27%). These children are more likely to be “long stayers” in foster care compared to children from adequately housed families.<sup>5</sup>

<sup>5</sup> HHS, National Study of Protective, Preventive and Reunification Services to Children and their Families, 1997

### **The Need for Supportive Services in Kings/Tulare**

Homelessness represents a complex personal and social problem that requires multiple resources to eventually gain permanent housing. Engagement of a wide spectrum of local agencies and stakeholders is crucial for a successful system that maximizes utilization of our limited resources.

### ***Lack of Knowledge About and Access to Services and Resources***

Homeless providers have expressed a need to improve information networks and often report difficulties in assisting their clients with accessing mainstream services. Although both counties have recently implemented a 2-1-1 information and referral system, there remains a lack of awareness of this resource among the homeless population.

Additionally, there is a tremendous need to seamlessly integrate homeless access to mainstream services, particularly health care services. According to the 2011 Point in Time count, over 49% of respondents cited health care as a needed service and 26% cited drug and/or alcohol issues as a reason for their homelessness. Resolving this issue requires better coordination between the general service system and the homeless system.

### ***Transportation***

The need for transportation for seeking housing, job searches, childcare and employment services is a commonly identified barrier to preventing and exiting homelessness. In fact, 50% of the 2011 Point in Time respondents cite transportation as a need. Many homeless and at-risk persons do not own cars and therefore face challenges in accessing available resources in the community. Additionally, the cost of local transit is also a barrier to utilizing public transportation.

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According to the 2011 PIT results, 28% of the homeless in Kings and Tulare Counties are sleeping in places not meant for human habitation such as the streets, cars, parks or abandoned buildings.

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## Services Needed<sup>6</sup>

	Tulare County		Kings County	
	No.	%	No.	%
Food/Hot Meal	249	64%	99	67%
Housing	246	64%	97	66%
Dental	196	51%	82	56%
Transportation	191	49%	75	51%
Health	184	48%	77	52%
Vision	170	44%	71	48%
Job Training	155	40%	71	48%
Education	119	31%	49	33%
Legal	101	26%	29	20%
Substance Abuse	83	21%	34	23%
Mental Health	78	20%	39	27%
Child Care	24	6%	22	15%
Other	19	5%	3	2%
None	6	2%	10	7%



There are **671,859** people experiencing homelessness on any given night in the United States - roughly 22 of every 10,000 people are homeless.<sup>7</sup>

*Note: Only 534 of the 804 homeless persons counted in Kings/Tulare (387 of the 620 in Tulare County, and 147 of the 184 in Kings County) filled out surveys regarding their reason for homelessness and services needed. Thus the needs listed here are most likely undercounted.*

<sup>6</sup>Data from 2011 Kings/Tulare Point-in-Time Report.

<sup>7</sup> National Alliance to End Homelessness, "Snapshot of Homelessness," 03/18/11, [http://www.endhomelessness.org/section/about\\_homelessness/snapshot\\_of\\_homelessness](http://www.endhomelessness.org/section/about_homelessness/snapshot_of_homelessness)



### ***Employment Assistance***

According to the 2011 PIT count, 1 out of every 4 survey respondent indicates unemployment as the reason for their homelessness. The barriers for climbing out of homelessness increase for people without a job. For those with limited skills or experience, opportunities for jobs that pay a living wage are very limited. In such a competitive environment, the difficulties of job seeking as a homeless person can be a seemingly insurmountable barrier to employment.

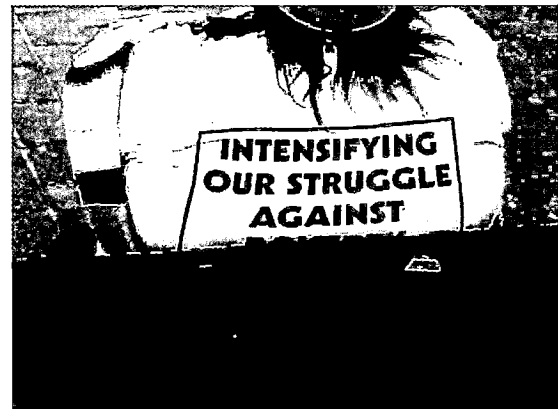
Alternatives to conventional job services can be used as employment strategies for people who are homeless such as day labor programs and social purpose business ventures. These types of employment services can play a unique role in addressing the needs of disadvantaged job seekers in ways that conventional job services do not. Typically, access to these jobs is less difficult for those with barriers to employment than conventional jobs.

It is crucial that wrap-around employment services targeted at the homeless population are an integral component of our solution to prevent and end homelessness.

### ***Effective Case Management***

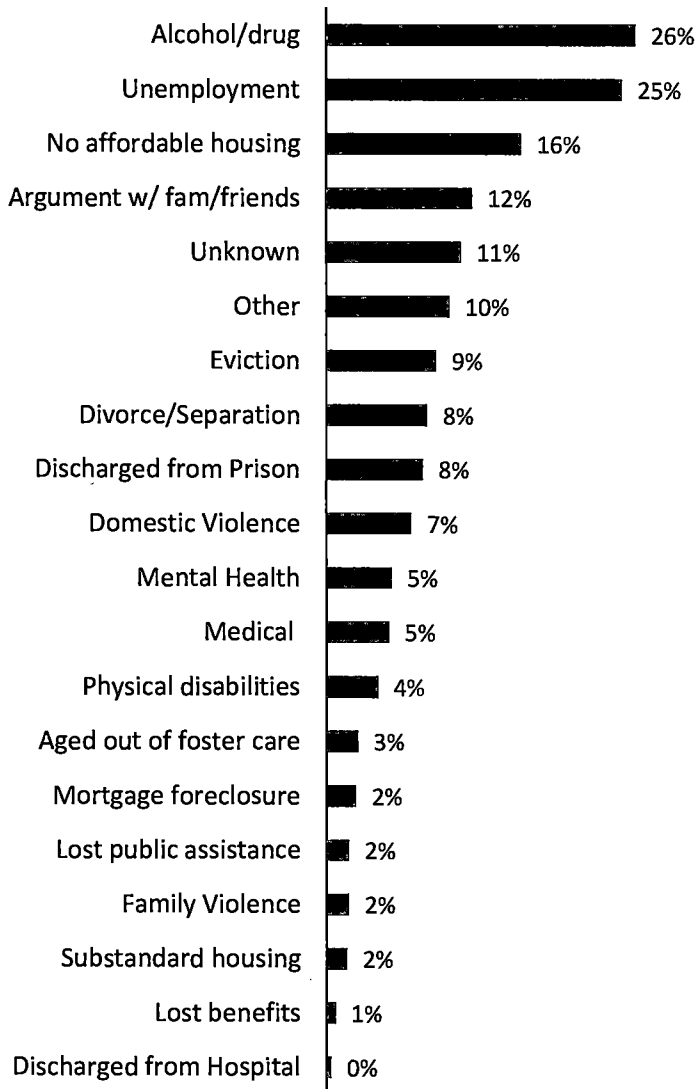
People who are homeless or at-risk often need a variety of services in order to transition out of, or prevent future episode of homelessness. The level of intensity and the need for services in general will vary overtime for each individual and

family. Disorganized, complex, and contradictory service systems can inadvertently create or prolong episodes of homelessness and waste money in the process. Ideally, prevention and supportive services (e.g., housing, rental assistance, healthcare, substance abuse services, legal services, mental health services, family support, life skills, employment and job training) will be accessed and deployed through a coordinated, “one-stop” model that allows homeless or at-risk persons and/or case workers to quickly connect to necessary supports and locate appropriate housing.



Quality case management is the key to effectively connecting persons to services, managing various and variable needs, and helping people follow a path towards greater stability and self-sufficiency. Through careful planning, case managers can calibrate the right mix of affordable housing with supportive services, for persons who will need ongoing services in order to remain housed, and affordable housing without services (or with transitional, short term services), for persons who primarily need housing they can afford.

**Reason for Current Homelessness<sup>8</sup>:**



“What is clear is that homelessness remains as a serious social issue, one that continues to affect too many of us each year. Luckily, this social problem is one with a clear solution – housing – and ways to make that solution a reality.”

<http://www.endhomelessness.org>

<sup>8</sup>Data from the 2011 Kings/Tulare Point-in-Time Report.

<sup>9</sup>Homelessness in the United States of America. Prepared by the National Alliance to End Homelessness.



# **Housing** *Strategies*

## Strategies and Action Steps

The *Connecting the Dots* plan includes three main focus areas to unite the bi-county target area and create tangible action steps to preventing and ending homelessness.

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The three focus areas of ***Connecting the Dots*** are:

- Housing
  - Supportive Services and Income Supports
  - Prevention and Outreach
- 

Within each focus area, the *Connecting the Dots* plan development team created a series of strategies to effectively address the challenges surrounding homelessness and to move towards ending homelessness in our region. Taking the strategies one-step further are a series of action items which, when implemented, are intended to result in a dramatic decrease in the number of currently homeless community members. The action items provide service models that are comprehensive, integrated and accessible for all who have a need. *Connecting the Dots* allows for outreach and prevention of future incidences of homelessness.

## Housing

Within the focus area of housing, there are five strategies. The premise of these strategies is that nothing ends homelessness like a home. Thus, the *Connecting the Dots* plan is focused on increasing the amount of affordable housing and supportive housing. Affordable housing also plays a key role in homeless prevention, as an extraordinary rent burden is one of the main reasons that lower-income households become homeless. This Plan has been developed around the strategy of “housing first”; implementation will be focused on quickly and effectively linking homeless and at-risk individuals to housing, with a focus on reducing the intermediary steps and barriers.



### **Strategy 1.1: Expand accessibility of existing housing to homeless people**

One ongoing challenge for Kings and Tulare Counties is communication and outreach. Despite the fact that a variety of housing programs and affordable housing resources exist within our community, people who are experiencing homelessness may not be aware of all the resources available. Hence, we need to focus on *Connecting the Dots* between available services and those that are in need.

Homeless individuals are often focused on meeting their most immediate basic need, such as finding their next meal, staying warm and personal safety. This makes it is hard to think about completing a housing application or researching available apartments.

Strategy 1.1 is intended to lessen the burden of accessing affordable housing or services for the homeless, with the goal of connecting homeless individuals to existing community resources. Expanding the accessibility of housing includes the formation of ***Housing Support Centers***.

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Housing support centers can be created as new programs, or integrated into existing programs to help people access housing and housing-related services.

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Housing support centers aim to provide responsive services to individuals and families in need of support during difficult times. Services include identifying housing challenges, offering a flexible approach to housing, and providing support, counseling and other services. Housing Support Centers are designed to be both reactive for those already homeless as well as proactive to intervene before others become homeless.

Housing Support Centers can be developed as a new program, or created from existing agencies to help people access housing and housing-related services. For example, the designated center can become part of the services offered at drop-in centers or other one-stop programs.

These designated Centers serve a wide range of people who are homeless including: those in shelters, transitional housing or on the streets; people who are being discharged from hospitals, foster care, the corrections systems and other residential/custodial facilities; and people who are at-risk of homelessness due to eviction from their current housing.

Table 1.1 summarizes the specific action steps that are being proposed to implement this Strategy.

**Table 1.1: Expand accessibility of existing housing to homeless people**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Increase awareness of affordable housing opportunities</b>	Create and publicize a Housing Vacancy Database, with up-to-date listings on affordable housing units in the community which is integrated into 2-1-1.	Kings United Way and United Way of Tulare County	Establish a Housing Vacancy Database in each County	Sept 2012
<b>Assist people in accessing housing and housing-related services</b>	Create regional <b>Housing Support Centers</b> to help people access housing and housing-related services, including assisting clients to address legal issues, establishing relationships with landlords for referrals, accessing identification, transportation vouchers, and other necessary services related to housing assistance. Initial locations to target: <ul style="list-style-type: none"> <li>▪ Visalia Rescue Mission Community Center</li> <li>▪ Porterville</li> <li>▪ Hanford – location TBD</li> <li>▪ WIA/WIB One-Stop Centers</li> </ul>	Potential partners include: Visalia Rescue Mission, Porterville Helping Hands, City of Hanford, Kings United Way, Tulare County WIB, and the Kings County Job Training Office	2012: Establish a pilot Housing Support Center at one location in Tulare/Kings Counties  2015: Improve and expand model to serve three main cities in Kings/Tulare Counties	Sept 2012  Mar 2014

## **Strategy 1.2: Expand the supply of affordable housing and ease the process of developing transitional and permanent supportive housing**

The best practices throughout the nation indicate (according to research) the most effective way to reduce homelessness is to ensure that there is a sufficient supply of affordable housing available to lower-income residents. The portfolio of affordable housing should include housing options for those with extremely low incomes and permanent supportive housing for individuals that need ongoing services in order to sustain housing stability.

Kings and Tulare Counties should strive for a mix of housing types and sizes. This Plan is not an attempt to replicate existing work by local governments, including Housing Elements and Consolidated Plans; rather, it is an effort to underscore the local need for affordable housing and the prerogative to include housing for the homeless in planning documents and policy goals.

This strategy includes easing the process of developing new supportive housing units, as well as establishing a network of local planning and building professionals to assist in the development of new projects.

Since increasing our capacity is an ongoing challenge in Kings and Tulare Counties, linking non-profit housing and service providers with technical development and entitlement assistance will be crucial in our efforts to establish new and expand existing supportive housing programs.

Table 1.2 summarizes the specific action steps that are being proposed to implement this Strategy.



**Table 1.2: Expand the supply of affordable housing and ease the process of developing transitional and permanent supportive housing**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Increase the supply of affordable housing for homeless people</b>	Coordinate “priority unit” opportunities for homeless people through set-aside units and other strategies to allow for referrals and utilization of all available units.	Targeted Jurisdictions <sup>10</sup>	Formal policy adopted by Jurisdictions	Sept 2012
	Continue to purchase properties and lease to homeless service providers	Continuum of Care; Housing Authority of Tulare County	20 New Units in Tulare County; 15 New Units in Kings County	June 2013
<b>Remove barriers to developing Transitional and Permanent Supportive Housing projects</b>	Appoint local government planning “affordable housing liaisons” as fast track specialists and “go to” staff for any proposed project to shepherd them quickly through the approval process; provide technical assistance as needed.	Continuum of Care; Targeted Jurisdictions	2012: Conduct outreach and request “affordable housing liaison” from each local jurisdiction	June 2012
			2012: Designate a “Homeless Liaison” in Targeted Jurisdictions	Dec 2012
	Review local compliance with homeless shelter related laws, such as SB2	Continuum of Care; Targeted Jurisdictions	Targeted Jurisdictions demonstrate compliance with SB 2 Cedillo	Dec 2012
<b>Remove occupancy barriers for homeless persons</b>	Facilitate the development of new TH and PSH units that do not impose conditions of stay, including, but not limited to, religious requirements, drug testing at entry, etc.	Continuum of Care; Providers	2013: 10 new low-condition TH/PSH beds in each County	Dec 2013
			2014: 10 additional low-condition beds in each County	Dec 2014

<sup>10</sup> Cities of Hanford, Lemoore, Porterville, Tulare, Visalia; Kings and Tulare Counties



### **Strategy 1.3: Support a Housing First approach**

Recognized as an effective response to the challenge of homelessness, the ***Housing First*** approach stresses the immediate return to independent living.

Created as a time-limited relationship designed to empower participants and foster self-reliance, not engender dependence, the housing first methodology:

- helps homeless people move directly into affordable rental housing in residential neighborhoods as quickly as possible;
- then provides individualized, home-based social services support to help individuals transition to stability and remain housed.

The combination of housing relocation services and home-based case management enables homeless individuals and families to break the cycle of homelessness. The methodology facilitates long-term stability and provides formerly homeless people who are considered *at risk of another episode of homelessness* with the support necessary to remain in permanent housing.

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**Housing First makes sense for two basic reasons: permanent solutions make more sense than temporary ones; and it's cost-effective.**

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It costs less money to house someone in stable, supportive housing than it does to keep that person homeless and stuck in the revolving door of high-cost crisis care and emergency housing. Numerous cost studies prove that we can either waste money keeping people homeless or spend those dollars on a long-term solution that produces positive results for people and their communities.

One of the most comprehensive cases for supportive housing is made by a study from the University of Pennsylvania's Center for Mental Health Policy and Services Research<sup>11</sup>.

Researchers tracked the cost of nearly 5,000 mentally ill people in New York City for two years while they were homeless and for two years after they were housed.

They concluded that supportive housing created an average annual savings of \$16,282 by reducing the use of public services: 72% of savings resulted from a decline in the use of public health services; 23% from a decline in shelter use; and 5% from reduced incarceration of the homeless mentally ill.

Table 1.3 summarizes the specific action steps that are being proposed to implement this Strategy.

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<sup>11</sup> <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=345>

**Table 1.3: Support a Housing First approach**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Increase public awareness of the efficacy of a Housing First model in order to build support for the policy and programs</b>	Provide education on prevention & rapid re-housing	Continuum	Provide one training annually on prevention and/or rapid re-housing.	Ongoing; evaluate annually
	Participate in community events regarding homelessness	Continuum	Participate in a minimum of one community forum annually.	Ongoing; evaluate annually
	Offer annual training on PSH development and operations.	Continuum, HUD, HomeBase, Corporation for Supportive Housing	One new HUD grant application for PSH is submitted for each funding cycle.	Ongoing; evaluate annually
<b>Educate service providers and agencies on the importance of using a Housing First model.</b>	Provide ongoing staff training and develop a peer support network to support consistent implementation.	Continuum, Kings Co. Behavioral Health, Tulare Co. HHS	Provide training annually on PSH.	2011 - 2021
	Assist agencies in making necessary changes to streamline the process and prerequisites for accessing housing.	Continuum, Kings Co. Behavioral Health, Tulare Co. HHS	Develop "Best Practices" manual.	Mar 2013
<b>Maximize the Shelter + Care Program</b>	Increase the scope of the current S+C program to cover Tulare County with housing and case management; work to expand the partnerships involved in the program, to increase programmatic capacity.	City of Tulare, Family Services, Housing Authority of Tulare County	2012: 15 new units for PSH for CH  2016: 50 new units for PSH for CH	Dec 2012  Dec 2016
	Start a S+C Program in Kings County	Kings County Housing Authority	Secure five (5) S+C vouchers for Kings County	Jun 2013

### **Strategy 1.4: Develop strategies to link services to housing**

While housing is essential, housing alone will not end homelessness. It is critical to develop affordable housing for all income segments of the community. At the same time it is equally important to ensure that people receive the services and support they need to remain stable in permanent housing. Case Managers provide the support in Permanent Supportive Housing, and Kings/Tulare Counties need to ensure that new and existing programs are linking housed clients to supportive services. This strategy includes the integration of housing education and referrals with existing service providers, such as one-stop employment centers.

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The goal is to assist every service agency in Tulare and Kings County to be as comprehensive as possible, so that lower-income and homeless clients are able to access housing information in conjunction with service programs.

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Table 1.4 summarizes the specific action steps that are being proposed to implement this Strategy.



**Table 1.4: Develop strategies to link services to housing**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Leverage existing one-stop centers to create linkages to housing opportunities for the homeless</b>	Work with existing one-stop employment centers to establish a homeless branch or at a minimum a designated homeless employment liaison/case manager at each center; Have housing information available at existing locations and all service agencies.	Kings County Job Training Office, Tulare County WIB/Employment Connection	2012: Designate Homeless liaisons at each employment center  2013: Work with homeless liaison to provide a quarterly report of the number of homeless served and their employment outcomes	Dec 2012  Dec 2013
<b>Integrate homeless prevention practices into case management and outreach efforts</b>	Establish mechanisms to connect formerly homeless or at-risk tenants to appropriate mainstream agencies to provide services that will help keep tenants housed.	Continuum, Kings United Way, United Way of Tulare County <sup>12</sup>	Provide Best Practice information/training on after care programs	Dec 2012

<sup>12</sup> Through HPRP

# **Supportive Services and Income Supports *Strategies***

## **Supportive Services and Income Supports**

The reality of having a balanced community is the acknowledgment that some resident's need ongoing services and/or income supports in order to remain successfully housed and off the streets.

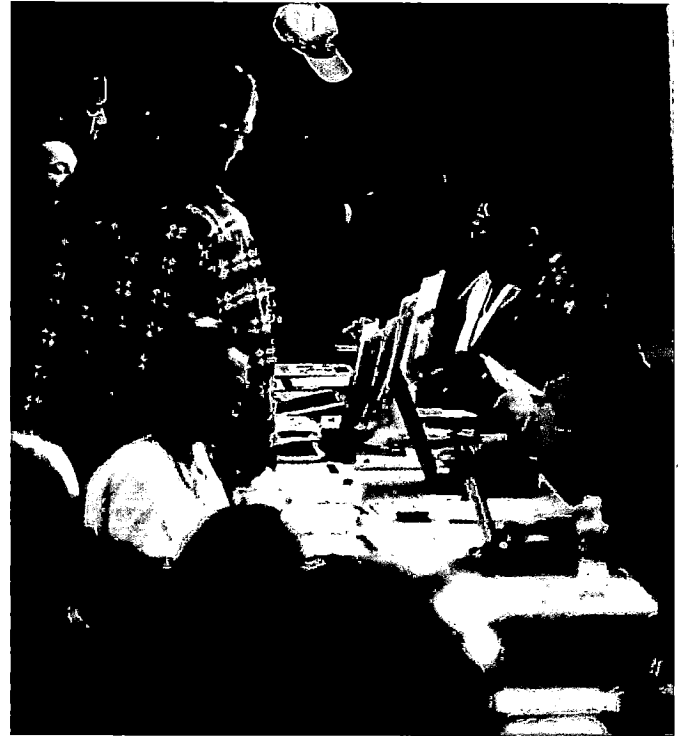
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The need for mental health and substance abuse services continue to emerge as a theme in Kings and Tulare Counties, and the availability of and ability to access these services is an essential component in efforts to reduce homelessness.

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The overall goal of supportive services is to link individuals and families with mainstream benefits and income supports, gain access to employment services, and help navigate the often intimidating protocol of existing programs intended to assist very low income residents. There are four goals included in supportive services, all of which aim to refine and expand our local capacity to effectively connect those who are at-risk and those who are homeless with necessary services.

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***"I think shelter + care (intensive case management/housing first) is a model that can have significant impact when working with the homeless."***

***-John Tyndal,  
Kaweah Delta Bridge Project***

**Strategy 2.1: Increase availability and access to mental health services and substance abuse services**

The need to expand the availability of and access to mental health and substance abuse services has been highlighted in Kings and Tulare Counties. In Kings County, one main shelter provider cites the lack of detox beds as a barrier to occupancy.

In order to overcome this barrier, it is crucial that housing providers have access to detox and substance abuse programs in order to assist clients prior to enrollment in the program.



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According to the Frequent Users of Health Services Initiative: Final Report, Tulare County’s Kaweah Delta Bridge Program, which serves homeless individuals frequenting the emergency room, “...significant capacity issues posed challenges to the Tulare County program for needed detoxification and substance abuse treatment services.”

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The shorter term goal is to improve and expand referral systems to establish regular channels of communication between mainstream programs and services providers. To assist this process, the aim is to establish “Homeless Liaisons” within existing programs to focus specifically on serving homeless clients and service providers.

Longer term outcomes include increasing the number and accessibility of detox beds, and expanding the availability of mental health and substance abuse services.

Table 2.1 summarizes the specific action steps that are being proposed to implement this Strategy.

**Table 2.1: Increase availability and access to mental health services and substance abuse services**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Improve access to mental health and substance abuse services for the homeless</b>	Provide training to staff in all mental health programs and drug and alcohol treatment programs to enhance capacity for effectively serving the homeless and increase cultural competency of staff for the range of homeless clients.	Continuum, Kings County Behavioral Health, Tulare County HHSA	Annual training offered in Kings and Tulare Counties	Ongoing; evaluate annually
<b>Increase access to sobering/detox beds for the homeless</b>	Work with existing programs that operate dry facilities to create/expand sobering beds available to homeless people to detox before entry into shelters.	Continuum, Kings County Behavioral Health, Providers	Increase bed utilization rates at dry facilities by 25%	Dec 2013
<b>Facilitate collaboration amongst agencies for homeless referrals and outreach</b>	Designate a "Homeless Liaison" within each County's programs, to act as the main point of contact for agencies making referrals and conduct outreach specifically to homeless populations; Require participation in the quarterly K/T Homeless Roundtable	Continuum, Kings County Behavioral Health and Human Services, Tulare County HHSA	Designate a Homeless Liaison for the Target Jurisdictions	Dec 2012



**Strategy 2.2: Facilitate integration of services at the client level, including mainstream benefits programs, and provide integrated services linked to housing, with an overall goal of increasing access to benefits and services**

Improving the connectivity of services with housing is an essential aspect to prevent and end homelessness. In order to effectively serve individuals experiencing homelessness, especially chronically homeless residents with long episodes of homelessness, services need to be offered in a location and manner that is accessible by the client.

Action steps within strategy 2.2 include the establishment of integrated service teams to work at the Housing Support Centers, assisting housing and service providers in accessing Medi-Cal funds as a revenue stream for services, and implementing best practices for mainstream benefit accessibility including the SSI/SSDI Outreach, Access and Recovery (SOAR) model and self-sufficiency calculator. Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that generally also provide either Medicaid and/or Medicare health insurance to individuals who are eligible.

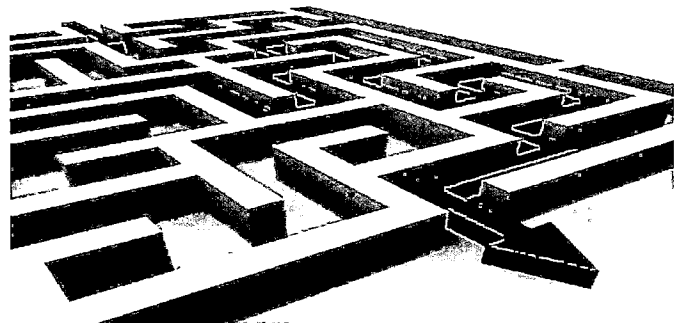
For people who are homeless with mental health problems that impair cognition, or who are returning to the community from institutions (jails, prisons or hospitals), clients seeking to

access to these programs can face additional barriers. The application process for SSI/SSDI is complicated and difficult to navigate. Nationally, about 37 percent of individuals who apply for these benefits are approved on initial application. Appeals take an average of 2 years to complete. Yet, accessing these benefits is often a critical first step in recovery.<sup>13</sup>

**Navigating benefits programs and accessing services can often become cumbersome and confusing.**

**Accessibility challenges need to be mitigated to ensure that clients are able to access needed services.**

Table 2.2 summarizes the specific action steps that are being proposed to implement this Strategy.



<sup>13</sup> [http://www.prainc.com/SOAR/soar101/what\\_is\\_soar.asp](http://www.prainc.com/SOAR/soar101/what_is_soar.asp)

**Table 2.2: Facilitate integration of services at the client level, including mainstream benefits programs, and provide integrated services linked to housing, with an overall goal of increasing access to benefits and services**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Provide mobile and/or centralized housing support services through collaboration with Housing Support Centers</b>	Designate integrated service teams, including enhanced coordination with mainstream benefits programs to work with <b>Housing Support Centers</b> to provide mobile and centralized services to the homeless.	Kings County Behavioral Health, Kings County Human Services, Tulare County HHSA	Increase sources of income and non-cash benefits for clients at entry vs. exit by 30% for programs participating in HMIS	Dec 2013
	Develop a Homeless Outreach Plan including on-site services at Providers on a quarterly basis, participation at homeless events, and regular appointments at Housing Support Centers.	Kings County Behavioral Health and Human Services, Tulare County HHSA	Integrate quarterly mainstream service information and appointment opportunities at Housing Support Centers	Dec 2014
<b>Leverage funding streams for Providers in order to offer enhanced supportive services</b>	Support homeless services agencies in accessing Medi-Cal funds for supportive services for homeless clients.	Continuum, HomeBase	2012: Compile a list of organizations for potential implementation  2013: Assist 50% of those agencies to utilize this revenue opportunity	Sept 2012  Dec 2013
<b>Improve SSI/SSDI benefit awards for the homeless</b>	Enhance access to SSI/SSDI benefits by implementing the national SOAR model to increase approval rates for homeless people.	Kings County Behavioral Health and Human Services, Tulare County HHSA	Increase access to SSI/SSDI benefits for clients at entry vs. exit by 20% for programs participating in HMIS	Dec 2013
<b>Improve income and non-cash benefits for the homeless</b>	Work with Providers to utilize the Self Sufficiency Calculator and evaluate every client for enrollment in mainstream benefits programs.	Kings United Way, United Way of Tulare County	Increase sources of income and benefits for clients at entry vs. exit by 30% for programs participating in HMIS	Dec 2013

**Strategy 2.3: Designate preventing and ending homelessness as a joint mission of all relevant County and City agencies.**



The effort to develop *Connecting the Dots* has brought to light the challenges and opportunities that exist locally in acknowledging and taking responsibility for the residents who are homeless within our community.

***"I have learned that success is to be measured not so much by the position that one has reached in life as by the obstacles which he has had to overcome while trying to succeed."***

***- Booker T. Washington***

The intent of this effort is to move forward as a unified bi-county coalition, so we can effectively maximize our individual strengths to combat our regional weaknesses. In order to do this, we must designate preventing and reducing homelessness as a joint mission of all the local jurisdictions. In seeking formal adoption of *Connecting the Dots*, each jurisdiction will be asked to review and accept the action items specific to their City/County.

Adoption of the Plan will include a pledge to be accountable for the action items relevant to their agency, and a commitment to work with the identified critical partners in implementation of the actions.

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United, we have the ability to make tangible progress in reducing homelessness, and preventing future community members from becoming homeless.

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Table 2.3 summarizes the specific action steps that are being proposed to implement this Strategy.

**Table 2.3: Designate preventing and ending homelessness as a joint mission of all relevant County and City agencies.**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Garner support of Plan by all jurisdictions within the two counties</b>	Seek formal adoption of <i>Connecting the Dots</i> by the two Counties and five largest cities; Engage mayors/elected officials to support and advocate for the 10-Year Plan	Continuum, Target Jurisdictions	Adoption by two counties and 5 cities with largest homeless population	Dec 2011
	Seek adoption of <i>Connecting the Dots</i> by other cities including, but not limited to: Dinuba, Farmersville, Lindsay, Woodlake, Avenal	Continuum	2012: Adoption by at least four of the other smaller cities in the Continuum	Jun 2012
<b>Maintain ongoing Jurisdictional Support of Plan</b>	Report homelessness outcomes annually to mayors/elected officials to demonstrate the progress and cost savings of the plan; work with jurisdictions on an ongoing basis to include the priority of ending homelessness into local planning documents.	Continuum	2012: Annual presentations to the two counties and at least 3-5 cities  2013: Reducing/Ending Homeless included as a goal in the Consolidated Plans of each jurisdiction	Ongoing; evaluate annually  Dec 2013
<b>Collaborate with Homeless Liaisons within each Jurisdiction on a regular basis to work toward ending homelessness</b>	Establish K/T Homeless Roundtable that meets quarterly to discuss local homeless issues, referral opportunities, programmatic updates, challenges, best practices, and outreach opportunities.	Continuum, Tulare County HHS, Kings County Behavioral Health, Jurisdictional Homeless Liaisons, Mainstream Programs, County Service Providers	Hold quarterly K/T Homeless Roundtable meetings	Ongoing; evaluate annually

**Strategy 2.4: Facilitate access to living wage employment by expanding access to employment assistance services and job training opportunities.**

Individuals experiencing homelessness need assistance in accessing, securing and maintaining a job that pays a living wage. Strategy 2.4 is focused on increasing the accessibility of employment services, and improving the connectivity between homeless service programs and employment services. The immediate action steps under this strategy include improving and expanding access to existing employment programs for the homeless and improving linkages between the two systems of service.

Additionally, this strategy focuses on creating a day labor program for the homeless, to assist in accessing short term income and create a history of employment and accountability. Local agencies have also expressed a desire to create programs that make Tulare and Kings County's homeless people more marketable and employable. This includes assisting with employment skills as well as improved physical appearance through dental and health services.

Table 2.4 summarizes the specific action steps that are being proposed to implement this Strategy.



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Overall, expanding accessibility to employment and wages is an integral part of assisting homeless and very low-income residents in their efforts to become self-sufficient and maintain permanent supportive housing.

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**Table 2.4: Facilitate access to living wage employment by expanding access to employment assistance services and job training opportunities**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Improve access to employment services for the homeless</b>	Enhance linkages between employment programs and the overall service system in order to increase homeless people's access to the services they need in order to achieve success at employment.	Continuum, Tulare County WIB, Kings County Job Training Office	Client's with employment at exit to be at least 25% for TH/PSH programs participating in HMIS	Dec 2012
<b>Create low-barrier employment opportunities for the homeless</b>	Create a day laborer network to connect employers and those looking for day labor work.	CSET, Tulare County WIB, Proteus	2012: Research existing programs and establish partnerships for the development of a day labor program  2014: Implement day labor program	Jun 2012  Jun 2014
	Post "Day Jobs" for the homeless on the 2-1-1 website	Kings United Way, United Way of Tulare County, Kings County Job Training Office, Tulare County WIB	2012: Establish partnership for agency to provide available jobs to 2-1-1 staff  2014: "Go Live" with day jobs on 2-1-1 website	Jun 2012  Mar 2014

# **Prevention and Outreach**

## ***Strategies***

## Prevention and Outreach

Prevention is one of the main focuses of the *Connecting the Dots* plan. Prevention is cost-effective and protects community members from the social, emotional, health and economic impacts of homelessness. According to a review of studies by the National Health Care for the Homeless Council<sup>14</sup>, "The average age of death (of homeless) is between 42 and 52 years, despite an average life expectancy of almost 80 years in this country. The potential years of life lost are incalculable."

Additionally, children who are homeless are more likely to have health problems<sup>15</sup>, to miss school and to have lower academic performance<sup>16</sup>. Those who are pre-school age are more likely to have one or more developmental delays.<sup>17</sup> This impacts society for the long-term, affecting the human capital capacity of these children to become contributing members of society as adults.

These statistics are an alarming reminder of the social, emotional and health impacts of homelessness, and should be a motivating factor in preventing homelessness in Kings and Tulare Counties.

<sup>14</sup> O'Connell JJ. Premature Mortality in Homeless Populations: A Review of the Literature, 19 pages.

Nashville: National Health Care for the Homeless Council, Inc., 2005.

<sup>15</sup> Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. N. (1998).

Determinants of health and service use patterns in homeless and low-income housed children. *American Academy of Pediatrics* 102(3): 554-562.

<sup>16</sup> Rafferty, Y. (1995). The Legal Rights and Educational Problems of Homeless Children and Youth. *Educational Evaluation and Policy Analysis*, 17(1), 42-45.

<http://webpage.pace.edu/yrafferty/yvonne/docs/Rafferty1995EEPA.pdf>

<sup>17</sup> Bassuk, E. L. & Rosenberg, L. (1990). Psychosocial characteristics of homeless children and children with homes. *Pediatrics*, 85(3): 257-261.

If the socio-economic impacts of homelessness are not enough, consider the cost savings of prevention--- The cost of preventing a homeless episode is one-sixth the average cost of a stay in a shelter.<sup>18</sup>



<sup>18</sup> U.S. Department of Health and Human Services Office of the Inspector General (1990). *Homeless Prevention Programs*. [OIG: 07-90-00100]. Washington, DC: Author. <http://www.oig.hhs.gov/oei/reports/oei-07-90-00100.pdf>



**Strategy 3.1: Improve early identification and intervention efforts by mainstream health and social service agencies; enhance outreach and access to services for those already homeless**

Those who are housed and at-risk of becoming homeless need to be able to access services and supports to ensure they are able to sustain independent housing. Supports should include services to facilitate other self-determined life goals including improving mental and physical health, increasing income and financial stability, building independent support networks and other aspects of community life. Kings and Tulare County have a good foundation for connecting residents to services through the 2-1-1 Information and Referral systems. Current collaborations need to be expanded to ensure full utilization of 2-1-1, including complete and accurate service/housing referrals as well as increased efforts for marketing and outreach.

Additionally, improved connectivity between evictions and prevention services is essential, and prevention and service outreach should be conducted at high-traffic community locations. Continuing to expand and improve Project Homeless Connect as an outreach and engagement tool, and integrating legal services at Housing Support Centers are all part of a multi-pronged approach to connecting community members with prevention and re-housing services.

In addition to making sure that services are available, Strategy 3.1 includes action steps to ensure that program administrators, case managers, or other staff that work with individuals and families experiencing homelessness or those that are at risk of becoming homeless, understand and are sensitive to their client's attitudes, beliefs, and behaviors. "It is not uncommon for people experiencing homelessness to be concerned about privacy issues; fearful or untrusting of larger institutions and the people who work in them; unaware of the types of services available to them; and feel embarrassed about their difficulty maintaining personal hygiene. Compounded by the negative interactions with family, friends, health care providers, police, and the community at large, people experiencing homelessness may behave in ways that often appear resistant, complacent, bizarre, or disruptive to the untrained eye."<sup>19</sup>

Strategy 3.1 includes ongoing training and resources for individuals working with homeless or at-risk populations, to assist them in developing the cultural competency needed to effectively deliver services. Additionally, the training net has been expanded to include non-homeless service providers, so they are equipped to identify and make referrals to clients that are at-risk of becoming homeless and could benefit from early intervention.

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<sup>19</sup> <http://www.nhchc.org/cultural.html>

**Table 3.1: Improve early identification and intervention efforts by mainstream health and social service agencies; enhance outreach and access to services for those already homeless**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>
<b>Increase early identification and intervention of homelessness by health, education and social service agencies</b>	Encourage all public, non-profit and faith-based health and social service providers to assess clients for risk of homelessness.	Continuum, County Agencies, Providers, McKinney-Vento Homeless School Liaisons	Develop and distribute a “best practices” manual, including resource materials and standardized intake forms	Jun 2013
	Train staff, including school district homeless liaisons, to identify homelessness risk factors and conduct referrals to appropriate community resources.	Continuum, County Agencies, Providers, McKinney-Vento Homeless School Liaisons	Utilize the K/T Homeless Roundtable meetings as a forum to update agencies on referral opportunities, program updates, and best practices	Mar 2013
<b>Leverage 2-1-1 as a tool for homelessness prevention</b>	Increase awareness and utilization of 2-1-1 as a resource that people can access for information and referrals for assistance	Kings United Way, United Way of Tulare County	2011: Ensure 2-1-1 information is available at places frequented by the homeless.  2012 – 2021: Increase calls into 2-1-1 by 10% annually	Dec 2011  Ongoing; evaluate annually
<b>Facilitate homelessness prevention outreach efforts</b>	Attach flyers about prevention and homelessness assistance to eviction notices; distribute flyers in places frequented by those at-risk of homelessness.	Continuum, Tulare County Housing Authority, Kings County Housing Authority	Generate a packet of materials on housing options, tenants rights and legal services	Ongoing; evaluate annually
	Offer Project Homeless Connect annually and increase the frequency as applicable to each venue.	Continuum	Increase the percentage of homeless PHC attendees relative to the homeless population	Ongoing; evaluate annually

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**Strategy 3.2: Decrease discharges into homelessness from all publicly funded institutions such as hospitals, treatment facilities, prisons and jails, and the foster care system**

Effective discharge planning is an integral component in a comprehensive homeless prevention strategy. Publicly funded institutions, such as foster care, mental health hospitals, and prisons, often contribute to homelessness by discharging individuals directly onto the streets.

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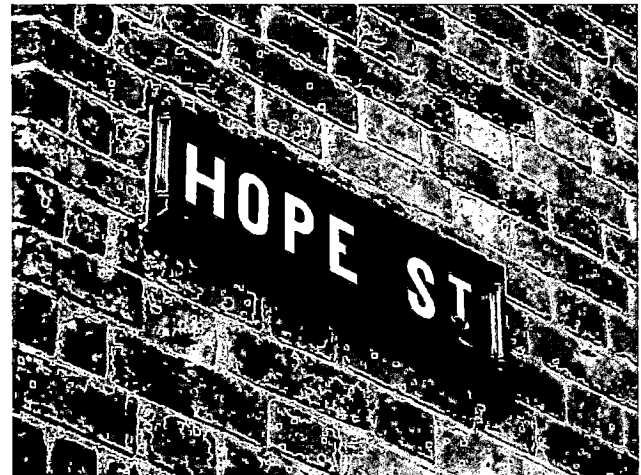
Providing short term intensive services immediately after discharge from hospitals, shelters or jails has proven effective in preventing recurrent homelessness during the transition to other community providers.<sup>20</sup>

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Currently, there are multiple systems and programs that exist in Kings/Tulare Counties to prevent individuals who are being discharged from becoming homeless. Tulare County HHSA offers assistance to mentally-ill individuals being

discharged from prison, to get them connected with a case manager and mental health services.

The Kings County Foster Care system has an Independent Living Skills Program (ILP), the goal of which is to prepare youth to live independently once they leave foster care. The Kaweah Delta Hospital implemented a discharge policy for homeless patients on 9/24/07.



Strategy 3.2 is not an attempt to replace or reinvent any of these systems, rather an opportunity to evaluate where gaps with discharge planning exist, and provide the technical resources needed locally to improve and expand current discharge planning efforts.

The following table summarizes the specific action steps that are being proposed to implement Strategy 3.2.

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<sup>20</sup> Rosenheck, R and Dennis, D. Time-limited assertive community treatment of homeless persons with severe mental illness. *Archives of General Psychiatry* 58(11):1073-1080, 2001 and Shinn, M and Baumohl, J. Rethinking the prevention of homelessness. In Fosburg, L.B., Dennis, D.L. (eds), *Practical Lessons*. Washington, DC: HHS & HUD, 1999.

**Table 3.2: Decrease discharges into homelessness from all publicly funded institutions such as hospitals, treatment facilities, prisons and jails, and the foster care system**

Goal	Action	Partners	Measurables	Timeline
<b>Prevent institutional discharges into homelessness</b>	Conduct comprehensive, housing focused discharge planning for: <ul style="list-style-type: none"> <li>▪ people being released from jails and prisons in order to prevent homelessness and reduce recidivism;</li> <li>▪ youth exiting the foster care system, with a strong focus on housing, employment and life skills, and ensuring that youth are linked with any benefits for which they are eligible; and</li> <li>▪ people exiting hospitals, mental health facilities and residential substance abuse treatment programs.</li> </ul>	Continuum, Tulare County HHSA, Kings County Behavioral Health and Human Services, Correctional Facilities	Compile updated discharge plan(s) for: <ol style="list-style-type: none"> <li>1) Foster Care</li> <li>2) Jails and Prisons</li> <li>3) Mental Health</li> <li>4) Hospitals</li> </ol>	Dec 2013
	Identify mechanisms to improve integration of housing in discharge plans	Continuum, Tulare County HHSA, Kings County Behavioral Health and Human Services, Correctional Facilities	Host quarterly K/T Homeless Roundtable meetings as a forum for agencies charged with discharge planning to collaborate and integrate services	Ongoing; evaluate annually

## Oversight and Implementation

The success of the *Connecting the Dots* plan will be based on accountability. The Continuum of Care will take the lead on implementation, with the expectation that the identified “critical partners” will be available to assist in the implementation of the action steps.

As jurisdictions and local agencies are adopting the plan, it is expected that attention will be given to the individual action steps assigned to each entity. The Continuum will follow-up with each of the Plan partners, to ensure that implementation is a priority, actions are feasible as structured, and ultimately implemented.

In order to facilitate the implementation of action steps and hold partner agencies accountable, the Kings/Tulare Continuum of Care will be working with stakeholders, citizens and local jurisdictions to establish the *Connecting the Dots* Action Committee. The “Action Committee” will be comprised of members of the local community, including the following:

- Homeless Liaisons appointed by local jurisdictions and mainstream benefits programs
- Representatives from the veterans community, preferably the VASH Case Manager
- Housing and shelter providers, including existing PSH providers and those interested in expanding into PSH
- Representatives from local non-profits, including two United Ways, CSET, Habitat for Humanity, and recovery programs

- Stakeholders from the faith-based community
- Hospital and/or medical clinic representatives
- 1-2 Continuum of Care Board Members
- 2-3 Client Representatives or Formerly Homeless individuals
- Other interested community leaders and/or stakeholders, as applicable

The *Connecting the Dots* Action Committee will be expected to meet quarterly, and will review each of the action steps for implementation, including progress towards meeting the benchmarks for success within the target date for completion.

The *Connecting the Dots* Action Committee will also be responsible for evaluating each of the action steps on an ongoing basis, to determine if they are still feasible and realistic. Since funding programs, national objectives, and available resources tend to evolve and shift overtime, the Action Committee needs to ensure that *Connecting the Dots* is also evolving and adapting overtime. Annually, the Action Committee will provide an update to the Continuum Board of Directors, including recommendations to add or remove action steps. This will include feedback received by Continuum members from the locally jurisdictions at annual update meetings per Strategy 2.3.

Overall, while the *Connecting the Dots* Action Committee and the Continuum of Care will be responsible for the implementation of this plan. This is a community effort, and the success of these efforts will only be truly successful with the support and compassion of the community.

## **Appendices**

**Appendix A: Definitions**

**Appendix B: Housing Inventory**

**Appendix C: Service Inventory**

**Appendix D: About the Kings/Tulare Continuum of Care**

**Appendix E: Resources**

## **Appendix A: Definitions**

**AFFORDABLE HOUSING** -- refers to housing costs that do not exceed 30% of the gross annual income for extremely low, very low, low, and moderate income households. For a rental unit, total housing costs include the monthly rent payment as well as utility costs. With for sale units, total housing costs include the mortgage payment (principal and interest), utilities, homeowners' association dues, taxes, mortgage insurance and any related assessments.

**AT-RISK OF HOMELESSNESS** -- a person or family that is experiencing extreme difficulty maintaining their housing and has no reasonable alternatives for obtaining subsequent housing is considered "at-risk". Circumstances that often contribute to becoming at-risk of homelessness include: eviction, loss of income, low-income, disability, unaffordable increase in the cost of housing, discharge from an institution without subsequent housing in place, irreparable damage or deterioration to residences, and fleeing from family violence.

**CHRONICALLY HOMELESS** -- HUD defines a person who is chronically homeless is defined as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

**CONTINUUM OF CARE SYSTEM** -- HUD defines continuum of care as an approach for providing a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons at the point in time that they need them. The approach is based on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs— physical, economic, and social. Designed to encourage localities to develop a coordinated and comprehensive long-term approach to homelessness, the Continuum of Care consolidates the planning, application, and reporting documents for the U.S. Department of Housing and Urban Development's Shelter Plus Care, Section 8 Moderate Rehabilitation Single-Room Occupancy Dwellings (SRO) Program, and Supportive Housing Program.

### **The Continuum of Care serves three main purposes:**

1. It is a strategic plan for addressing homelessness in the community, based on the identified needs of homeless individuals and families, the availability and accessibility of existing housing and services, and the opportunities for linkages with non-homeless mainstream housing and service resources;
2. It is a strategic process to develop a broad based, community wide, year round initiative; and
3. It is an application to HUD for homeless-targeted housing and services resources.

**Services and resources include, but are not limited to:**

- Homeless Prevention
- Outreach, Intake and Assessment
- Emergency Shelter
- Transitional Housing
- Supportive Services
- Permanent Housing

**DISABILITY** -- is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living and maintain stable housing. A person is considered disabled if the person has (1) such a physical or mental impairment, (2) has a record of such impairment, or is (3) regarded as having such impairment.

**DISCHARGE PLANNING** -- refers to actions taken with a homeless person prior to discharge from a public or private system of care to help ensure that the person is not discharged into homelessness.

**EMERGENCY ASSISTANCE** -- is assistance that attempts to prevent homelessness or that attempts to meet the emergency needs of homeless individuals and/or families including prevention, outreach and assessment, and emergency shelter.

**HOMELESS** -- According to **HUD**, homelessness is defined as: (1) an individual or family which lacks a fixed, regular, and adequate nighttime residence or (2) an individual or family which has a primary nighttime residence that is: (a) a supervised publicly or is a privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law; however the HUD definition does include persons who will be discharged from an institution (such as a jail or mental health hospital) within seven days, if that person does not have an identified place to live upon discharge.

The portion of the McKinney-Vento Act that governs the Department of Education defines "homeless children and youth" as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes:

1. Children and youth who are:
  - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up);
  - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;



- living in emergency or transitional shelters;
  - abandoned in hospitals; or
  - awaiting foster care placement;
2. Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
  3. Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
  4. Migratory children who qualify as homeless because they are living in circumstances described above.

**HOMELESSNESS** - Homelessness typically refers to both:

1. A personal or family condition of living without access to an adequate, permanent, safe, and secure home; and
2. A societal problem consisting of a growing number of people living without access to adequate, permanent, safe, and secure homes.

**HOMELESS PREVENTION** -- HUD defines homeless prevention as activities or programs designed to prevent the incidence of homelessness, including, but not limited to: short-term subsidies to defray rent and utility arrearages for households who have received eviction or utility termination notices; security deposits or first month's rent to permit a homeless family to move into its own apartment; mediation programs for landlord-tenant disputes; legal services programs for the representation of indigent tenants in eviction proceedings; payments to prevent foreclosure on a home; other innovative programs and activities designed to prevent the incidence of homelessness.

**HOUSING FIRST** -- HUD defines Housing First as a concept of providing homeless persons with permanent housing and services immediately rather than placing them in a shelter or transitional housing unit. This concept assumes that housing stabilization is key in the return of the individual or family to independent living and that needed supportive services can effectively be provided to clients either on site in the permanent housing environment or at agency offices.

**HUD** -- is the U.S. Department of Housing and Urban Development, first created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low income persons; working to create, rehabilitate and maintain the nation's affordable housing; enforcing the nation's fair housing laws; helping the homeless; spurring economic growth in distressed neighborhoods; and helping local communities meet their development needs.

**HOUSING WAGE** -- is the hourly wage an individual or family would need to earn, in aggregate, to afford rent at the county's median market rental price. Median rental rates mean that half of available rental units are priced above that rate and half are priced below that rate. It is based on HUD Fair Market Rent determinations (the median rent in a region) and assumes 30% of income spent on housing is affordable.

**LOWER-INCOME HOUSEHOLD** -- refers to low-, very low-, and extremely low-income households as determined annually by the U.S. Department of Housing and Urban Development (HUD).

**EXTREMELY LOW INCOME** -- refers to a household whose gross annual income is equal to or less than 30% of median income for the county.

**VERY LOW INCOME** -- refers to a household whose gross annual income is more than 30% but does not exceed 50% of the median income for the county.

**LOW INCOME** -- refers to a household whose gross income is more than 50% but does not exceed 80% of the median income for the county.

**MEDIAN HOUSEHOLD INCOME** -- divides households into two equal segments with the first half of households earning less than the median household income and the other half earning more.

**MODERATE INCOME** -- refers to a household income that is more than 80% but does not exceed 120% of the median income for the county.

**MAINSTREAM BENEFITS** -- refers to federal and state-funded programs generally designed to help low-income individuals either achieve or retain their economic independence and self-sufficiency. Programs provide for housing, food, health care, transportation, and job training.

**PERMANENT HOUSING** -- HUD defines permanent housing as housing which is intended to be the tenant's home for as long as they choose. In the supportive housing model, services are available to the tenant, but accepting services cannot be required of tenants or in any way impact their tenancy. Tenants of permanent housing sign legal lease documents.

**PERMANENT SUPPORTIVE HOUSING (PSH)** -- HUD defines permanent supportive housing as a long-term, community-based housing and supportive services for homeless persons. The intent of permanent supportive housing is to enable special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or provided by other public or private service agencies.

**PRECARIOUSLY HOUSED** -- People who are precariously housed are in danger of becoming homeless because they have no place of their own to live or their current housing situation is tenuous. This group includes, among others, people who are doubled-up (living for short periods of time with friends or relatives) or living day-to-day in motels, and thus lack a fixed, regular nighttime residence.

**PREVENTION** -- refers to a number of strategies used to keep individuals and families from becoming homeless. These strategies typically link homeless individuals and families with services and referrals.

**RAPID RE-HOUSING** -- HUD defines rapid re-housing as a program that provides financial assistance and services to help those who are experiencing homelessness to be quickly re-housed and stabilized. Examples of assistance include, but are not limited to, rental assistance, move-in costs, security deposits, utility assistance, case management, and other supportive services that may be needed to secure and maintain permanent housing. Individuals and families can be rapidly re-housed from homeless situations such as the street, emergency shelter, motels, and transitional shelter.

**SHELTER** -- refers to temporary housing with varying levels of services to help residents obtain and maintain appropriate permanent housing.

**EMERGENCY SHELTER (EH):** HUD defines emergency shelter as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons. The length of stay can range from one night up to as much as three months or more.

**TRANSITIONAL HOUSING (TH):** HUD defines transitional housing as a program that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months.

**SUPPLEMENTAL SECURITY INCOME (SSI)** -- is a federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income and thus, these individuals have severely limited housing options.

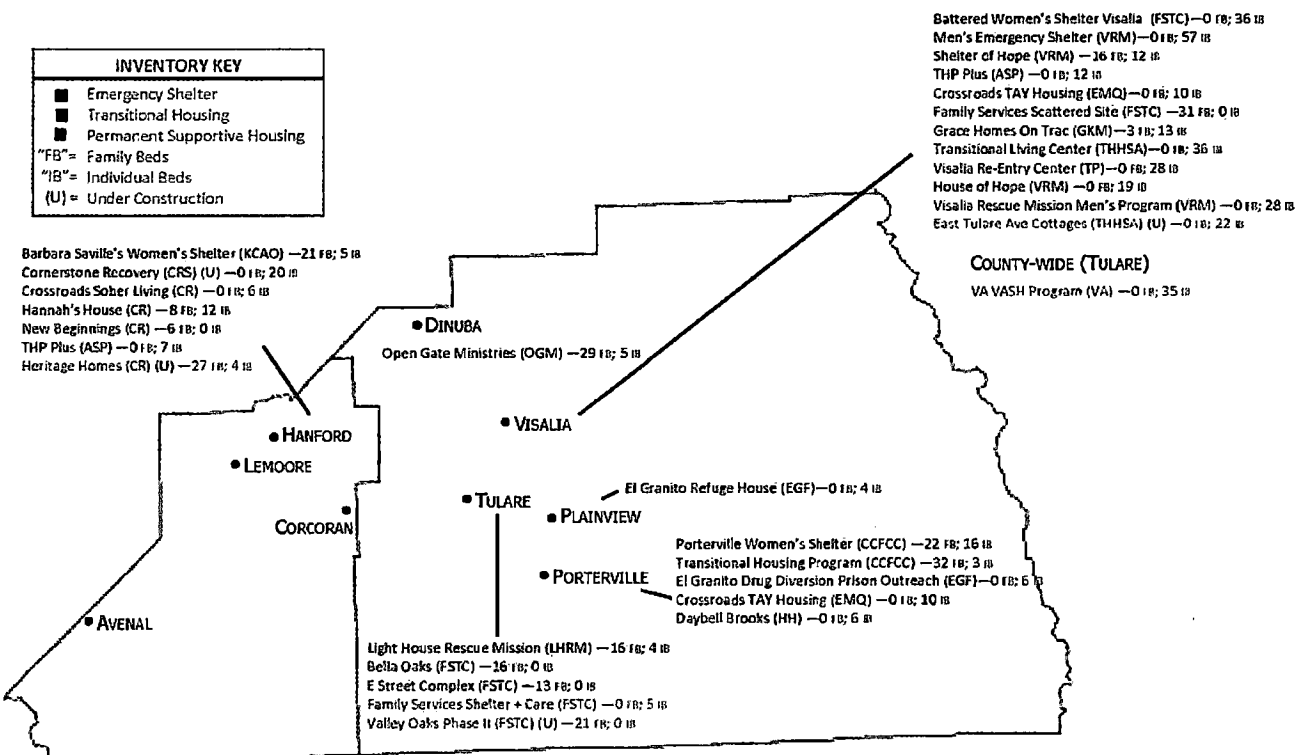
**SUPPORTIVE SERVICES** -- include case management, medical or psychological counseling and supervision, childcare, transportation, and job training provided for the purpose of facilitating a person's stability and independence, and other services that support housing stability.

**WRAPAROUND SERVICES** -- refers to client/family-centered culturally competent services to promote recovery, self-sufficiency, and housing stability using a "whatever it takes" approach. Examples of services that may be provided include, but are not limited to, case management provided in conjunction with medical or psychological services and supervision, childcare, transportation, job training and other services identified in the client's case management plan."

**Appendix B: Housing Inventory & Map**

**Kings-Tulare Homeless Housing Inventory**

INVENTORY KEY	
■	Emergency Shelter
■	Transitional Housing
■	Permanent Supportive Housing
"FB"	Family Beds
"IB"	Individual Beds
(U)	Under Construction



Barbara Saville's Women's Shelter (KCAO) —21 FB; 5 IB  
 Cornerstone Recovery (CRS) (U) —0 FB; 20 IB  
 Crossroads Sober Living (CR) —0 FB; 6 IB  
 Hannah's House (CR) —8 FB; 12 IB  
 New Beginnings (CR) —6 FB; 0 IB  
 THP Plus (ASP) —0 FB; 7 IB  
 Heritage Homes (CR) (U) —27 FB; 4 IB

Open Gate Ministries (OGM) —29 IB; 5 IB

El Granito Refuge House (EGF) —0 FB; 4 IB  
 Porterville Women's Shelter (CCFCC) —22 FB; 16 IB  
 Transitional Housing Program (CCFCC) —32 IB; 3 IB  
 El Granito Drug Diversion Prison Outreach (EGF) —0 FB; 6 IB  
 Crossroads TAY Housing (EMQ) —0 FB; 10 IB  
 Daybell Brooks (HH) —0 IB; 6 IB

Light House Rescue Mission (LHRM) —16 FB; 4 IB  
 Bella Oaks (FSTC) —16 FB; 0 IB  
 E Street Complex (FSTC) —13 FB; 0 IB  
 Family Services Shelter + Care (FSTC) —0 FB; 5 IB  
 Valley Oaks Phase II (FSTC) (U) —21 FB; 0 IB

Battered Women's Shelter Visalia (FSTC) —0 FB; 36 IB  
 Men's Emergency Shelter (VRM) —0 FB; 57 IB  
 Shelter of Hope (VRM) —16 FB; 12 IB  
 THP Plus (ASP) —0 FB; 12 IB  
 Crossroads TAY Housing (EMQ) —0 FB; 10 IB  
 Family Services Scattered Site (FSTC) —31 FB; 0 IB  
 Grace Homes On Trac (GKM) —3 FB; 13 IB  
 Transitional Living Center (THHSA) —0 IB; 36 IB  
 Visalia Re-Entry Center (TP) —0 FB; 28 IB  
 House of Hope (VRM) —0 FB; 19 IB  
 Visalia Rescue Mission Men's Program (VRM) —0 FB; 28 IB  
 East Tulare Ave Cottages (THHSA) (U) —0 IB; 22 IB

**COUNTY-WIDE (TULARE)**  
 VA VASH Program (VA) —0 FB; 35 IB

**PROVIDER KEY**

ASP	Aspiranet	EMQ	EMQ Families First	LHRM	Light House Rescue Mission	TP	Turning Point
CCFCC	Central CA Family Crisis Center	FSTC	Family Services Tulare County	OGM	Open Gate Ministries	VA	Veteran's Administration
CR	Champions Recovery	GKM	Gale Kuns Ministries	PAL	Porterville Area LOVE iNC	VEA	Visalia Emergency Aid
CRS	Cornerstone Recovery Systems	HH	Helping Hands	PVO	Porterville Victory Outreach	VRM	Visalia Rescue Mission
EGF	El Granito Foundation	KCAO	Kings Co. Action Organization	THHSA	Tulare HHS		

**Housing Inventory as of 2011 Point in Time**

Provider	Program Name	Housing Type	Location	Inventory Status	Fam Beds	Ind Beds	Total Beds
Open Gate Ministries	Open Gate Ministries	ES	Dinuba	C	29	5	34
Kings Community Action Organization	Barbara Saville Woman's Shelter	ES	Hanford	C	21	5	26
Aspiranet	THP Plus - Kings Co.	TH	Hanford	U	0	7	7
Champions Recovery Alternative Program	Hannah's House	TH	Hanford	C	8	12	20
Champions Recovery Alternative Program	New Beginnings - Sober Living	TH	Hanford	N	6	0	6
Champions Recovery Alternative Program	Crossroads Sober Living	TH	Hanford	N	0	6	6
Cornerstone Recovery	Cornerstone	TH	Hanford	U	0	20	20
Champions	Heritage Homes	PSH	Hanford	U	27	4	31
El Granito	Refuge House	TH	Plainview	N	0	4	4
Central California Family Crisis	Porterville Woman's Shelter	ES	Porterville	C	22	16	38
Central California Family Crisis Center	Transitional Housing Program	TH	Porterville	C	32	3	35
El Granito	El Granito Drug Diversion Prison Outreach House	TH	Porterville	C	0	6	6
EMQ Families First Inc.	Crossroads T.A.Y. Housing	TH	Porterville	C	0	10	10
Helping Hands	Daybell Brooks	TH	Porterville	C	0	6	6
Light House Rescue Mission	Light House Rescue Mission	ES	Tulare	C	16	4	20
Family Services of Tulare County	E Street Complex	TH	Tulare	C	13	0	13
Family Services of Tulare County	Bella Oaks	TH	Tulare	C	16	0	16
Family Services	Shelter Plus Care	PSH	Tulare	C	0	5	5
Payne Development	Valley Oaks Phase II	PSH	Tulare	U	21	0	21
Housing Authority Tulare County	VASH	PSH	Tulare Co.	N	0	35	35

Provider	Program Name	Housing Type	Location	Inventory Status	Fam Beds	Ind Beds	Total Beds
Family Services of Tulare County	Battered Woman's Shelter, Visalia	ES	Visalia	C	0	36	36
Visalia Rescue Mission Services	Shelter Of Hope	ES	Visalia	C	16	10	26
Visalia Rescue Mission Services	Shelter Of Hope	ES	Visalia	U	0	2	2
Visalia Rescue Mission Services	Men's Emergency Shelter	ES	Visalia	C	0	57	57
Aspiranet	THP Plus	TH	Visalia	C	0	12	12
EMQ Families First Inc.	Crossroads T.A.Y. Housing	TH	Visalia	N	0	10	10
Family Services of Tulare County	Scattered Site	TH	Visalia	C	31	0	31
Gale Kuns Ministries, Inc.	Grace Homes - On Trac	TH	Visalia	N	3	13	16
Tulare County HHSA/Mental Health	Transitional Living Center	TH	Visalia	C	0	36	36
Turning Point of Central California	Visalia Re-entry Center	TH	Visalia	C	0	28	28
Visalia Rescue Mission	House of Hope	TH	Visalia	C	0	15	15
Visalia Rescue Mission	House of Hope	TH	Visalia	U	0	4	4
Visalia Rescue Mission	Men's Campus	TH	Visalia	C	0	28	28
Tulare County HHSA/Mental Health	East Tulare Avenue Cottages	PSH	Visalia	U	0	22	0

*Inventory Status:*

*C = Current Inventory*

*N = New Inventory*

*U = Under Development*

**Appendix C: Service Inventory**

**Services Inventory - Tulare County**

Provider Organizations	Prevention					Outreach			Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
AARP					X					X						X		
Able Industries				X						X						X		
Al-Anon											X							
Al-Anon/Alateen of Tulare County				X							X				X			
Alcoholics Anonymous				X							X							
Alta Family Health Clinic										X	X	X	X	X	X			
Alternative Services										X	X							
American Friends Service Committee				X	X										X	X		
American Red Cross		X																
Aspiranet		X	X	X					X	X		X						
BAART – Addiction Research and Treatment, Inc.											X	X	X					
Bethel Assembly of God				X						X								
California Children’s Services					X				X	X		X						
California Department of Rehabilitation																X		
California Health Collaborative					X					X		X	X		X			
California Highway Patrol								X										
Care Pregnancy Center of Tulare County				X					X	X		X	X		X			
Central California Family Crisis Center		X	X	X	X				X	X		X						
Central California Legal Services					X				X									
Central Valley Recovery Services											X	X						
Central Valley Regional Center									X									
Champions Recovery Alternative Program											X					X		
College of the Sequoias										X						X		
Commission Honorific a Mexicana Americana			X		X													
Consumer Credit Counseling Services					X					X								
C-SET, Community Services and Employment Training	X	X	X	X					X	X					X	X		
Cutler-Orosi Joint Unified School District											X							
Earlimart Family Resource Center										X		X			X			
El Granito Foundation			X	X	X						X							
Exeter Food Closet		X			X													
Family Healthcare Clinic												X						
Family Healthcare Network							X				X	X	X					
Family Recovery Center										X	X							
Family Services of Tulare County				X	X				X	X		X						
Family Violence 24-hour hotline				X											X			
First 5 Tulare County				X					X						X			
Friday Night Live										X					X			

**Services Inventory - Tulare County (con't.)**

Provider Organizations	Prevention				Outreach				Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Food Link of Tulare County															X			
Good News Center		X	X		X				X	X								
Goshen Family Resource Center										X		X			X			
Grace Homes				X														
Habitat for Humanity				X														
Healthy Start				X	X	X			X	X	X	X	X		X			
Hillman Health Care											X	X	X	X	X			
Hospice of Tulare County				X						X								
Housing Authority of Tulare County		X																
Kaweah Delta Health Care District				X		X	X			X	X		X	X	X		X	
Kings Tulare Area Agency on Aging				X		X			X	X			X		X			
Kings View - Tulare County						X	X		X	X								
Lindsay Healthy Start									X			X			X			
Lindsay Senior Center					X				X	X			X					
Lindsay/Strathmore Coordinating Council	X	X	X															
Love INC	X	X	X															
Maternal Child Health Services							X		X	X	X	X	X		X			
Maternal, Child & Adolescent Health Division							X		X	X	X	X	X		X			
National Alliance for the Mentally ill (NAMI)				X						X		X			X			
National Council on Alcoholism and Drugs Dependence				X							X	X			X			
O.L.A. Raza					X										X			
Open Gate Ministries, Dinuba	X	X	X															
Parent's United (TYSB) Tulare Youth Services				X						X		X						
Parole and Community Services Division								X										
Pixley Union School District						X				X					X			
Porterville Adult Day Services									X	X								
Porterville Area INC		X	X															
Porterville Developmental Center				X					X	X					X			
Porterville Sheltered Workshop				X											X	X		
Proteus		X	X												X	X		X
Resources for Independence				X					X	X					X			
Salvation Army		X	X															
Samaritan Clinic					X								X	X	X			
San Joaquin Valley College													X		X			
San Juan Health Center NOW Exeter Clinic											X		X	X	X			
Sierra View District Hospital											X	X	X	X				
Social Vocational Services, Inc.									X	X					X			



**Services Inventory - Tulare County (con't.)**

Provider Organizations	Prevention				Outreach			Supportive Services										
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Synchrony of Visalia								X	X			X	X	X				
Ticket to Success																X		
The Creative Center									X						X			
Tulare Athletic Club			X					X	X			X		X				
Tulare County Child Support Services					X									X				
Tulare Community Health Clinic							X					X	X	X				
Tulare County Alcoholism Council						X		X										
Tulare County Health & Human Services Agency	X					X	X	X	X	X	X	X	X	X	X	X		
Tulare County Mental Health			X					X			X	X		X				
Tulare County Office of Education									X					X		X		
Tulare County Probation Department							X		X									
Tulare District Health Care System								X			X	X		X				
Tulare Emergency Aid		X	X	X														
Tulare Joint Union High School															X			
Tulare Police Department						X		X		X								
Tulare Senior Services			X	X						X		X						
Tulare Youth Service Bureau				X				X	X		X							
Turning Point Youth Services				X														
United Way of Tulare County		X	X	X														
University of California Cooperative Extension															X	X		
Veteran's Agency				X				X			X			X	X			
Victory Outreach Church				X					X	X								
Visalia Adult School															X			
Visalia Emergency Aid		X																X
Visalia First Assembly of God											X							
Visalia Rescue Mission				X		X		X	X					X				
Woodlake Family Resource Center								X			X			X				

**Services Inventory - Kings County**

Provider Organizations	Prevention					Outreach			Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
AARP																X		
Adventist Health												X	X					
Al-Anon											X							
Alcoholics Anonymous											X							
Alcoholics Anonymous											X							
Avenal Community Health Center				X					X	X	X	X	X					
California Children's Services												X						
California Health Collaborative													X					
California Highway Patrol								X						X				
Center for Independent Living				X												X		
Central California Legal Services					X													
Central Valley Regional Center									X		X							
Champions Recovery Alternative Programs				X					X		X							
Church of the Nazarene											X							
City of Corcoran																		X
College of the Sequoias															X			
Clearpoint Credit Counseling Services				X														
Corcoran District Hospital												X	X					
Corcoran Family Resource Center /YMCA				X														
Corcoran Police Department								X										
Family Healthcare Network									X			X	X					
Family Services of Tulare County				X														
Family Services of Tulare County				X														
First 5 Kings County				X						X	X				X			
Friday Night Live											X							
Hanford Elementary School District															X			
Hanford Police Department								X										
Housing Authority		X																
Kettleman City Family Resource Center				X											X			
Kings Commission on Aging Council		X	X	X														
Kings Community Action Organization			X	X	X				X		X			X		X		
Kings Community Health Center												X						
Kings County Behavioral Health Administration				X					X	X	X	X						
Kings County Employment Development Department																X		
Kings County Health Department						X				X		X	X					
Kings County Human Services Agency									X			X				X		
Kings County Office of Education														X			X	

**Services Inventory - Kings County (con't.)**

Provider Organizations	Prevention				Outreach				Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Kings County Probation Department								X										
Kings County Sheriff's Office								X										
Kings Partnership for Prevention											X							
Kings Tulare Area Agency on Aging												X						
Kings View Behavioral Health System				X				X		X	X							
Koinonia Christian Fellowship			X							X	X							
Lemoore Police Department								X										
Lemoore Preschool																		X
Manitas De Amor Child Care & Development Center																		X
National Council on Alcoholism and Drugs Dependence											X							
Proteus		X	X												X	X		
Salvation Army		X	X															
Self-Help Enterprises				X														
SRS Recovery Services											X							
St. Brigid Catholic Church			X															
The Fleet & Family Support Center				X														
TLC Learning Center																		X
Valley Family Health Centers												X						
West Hills College Lemoore														X				

## **Appendix D: About the Kings/Tulare Continuum of Care**

The Kings/Tulare Continuum of Care ("CoC") on Homelessness is a consortium of partners that includes homeless service providers, advocacy groups, housing and shelter providers, government agencies and homeless individuals who are working together to address the housing and support service needs of the homeless in Kings and Tulare counties.

The Continuum holds monthly meetings which serve as a forum for discussing community-wide issues and provide opportunities for participants to learn about services available in the community for the homeless population. Additionally, the Continuum works to expand understanding of the services needed by those who are homeless, to facilitate consolidation and coordination of such services, to reduce duplication of such services, and to improve service delivery to homeless people.

### **Mission**

The mission of the Continuum is "to build and sustain an integrated Continuum of Care system for homelessness that promotes quality of life by improving access to housing and to health, education, employment and other supportive services connected to or as part of varied levels of homeless support in our communities."

### **Agency History**

A county wide collaborative effort was spearheaded by the City of Visalia in 1999. The foundation of the Continuum was based on input from service providers and representatives from throughout the County. A working core group of representatives met for several months to identify the issues and develop strategies to address those issues. Shortly thereafter, conversations were initiated with representatives from Kings County who were very interested in expanding the Continuum to represent more of a regional approach to addressing homelessness. From this collaborative effort, the Kings/Tulare Continuum of Care on Homelessness was born.

In 2001, the Continuum elicited and received technical assistance funds from HUD to retain HomeBase to facilitate a Five Year Strategic Plan. Two agencies were funded as a result of this process during the 2001 program year. In 2002, after an in-depth participatory process, the Continuum group adopted the strategic plan.

Over the following four years, the Continuum exerted substantial effort and resources in accomplishing the following:

- Created a rating and ranking process for the annual HUD funding competition;
- Obtained funding for several agencies, including funds for the development of a local HMIS;
- Developed a Local Emergency Shelter Strategy (LESS);
- Selected as the Designated Local Board (DLB) by the State of CA;
- Hosted two Housing Conferences on Homelessness; and
- Conducted three Point in Time Surveys by 2006.

Since 2007, the Continuum has achieved several noteworthy milestones:

- Implemented HMIS;
- Conducts Point in Time annually;
- Hosts annual Project Homeless Connect events in three cities;
- Successful AHAR participation;
- Received funding for a 10-year Plan to End Homelessness;
- Collaborated for successful HPRP funding for both counties; and
- Incorporated and became a 501c3.

### **Staffing**

The Continuum does not have any staff members and is run by the efforts of committed volunteers. The 7-member Executive Board which consists of a President, VP in Internal Affairs, VP of External Affairs, Treasurer, Secretary and (2) Members at Large is the sustaining force behind the Continuum's endeavors. In addition, the Continuum has contracted with a consultant for the HMIS and program management duties such as capacity building for both the Continuum and local organizations who serve the homeless.

The board members have varied backgrounds and experience that compliment the needs and strengths of the Continuum. There is government, service providers (including DV) and private citizen representation on the Continuum's board. In addition, careful consideration and planning are done to ensure that the board also represents the geographical aspect of the two counties.

### **Services Provided**

The Continuum works to increase general awareness of solutions to homelessness, promotes and supports "Best Practice" services to end homelessness, shares resources with partner organizations and the community, and engages stakeholders and the community in Continuum initiatives.

Since 2001, the Continuum has coordinated applications to HUD for homeless funding. The Continuum also provides technical assistance and support to organizations in both counties. The assistance has taken several forms, such as:

- Organizing and facilitating meetings;
- Organizing and leading the needs assessment, including a point-in-time count;
- Managing and overseeing the preparation of the HUD application;
- Free access to a Self Sufficiency Calculator which improves access to mainstream benefits;
- Information about HUD and other sources of funding and assistance in the preparation of proposals;
- Providing linkages between experienced housing and service providers and smaller, less experienced agencies to enable those smaller organizations to improve their programs;
- Networking of organizations to provide a more seamless Continuum of Care in Kings and Tulare Counties; and
- Facilitating the growth of the community's efforts to end homelessness, such as the creation of *Connecting the Dots*.

Since 2008, the Continuum has facilitated three successful homeless grants which have resulted in \$3,768,217 in funding for local homeless programs. This funding supports the development and operations of approximately 174 new beds. In looking ahead, it is the goal of the Continuum to continually grow and evolve in supporting the needs of its members while focusing on the primary objective...ending homelessness within the community.

## Appendix E: Resources

### **Corporation for Supportive Housing**

*Supportive Housing Financing Guide, Toolkit for Developing and Operating Supportive Housing, Financial Products*  
[www.csh.org](http://www.csh.org)

### **HomeBase**

*HUD Technical Assistance Materials, including HUD 101 Training and Managing Grants*  
<http://www.HomeBaseccc.org>

### **Homeless Resource Exchange**

*Quick links to programs such as HPRP, CoC funding competition, HMIS, the APR and a helpdesk*  
<http://www.hudhre.info>

### **Leveraging Medicaid: A guide to using Medicaid Financing in Supportive Housing**

<http://www.tacinc.org/downloads/Pubs/Medicaid-Final-July10.pdf>

### **Evaluation of the Family Self-Sufficiency Program**

*The study examined personal and programmatic characteristics that influence the success of homeless families.*

<http://www.huduser.org/Publications/pdf/FamilySelfSufficiency.pdf>

### **Accessing Mainstream Employment and Income Supports Programs**

[http://www.hudhre.info/documents/AccessingMainstreamResources\\_April2008.pdf](http://www.hudhre.info/documents/AccessingMainstreamResources_April2008.pdf)

### **National Alliance to End Homelessness**

*Data on the cost of homelessness; Solutions*  
[www.endhomelessness.org](http://www.endhomelessness.org)

### **U.S. Interagency on Homelessness**

*Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*  
<http://www.usich.gov/>

### **2-1-1**

*Online searchable database of services in Kings and Tulare Counties*  
<http://www.211kingscounty.org/>  
<http://www.211tularecounty.org/>

### **Building Your Program: Permanent Supportive Housing**

[http://homelessness.samhsa.gov/\(S\(viip0mn04hxmt y320voacn55\)\)/ResourceFiles/tikdjzjz.pdf](http://homelessness.samhsa.gov/(S(viip0mn04hxmt y320voacn55))/ResourceFiles/tikdjzjz.pdf)

### **Rapid Re-Housing for Homeless Populations: Program and Community Strategies for Recruiting Private-Market Landlords & Overcoming Housing Barriers**

[http://www.beyondshelter.org/aaa\\_the\\_institute/RehsingStrategies.pdf](http://www.beyondshelter.org/aaa_the_institute/RehsingStrategies.pdf)

### **Kings/Tulare Continuum of Care on Homelessness**

*The Kings/Tulare Continuum of Care has additional resources available for members. Resources include sample program manuals for operating HUD funded transitional housing, Shelter Plus Care, and Permanent Supportive Housing.*  
[www.kingstularecoc.org](http://www.kingstularecoc.org)

**Appendix F: Plan Update**

**Table 1.1: Expand accessibility of existing housing to homeless people**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>	<b>Status</b>
<b>Increase awareness of affordable housing opportunities</b>	Create and publicize a Housing Vacancy Database, with up-to-date listings on affordable housing units in the community which is integrated into 2-1-1.	Kings United Way and United Way of Tulare County	Establish a Housing Vacancy Database in each County	Sept 2012	<b>Completed.</b>
<b>Assist people in accessing housing and housing-related services</b>	Create regional <b>Housing Support Centers</b> to help people access housing and housing-related services, including assisting clients to address legal issues, establishing relationships with landlords for referrals, accessing identification, transportation vouchers, and other necessary services related to housing assistance. Initial locations to target: <ul style="list-style-type: none"> <li>▪ Visalia Rescue Mission Community Center</li> <li>▪ Porterville</li> <li>▪ Hanford – location TBD</li> <li>▪ WIA/WIB One-Stop Centers</li> </ul>	Potential partners include: Visalia Rescue Mission, Porterville Helping Hands, City of Hanford, Kings United Way, Tulare County WIB, and the Kings County Job Training Office	2012: Establish a pilot Housing Support Center at one location in Tulare/Kings Counties  2015: Improve and expand model to serve three main cities in Kings/Tulare Counties	Sept 2012  Mar 2014	<b>Progress Made.</b> Sept. 2012- Launched pilot project at the Visalia Rescue Mission on Wednesdays. A Housing Navigator meets with clients for assessments. Kaweah Delta Bridge Program, VA, and PATH visit as requested by VRM case managers.  March 2018- Launched Local Initiatives Navigation Center (LINC). Tuesdays 1:30-4:00 at the Bethlehem Center in Visalia.



**Table 1.2: Expand the supply of affordable housing and ease the process of developing transitional and permanent supportive housing**

Goal	Action	Partners	Measurables	Timeline	Status
<b>Increase the supply of affordable housing for homeless people</b>	Coordinate “priority unit” opportunities for homeless people through set-aside units and other strategies to allow for referrals and utilization of all available units.	Targeted Jurisdictions <sup>10</sup>	Formal policy adopted by Jurisdictions	Sept 2012	<b>Completed.</b> HATC provides ten “move-up” vouchers and HAKC provides two vouchers.
	Continue to purchase properties and lease to homeless service providers	Continuum of Care; Housing Authority of Tulare County; Housing Authority of Kings County	20 New Units in Tulare County; 15 New Units in Kings County	June 2013	<b>Progress Made.</b> Tulare County- Self-Help has developed two properties that have homeless set-aside units; HATC purchased two triplexes that will have a homeless set-aside.  Kings County- No new units Housing Authority of Tulare County has just purchased two triplexes for master leasing to homeless service provider.
<b>Remove barriers to developing Transitional and Permanent Supportive Housing Projects</b>	Appoint local government planning “affordable housing liaisons” as fast track specialists and “go to” staff for any proposed project to shepherd them quickly through the approval process; provide technical assistance as needed.	Continuum of Care; Targeted Jurisdictions	2012: Conduct outreach and request “affordable housing liaison from each local jurisdiction.  2012: Designate a “Homeless Liaison” in Targeted Jurisdictions	June 2012  Dec 2012	<b>No Action Taken.</b> No movement has been made on this.  This goal has not been addressed due to the lack of development of supportive housing in Kings and Tulare Counties.

Goal	Action	Partners	Measurables	Timeline	Status
	Review local compliance with homeless shelter related laws, such as SB2	Continuum of Care; Targeted Jurisdictions	Targeted Jurisdictions demonstrate compliance with SB 2 Cedillo	Dec 2012	<b>Completed.</b> All jurisdictions in Kings and Tulare counties comply with SB2, per their Housing Element.
<b>Remove occupancy barriers for homeless persons</b>	Facilitate the development of new TH and PSH units that do not impose conditions of stay, including, but not limited to, religious requirements, drug testing at entry, etc.	Continuum of Care; Providers	2013: 10 new low-condition TH/PSH beds in each County  2014: 10 additional low-condition beds in each County	Dec 2013  Dec 2014	<b>Completed.</b> Achieved this goal. There were 97 PSH/RR beds in 2011 and 233 PSH/RR beds in 2013.  While there was not an increase of 10 beds in each county from 2013 to 2014, the significant growth occurred in the prior year as listed above.  In 2014 there were 240 PSH/RR beds vs. 233 in 2013.

<sup>10</sup> Cities of Hanford, Lemoore, Porterville, Tulare, Visalia; Kings and Tulare Counties

**Table 1.3: Support a Housing First approach**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>	<b>Status</b>
<b>Increase public awareness of the efficacy of a Housing First model in order to build support for the policy and programs</b>	Provide education on prevention & rapid re-housing	Continuum	Provide one training annually on prevention and/or rapid re-housing.	Ongoing; evaluate annually	<b>Completed.</b> These trainings are ongoing and are offered in-person and/or through webinar opportunities.
	Participate in community events regarding homelessness	Continuum	Participate in a minimum of one community forum annually.	Ongoing; evaluate annually	<b>Completed.</b> Participation in community forums happens several times per year to service clubs, businesses, faith-based groups, and governmental agencies.
	Offer annual training on PSH development and operations.	Continuum, HUD, HomeBase, Corporation for Supportive Housing	One new HUD grant application for PSH is submitted for each funding cycle.	Ongoing; evaluate annually	<b>Completed.</b> This happens throughout the year. The Alliance now has Written Standards that each HUD/ESG agency must follow. Additionally, the Alliance is charged with monitoring each of these agencies for compliance. The Alliance also offers technical assistance to agencies interested in creating PSH/RR programs on an as-needed basis.

Goal	Action	Partners	Measurables	Timeline	Status
<b>Educate service providers and agencies on the importance of using a Housing First Model</b>	Provide ongoing staff training and develop a peer support network to support consistent implementation.	Continuum, Kings Co. Behavioral Health, Tulare County HHSA	Provide training annually on PSH.	2011 – 2021	<b>Completed.</b> Monthly case management roundtables provide peer support network for case managers and other supportive services providers. Best practices are shared and cases are staffed.
	Assist agencies in making necessary changes to streamline the process and prerequisites for accessing housing.		Develop “Best Practices” manual.	Mar 2013	We have Written Standards for the CES, which include standardized forms for access to housing.
<b>Maximize the Shelter + Care Program</b>	Increase the scope of the current S+C program to cover Tulare County with housing and case management; work to expand the partnerships involved in the program, to increase programmatic capacity.	City of Tulare, Family Services, Housing Authority of Tulare county	2012: 15 new units for PSH for CH	Dec 2012	<b>Completed.</b> Fell short on this goal for 2012 timeline, but met it in 2013. There were 13 CH beds in 2012 vs. 5 in 2011. However, the subsequent year we grew to 50 CH beds.
	Start a S+C Program in Kings County		Kings County Housing Authority	2016: 50 new units for PSH for CH	Dec 2016
			Secure five (5) S+C vouchers for Kings County	Jun 2013	<b>Completed.</b> The S+C program became obsolete in 2012. However, there was an increase of PSH beds by 2013 (51 in 2013 vs. 31 in 2011).

**Table 1.4: Develop strategies to link services to housing**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurable</b>	<b>Timeline</b>	<b>Status</b>
<b>Leverage existing one-stop centers to create linkages to housing opportunities for the homeless</b>	Work with existing one-stop employment centers to establish a homeless branch or at a minimum a designated homeless employment liaison/case manager at each center; Have housing information available at existing locations and all service agencies.	Kings County Job Training Office, Tulare County WIB/Employment Connection	2012: Designate Homeless liaisons at each employment center  2013: Work with homeless liaison to provide a quarterly report of the number of homeless served and their employment outcomes	Dec 2012  Dec 2013	<b>No Action Taken.</b> There has been no progress on this goal.
<b>Integrate homeless prevention practices into case management and outreach efforts</b>	Establish mechanisms to connect formerly homeless or at-risk tenants to appropriate mainstream agencies to provide services that will help keep tenants housed.	Continuum, Kings United Way, United Way of Tulare County <sup>12</sup>	Provide Best Practice information/training on after care programs	Dec 2012	<b>Completed.</b> Each client served by RR and PSH are offered budgeting, tenant/landlord relation and life skills workshops.  Additionally, case managers are well-versed in the available prevention services and offer those to clients on an as-needed basis (e.g. assistance through CalWorks, Central CA Legal Services, etc.).

<sup>12</sup>Through HPRP

**Table 2.1: Increase availability and access to mental health services and substance abuse services**

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>	<b>Status</b>
<b>Improve access to mental health and substance abuse services for the homeless</b>	Provide training to staff in all mental health programs and drug and alcohol treatment programs to enhance capacity for effectively serving the homeless and increase cultural competency of staff for the range of homeless clients.	Continuum, Kings County Behavioral Health, Tulare County HHSA	Annual training offered in Kings and Tulare Counties	Ongoing; evaluate annually	<p><b>Progress Made.</b> We are holding monthly meetings with Tulare County HHSA to improve system coordination. Additionally, there is cross participation in MDT meetings, Case Mgmt Roundtables, etc.</p> <p>In Kings County, the Wellness Bridge Project and KARELink have been established to coordinate care for vulnerable populations.</p>
<b>Increase access to sobering/detox beds for the homeless</b>	Work with existing programs that operate dry facilities to create/expand sobering beds available to homeless people to detox before entry into shelters.	Continuum, Kings County Behavioral Health, Providers	Increase bed utilization rates at dry facilities by 25%	Dec 2013	<p><b>Progress Made.</b> VRM now offers a couple of detox beds at the men's and women's facilities. Central Valley Recovery Service is a strong partner with the Alliance and we are able to work together in outreach settings where clients are in need of detox.</p>

Goal	Action	Partners	Measurables	Timeline	Status
<p><b>Facilitate collaboration amongst agencies for homeless referrals and outreach</b></p>	<p>Designate a “Homeless Liaison” within each County’s programs, to act as the main point of contact for agencies making referrals and conduct outreach specifically to homeless populations; Require participation in the quarterly K/T Homeless Roundtable</p>	<p>Continuum, Kings County Behavioral Health and Human Services, Tulare County HHSA</p>	<p>Designate a Homeless Liaison for the Target Jurisdictions</p>	<p>Dec 2012</p>	<p><b>Completed.</b>            Tulare HHSA has hired a Homeless Liaison Program Coordinator to coordinate intra-departmental homeless efforts.</p> <p>Both Kings HSA and Behavioral Health have main points of contact. Additionally, these representatives regularly attend CoC meetings and roundtables.</p>

**Table 2.2: Facilitate integration of services at the client level, including mainstream benefits programs, and provide integrated services linked to housing, with an overall goal of increasing access to benefits and services**

Goal	Action	Partners	Measurables	Timeline	Status
<b>Provide mobile and/or centralized housing support services through collaboration with Housing Support Centers</b>	Designate integrated service teams, including enhanced coordination with mainstream benefits programs to work with <b>Housing Support Centers</b> to provide mobile and centralized services to the homeless.	Kings County Behavioral Health, Kings County Human Services, Tulare County HHSA	Increase sources of income and non-cash benefits for clients at entry vs. exit by 30% for programs participating in HMIS	Dec 2013	<b>Progress Made.</b> While we do not have official housing support centers, the measurable during the time period was accomplished: 37% achieved the goal in 13/14; 25% achieved it in 15/16.
	Develop a Homeless Outreach Plan including on-site services at Providers on a quarterly basis, participation at homeless events, and regular appointments at Housing Support Centers.	Kings County Behavioral Health, Kings County Human Services, Tulare County HHSA	Integrate quarterly mainstream service information and appointment opportunities at Housing Support Centers	Dec 2014	<b>No Action Taken.</b> No work has been done on this goal. Might be an obsolete goal.
<b>Leverage funding streams for Providers in order to offer enhanced supportive services</b>	Support homeless services agencies in accessing Medi-Cal funds for supportive services for homeless clients.	Continuum, HomeBase	2012: Compile a list of organizations for potential implementation  2013: Assist 50% of those agencies to utilize this revenue opportunity	Sept 2012  Dec 2013	<b>No Action Taken.</b> There is some new legislation in California that makes MediCal funding more realistic for homeless services.



Goal	Action	Partners	Measurables	Timeline	Status
<b>Improve SSI/SSDI benefit awards for the homeless benefit awards for the homeless</b>	Enhance access to SSI/SSDI benefits by implementing the national SOAR model to increase approval rates for homeless people.	Kings County Behavioral Health, Human Services, Tulare County HHSA	Increase access to SSI/SSDI benefits for clients at entry vs. exit by 20% for programs participating in HMIS	Dec 2013	<p><b>Progress Made.</b> Each HUD/ESG funded agency is mandated to take a SOAR training annually.</p> <p>HUD measures have changed and do not track this separately on a system-wide level. We can track non-employment cash income for leavers. This has remained steady at 11% for both FY13/14 and FY16/17.</p> <p>We should consider revising/updating this goal to reflect new HUD standards.</p>
<b>Improve income and non-cash benefits for the homeless</b>	Work with Providers to utilize the Self Sufficiency Calculator and evaluate every client for enrollment in mainstream benefits programs.	Kings United Way, United Way of Tulare County	Increase sources of income and benefits for clients at entry vs. exit by 30% for programs participating in HMIS	Dec 2013	<p><b>Progress Made.</b> The community no longer uses the Self Sufficiency Calculator. HUD measures have changed. We can track earned income and non-employment income (total income) for leavers. The system performance was 37% of leavers increased their total income in FY 13/14 vs. 25% increase in FY 16/17.</p> <p>We should consider revising/updating this goal to reflect new HUD standards.</p>

**Table 2.3: Designate preventing and ending homelessness as a joint mission of all relevant County and City agencies.**

Goal	Action	Partners	Measurables	Timeline	Status
<b>Garner support of Plan by all Jurisdictions within the two counties</b>	Seek formal adoption of <i>Connecting the Dots</i> by the two Counties and five largest cities; Engage mayors/elected officials to support and advocate for the 10-Year Plan	Continuum, Target Jurisdictions	Adoption by two counties and 5 cities with largest homeless population	Dec 2011	<b>Completed.</b> Adopted by Hanford, Tulare, Porterville, Visalia, Kings County and Tulare County.
	Seek adoption of <i>Connecting the Dots</i> by other cities including, but not limited to: Dinuba, Farmersville, Lindsay, Woodlake, Avenal	Continuum	2012: Adoption by at least four of the other smaller cities in the Continuum	Jun 2012	<b>No Action Taken.</b>
<b>Maintain ongoing Jurisdictional Support of Plan</b>	Report homelessness outcomes annually to mayors/elected officials to demonstrate the progress and cost savings of the plan; work with jurisdictions on an ongoing basis to include the priority of ending homelessness into local planning documents.	Continuum	2012: Annual presentations to the two counties and at least 3-5 cities  2013: Reducing/Ending Homeless included as a goal in the Consolidated Plans of each jurisdiction	Ongoing; evaluate annually  Dec 2013	<b>No Action Taken.</b>  <b>Completed.</b> Achieved. Con Plans of Hanford, Tulare, Porterville and Visalia have reducing homelessness in their plan.

Goal	Action	Partners	Measurable	Timeline	Status
<p><b>Collaborate with Homeless Liaisons within each Jurisdiction on a regular basis to work toward ending homelessness</b></p>	<p>Establish K/T Homeless Roundtable that meets quarterly to discuss local homeless issues, referral opportunities, programmatic updates, challenges, best practices, and outreach opportunities.</p>	<p>Continuum, Tulare County HHSA, Kings County Behavioral Health, Jurisdictional Homeless Liaisons, Mainstream Programs, County Service Providers</p>	<p>Hold quarterly K/T Homeless Roundtable meetings</p>	<p>Ongoing; evaluate annually</p>	<p><b>Progress Made.</b>            This has happened in Visalia with the Visalia Homeless Collaborative, which has now morphed into the Visalia Homeless Solutions Group. No other city/county participates in roundtable meetings.</p> <p>The Tulare County Homeless Task Force meets on a monthly basis to discuss homeless issues and implement solutions.</p>

**Table 2.4: Facilitate access to living wage employment by expanding access to employment assistance services and job training opportunities**

Goal	Action	Partners	Measurables	Timeline	Status
<b>Improve access to employment services for the homeless</b>	Enhance linkages between employment programs and the overall service system in order to increase homeless people's access to the services they need in order to achieve success at employment.	Continuum, Tulare County WIB, Kings County Job Training Office	Client's with employment at exit to be at least 25% for TH/PSH programs participating in HMIS	Dec 2012	<b>No Action Taken.</b> While the action to this goal was not achieved, the outcome was achieved in FY13/14 with employment at exit at 27%. The percentage dropped to 17% in FY15/16.
<b>Create low-barrier employment opportunities for the homeless</b>	Create a day laborer network to connect employers and those looking for day labor work.	CSET, Tulare County WIB, Proteus	2012: Research existing programs and establish partnerships for the development of a day labor program  2014: Implement day labor program	Jun 2012  Jun 2014	<b>No Action Taken.</b> No action taken on this goal.  <b>No Action Taken.</b> No action taken on this goal.
	Post "Day Jobs" for the homeless on the 2-1-1 website	Kings United Way, United Way of Tulare County, Kings County Job Training Office, Tulare County WIB	2012: Establish partnership for agency to provide available jobs to 2- 1-1 staff  2014: "Go Live" with day jobs on 2-1-1 website	Jun 2012  Mar 2014	<b>No Action Taken.</b> No action taken on this goal.

**Table 3.1: Improve early identification and intervention efforts by mainstream health and social service agencies; enhance outreach and access to services for those already homeless**

Goal	Action	Partners	Measurables	Timeline	Status
<b>Increase early identification and intervention of homelessness by health, education and social service agencies</b>	Encourage all public, non-profit and faith-based health and social service providers to assess clients for risk of homelessness.	Continuum, County Agencies, Providers, McKinney-Vento Homeless School Liaisons	Develop and distribute a “best practices” manual, including resource materials and standardized intake forms	Jun 2013	<b>Completed.</b> Achieved through the Coordinated Entry System and Written Standards.
	Train staff, including school district homeless liaisons to identify homelessness risk factors and conduct referrals to appropriate community resources.	Continuum, County Agencies, Providers, McKinney-Vento Homeless School Liaisons	Utilize the K/T Homeless Roundtable meetings as a forum to update agencies on referral opportunities, program updates, and best practices	Mar 2013	<b>Progress Made.</b> Meetings are held monthly to discuss referrals, program issues, best practices, etc.
<b>Leverage 2-1-1 as a tool for homelessness prevention</b>	Increase awareness and utilization of 2-1-1 as a resource that people can access for information and referrals for assistance	Kings United Way, United Way of Tulare County	2011: Ensure 2-1-1 information is available at places frequented by the homeless.  2012 – 2021: Increase calls into 2-1-1 by 10% annually	Dec 2011  Ongoing; evaluate annually	<b>Progress Made.</b> Ongoing. From 2012 to 2016, the average growth of calls has been 6% per year. In comparing 2012 to 2016, the actual increase has been 24%.

<b>Goal</b>	<b>Action</b>	<b>Partners</b>	<b>Measurables</b>	<b>Timeline</b>	<b>Status</b>
<b>Facilitate homeless prevention outreach efforts</b>	Attach flyers about prevention and homelessness assistance to eviction notices; distribute flyers in places frequented by those at-risk of homelessness.	Continuum, Tulare County Housing Authority, Kings County Housing Authority	Generate a packet of materials on housing options, tenant rights, and legal services	Ongoing; evaluate annually	<b>No Action Taken.</b>
	Offer Project Homeless Connect annually and increase the frequency as applicable to each venue.	Continuum	Increase the percentage of homeless PHC attendees relative to the homeless population	Ongoing; evaluate annually	<b>Achieved/Ongoing.</b>

**Table 3.2: Decrease discharges into homelessness from all publicly funded institutions such as hospitals, treatment facilities, prisons and jails, and the foster care system**

Goal	Action	Partners	Measurables	Timeline	Status
<p><b>Prevent institutional discharges into homelessness</b></p>	<p>Conduct comprehensive, housing focused discharge planning for:</p> <ul style="list-style-type: none"> <li>▪ people being released from jails and prisons;</li> <li>▪ youth exiting the foster care system, with a strong focus on housing, employment and life skills, and ensuring that youth are linked with any benefits for which they are eligible; and</li> <li>▪ people exiting hospitals, mental health facilities and residential substance abuse treatment programs.</li> </ul>	<p>Continuum, Tulare County HHSA, Kings County Behavioral Health and Human Services, Correctional Facilities</p>	<p>Compile updated discharge plan(s) for:</p> <ol style="list-style-type: none"> <li>1) Foster Care</li> <li>2) Jails and Prisons</li> <li>3) Mental Health</li> <li>4) Hospitals</li> </ol>	<p>Dec 2013</p>	<p><b>No Action Taken.</b> There has been an increase in collaboration, but no work on updating discharge plans.</p>

Goal	Action	Partners	Measurables	Timeline	Status
	Identify mechanisms to improve integration of housing in discharge plans	Continuum, Tulare County HHS, Kings County Behavioral Health and Human Services, Correctional Facilities	Host quarterly K/T Homeless Roundtable meetings as a forum for agencies charged with discharge planning to collaborate and integrate services	Ongoing; evaluate annually	No Action Taken.