PLAN TO SERVE INDIVIDUALS AND FAMILIES EXPERIENCING UNSHELTERED HOMELESSNESS WITH SEVERE SERVICE NEEDS

Introduction

An Overview of Palm Beach County:

To develop a plan to address the needs of people experiencing unsheltered homeless, it is important to first understand the environment in which they live.

Located on the eastern coast of South Florida, Palm Beach County is the largest county in the state, covering 2,578 square miles, including 45 miles of Atlantic shoreline. The current population is approximately 1.49 million. While the eastern part of the county is a thriving urban area, the central and western areas are more suburban and rural.

Palm Beach County's population is diverse: African-American and Hispanic/Latino populations are significant – 20.1% and 23.9%, respectively (U.S. Census Bureau 2021). The County's foreign-born population is estimated at 25.5%, much higher than the national average of 12.5%, (U.S. Census Bureau 2021). The permanent elder population is consistent with other South Florida communities. 24.5% of the County's residents are over the age of 65, nearly twice the national average (U.S. Census Bureau 2021).

Lack of affordable housing is a major cause of homelessness in Palm Beach County. In October 2021 the average rent on a one bedroom apartment rose by 36.7% over the previous year. Situations in which renters are faced with a 20% or 30% increase when it is time to renew their lease is increasingly common.

The 2022 PIT Count of Individuals and Families Experiencing Homelessness revealed that while homelessness overall stayed relatively stable, the number of familes experiencing homelessness rose by over 9%, between 2020 and 2022 counts. The number of seniors saw an increase of 13% between 2020 and 2022. This is particularly concerning as the number of seniors experiencing homelessness has risen by 65% since 2017. Although the County's African-American population is 18.7%, African-Americans make up 54% of the homeless population.

A second major driver of homelessness is poverty. Homelessness and poverty are inextricably linked. As housing, fuel and food costs have continued to rise, the incomes of those most impacted have remained relatively stable. Livable wage jobs have become more difficult to secure as working families struggle to achieve and maintain housing stability. Contributing significantly to the issue of poverty in Florida is the fact that its economy is driven by tourism, an industry that has both the highest concentration of low-paying jobs and the lowest concentration of high-paying jobs. More than 40,000 individuals work in tourism-related businesses – hotels, restaurants, stores and transportation services – in Palm Beach County.

This plan builds on the information collected in the Point In Time Count as well as in working groups of people experiencing homelessness, local government, providers of services to people experiencing homelessness, health care providers, housing authorities, law enforcement, domestic abuse shelters, veteran's services, education, first responders, public transportation, the justice system, faith-based entities and many others.

The Homeless and Housing Alliance (HHA) is the Continuum of Care (CoC) for Palm Beach County and the terms are used interchangeably in this document.

P-1 Leveraging Housing Resources

a. **Development of new units and creation of housing opportunities – Leveraging Housing**

   Please see attached Letters of Commitment

b. **Development of New Units and Creation of Housing Opportunities**

   Please see attached PHA Commitment Letters

c. **Landlord Recruitment**

   3. PBC's CoC's strategy for landlord recruitment and securing units is a critical component of the service delivery system. CoC has implemented a Support Marketing Assistance Rent Tenant (SMART) Landlord Campaign which focuses on landlord recruitment and retention, which is housed in the Collaborative Applicant's office, fostering collaboration, and providing incentives. Housing Specialists (some who are also Realtors) are hired to identify available units, build lasting relationships with landlords, assist with vendor registration for payment purposes, and identify potential properties or land that may be used to rehab or build additional housing units. Housing Specialists target the whole county in their efforts. CoC hosts meetings throughout the year to engage with landlords for the purpose of discussing concerns, areas that can be improved, and successes. CoC has worked to maintain housing inventory list in the HMIS system. Case Managers are able to identify available units based on size, cost and geographic location from the HMIS system in real time. It has become extremely difficult to secure additional units as a result of significantly increased housing costs and higher demand on units.

   4. The process described above is a new practice implemented in the last three years. Lessons learned include the critical need to have information available to case managers in real time. Before implementing that, units were frequently rented before the information could be communicated to case managers.

   5. Housing Specialists provide monthly reports. Reports include; number of landlords that have either been added or are no longer working with the CoC, how many units have been added to the inventory, and geographic area of the landlords and units. Data and landlord feedback inform the CoC's recruitment strategy.

P-2 Leveraging Healthcare Resources

Please see attached Health Care Leveraging Commitment

P-3 Current Strategy to Identify, Shelter and House Individuals and Families Experiencing Unsheltered Homelessness

P-3a   **Current Street Outreach Strategy**

1. The HHA has seven agencies that perform street outreach in Palm Beach County. They are strategically coordinated and assigned to service areas that cover all of PBC, including thirty-nine municipalities and the unincorporated area, to identify individuals experiencing homelessness. They each have agreed upon coverage areas and coordinate with each other in a weekly meeting, as well as throughout the week as necessary.

2. The HHA conducts outreach five days per week, with varying shifts, including early morning and late evening hours to accommodate the community, and maintains flexibility when handling emergencies.

3. All teams triage consistently utilizing the VI-SPDAT, and all individuals assessed are placed on the HHA acuity list for service. By definition, those who are unsheltered have the highest priority. A scoring matrix is used to determine the chronicity, severity, and other factors that assist in appropriate placement of individuals assessed. Depending on the individual or families' needs, the first priority may be emergency shelter or transitional housing, or it may be moving directly to permanent housing. There is no requirement that the individual or family access temporary shelter before being considered for permanent housing.

4. It is estimated that up to 25% of outreach staff have lived experience, enabling them to create a bond with those experiencing unsheltered homelessness. Outreach staff are culturally diverse, representing Black, Latino, Creole, LGBTQ+ and other cultures. The HHA has tailored its street outreach to target multiple at-risk, and vulnerable populations. Street outreach prioritizes LGBTQ+, mentally ill, youth, and families, veterans and seniors. The HHA has added additional outreach teams consisting of peer specialists targeting individuals that are least likely to seek assistance and more difficult to engage. These populations include severely mentally ill, substance users, and the chronically homeless that have declined to engage with the homeless service system. The HHA has a PATH team specifically to engage individuals with severe mental health issues. Outreach teams are proficient in several languages and assist individuals in navigating the social service systems within the HHA geographic area.

5. The Outreach Counselors, attend a three-time per week case conference where individuals and families with the highest vulnerability are referred to permanent housing providers. The Outreach Counselors provide advocacy for those they refer as well as assistance in locating the person or family that has been referred, and making contact with them to assure that they have successfully transitioned to the permanent housing persons and families are referred to Rapid Rehousing programs, as well as Permanent Supportive Housing if they have greater needs for support.

6. Many outreach staff have lived experience, enabling them to create a bond with those experiencing unsheltered homelessness. Peer training by a certified trainer is available to these staff to strengthen their outreach skills and knowledge. We are constantly seeking individuals with lived experience to fill staff vacancies when they occur.

P-3.b. Current Strategy to Provide Immediate Access to Low Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness

1. Whether individuals and families are identified in street outreach, by calling the Homeless Resource Center or by other community partners, they will be talking with a person (Outreach Specialist or Navigation Specialist) who will determine what their current needs and preferences are. Additionally, the HRC can dispatch outreach teams from the Call Center based on location. Those who are unsheltered are always given priority. They will be given the VI-SPDAT which is used to determine acuity level, based on their current situation. The CoC has three shelters in Palm Beach County and has broken ground on a fourth, in order to increase availability of immediate bed space. Additionally the HHA partners with other providers of emergency shelter and transitional housing via the Case Conferencing held three times per week. All shelters are low barrier, providing space for individuals, couples, children and those with pets.

2. In addition to the congregate shelters, the COC and its partners make use of hotels and motels as needed for temporary accommodations for individuals and families. Transitional housing is available for youth.

3. New practices have included expanding the number of times case conferences (referrals) are held to three times per week, and including outreach workers in the conferences. Implementing immediate access to a navigator at the Homeless Resource Call Center for those who are unsheltered homeless, has proven to be a much more effective way of providing access to services. We have also set up the geographic areas for outreach workers to make the best use of their time. Partnerships with law enforcement have been established to maximize efforts to locate and engage unsheltered individuals and families. Lessons learned have been that assigning geographic areas to the outreach workers makes much more efficient use of their time, and avoids confusion for people being contacted. The biggest change in the system has been engaging law enforcement, which has resulted in a change in focus for them from a law enforcement mentality to a mentality of helping homeless persons to stay safe, find shelter, and obtain clothing and assistance with IDs and Drivers Licenses.

P-3.c Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness.

1. Describe how the Coc's current strategy utilizes a housing first approach

   a. The CoC is committed to ensuring that all homeless services are carried out exercising Housing First strategies. The COC operates low-barrier housing including emergency shelter, transitional housing, permanent supportive housing and rapid rehousing, and regularly evaluates processes and procedures to ensure barriers that limit or prevent

services are removed quickly. Program accessibility is not dependent on sobriety, income, criminal history, participation and or completion of treatment, or any other unnecessary conditions which translate into barriers. Case managers and outreach staff meet three times per week and conduct case conferencing with housing providers to review acuity lists and prioritize housing placements. Persons with disabilities are offered necessary accommodations during the screening process, and temporary and permanent housing placements. All housing placements are made using the Acuity List.

Permanent Housing is the primary focus of all of the HHA efforts. Service participation nor any preconditions are required from the participants before placement. HHA emphasizes and conducts its services in a manner that values flexibility, provides individualized wrap-around services, and promotes client choice and autonomy. From the time a family or individual enters a shelter or permanent housing, a housing plan is developed with the person to attain and maintain permanent housing. This includes looking at their strengths as well as challenges, whether obtaining or increasing employment is an option, accessing benefits and connecting with community resources such as childcare, health care or other services needed to maintain housing. There is no requirement that the individual or family have any level of income or agree to participate in any other service.

If at all possible, individuals and families are moved into permanent housing immediately. This is hampered by the fact that there is a very serious lack of affordable housing in Palm Beach County. The HHA formed a team of staff to locate and persuade landlords and other housing owners to make their properties available for rent through the HHA and its partners. The Smart Landlord Campaign, which won a NaCo Achievement Award, was developed. It is advertised in the County's Vendor System, as well as on other the PBC websites. When properties are located, they are entered into a data system which is part of the HMIS system and is accessible, in real time, to case managers and housing specialists.

The CoC conducts training that includes Housing First, Trauma-Informed Care, Critical Time Intervention, Motivational Interviewing, Harm Reduction, Diversion, and other training that provides workers the necessary skills to work with a very vulnerable population. The HHA's lead agency provides ongoing program monitoring and support to ensure fidelity to Housing First practices.

Continuous efforts and training with mainstream systems ensure HHA educates the community on a Housing First approach, philosophy, and practices.

b. **How the strategy is connected to the permanent housing resources identified in the CoC's response to Leveraging Housing Resources.**

PBC has seven Public Housing Authorities (PHA). The two largest, West Palm Beach and PBC PHA's, have a total of 6,500 units. The HHA partners and

collaborates with all of the PHA's but specifically the two largest. Since the approval of the PBC Ten Year Plan to End Homelessness in 2008, the HHA continues to meet with each of the PHA's to encourage adding a Homeless Preference to their charters and policies. The partnership has successfully applied for the HUD Family Unification Vouchers and Emergency Housing Vouchers. (EHV). The HHA has partnered with the Palm Beach County Housing Authority, on an upcoming NOFO for additional stability vouchers from HUD under the Consolidated Appropriations Act. In the past, the HHA has also partnered with the West Palm Beach Housing Authority and the Delray Beach Housing Authority on joint applications.

Since 2019 the CoC has partnered with the Palm Beach County Housing Authority, the West Palm Beach Housing Authority, the Delray Beach Housing Authority and the Pahokee Housing Authority, to distribute Section 8, Move Along and Family Reunification vouchers through referrals to the CoC coordinated entry process. This has allowed homeless residents to avail themselves of permanent housing and has enabled those in Permanent Supported Housing who no longer need intensive services to move into other permanent housing, opening up slots for people who do need them. Pahokee Housing Authority coordinated all of their vouchers with the CoC with 100% of the vouchers going to unsheltered homeless who were disabled and over 60 years of age.

2. **Demonstrate how the CoC's current strategy performs at providing low barrier and culturally appropriate access to permanent housing to individuals and families who have histories of unsheltered homelessness**

The CoC gives highest priority to those who are unsheltered in access to both temporary and permanent housing. Through the triage system (VI-SPDAT), a higher score is awarded to those who are chronically homeless. Housing specialists and case managers are of diverse cultural backgrounds and work with each person or family to determine the type of housing, location, accessibility, cost and other factors that are important to them. This is part of the housing plan, which is under development from the time the person of family enters any program and includes assistance in increasing work hours or wages as well as well as applying for assistance for which the person might qualify. Each plan is developed individually with the person to assure that it is low barrier for that individual or family specifically. For those who have histories of unsheltered homelessness, the case manager seeks to determine with the individual what the causes of the unsheltered homelessness might be and helps them to determine a plan that best meets their needs in overcoming these barriers. Housing specialists seek to find housing that will meet the needs and preferences of the individual or family. In some cases, shared housing may meet the needs due to the affordability of the model and the desire to maintain the feeling of comradery experienced while unsheltered.

3. **Provide the evidence that supports the use of the CoC's current strategy**

The present strategy assures that those who are most vulnerable (i.e. living unsheltered and having severe service needs) are served first. Limited funding makes it necessary to triage. However, in the last 12 months, the HHA provided service to 24,430 people, of which 10,442 entered into permanent housing. Of those who exited the programs 66% exited to permanent housing. The vast majority of these were unsheltered at the point they entered into the coordinated entry process. The HHA remains focused on the goal of ending homelessness in Palm Beach County and will continue to refine its strategies to accomplish this.

4. **Identify new practices the CoC has implemented across its geographic area in the past three years and lessons learned.**

New strategies have included forming teams of housing specialists both within the Collaborative Entity and among the partner agencies. As previously mentioned Palm Beach County has experienced an average of 36.7% increase in rental prices, one of the highest in the nation. The average cost of a rental according to Redfin is $2,891. This has priced apartments out of reach of many people, even those who are working full time. Landlords have such a choice of renters that they are reluctant to take chances on people who are may not have good credit or may have experienced evictions. This has made it critical to seek out and keep ongoing relationships with landlords and have an ability to respond quickly when rentals become available. Other strategies have included becoming more precise in developing strategies with each person to enable their income, whether earned or unearned to increase to the point where they can stay housed, including assisting them to gain employment, increase hours or wages, apply for benefits or rental and utility assistance. It has also required increasing coordination with housing authorities to assure that individuals experiencing homelessness are prioritized for housing vouchers. Implementation of a Call Center for all homeless callers and residents who want to report a homeless person, and a dispatch service that sends outreach teams to the immediate location of the homeless person, have been major new practices, and shows great promise in getting help to the person quickly.

P-4. Updating the CoC's Strategy to Identify, Shelter, and House Individuals Experiencing Unsheltered Homelessness with Data and Performance.

1. **For Street Outreach**
    a. One of the projects proposed in this grant application is HMIS enhancement, which will increase our ability to analyze and utilize data to look at outcomes, service provided and whether there are disparities in these factors, whether racial or otherwise. We will also analyze and utilize this data to inform policy makers and management on the success or challenges faced by the methods used to perform street outreach. These will include looking at how we assign teams to various locations, and the types of needs callers to the Homeless Resource Center are presenting with. It will also allow us to further analyze the results of the PIT count to identify areas that may need more efforts in outreach.

b. Data is collected on all interactions with people experiencing homelessness encountered during Street Outreach as long as they are willing to allow the data to be stored in HMIS. If they are interested in shelter and/or permanent housing, they are assessed by the outreach worker using the VI-SPDAT, and then added to the Acuity List, from which they are connected to Coordinated Entry.

c. Recently the CoC has been working on incorporating law enforcement into street outreach by connecting them to the street outreach workers that work in their precinct or area. We have seen interest and willingness to coordinate their work with providing services to people who are unsheltered homeless. Many have expressed the sentiment that they are glad to be able to do something for the homeless people they encounter. In the coming months we will continue working on a project to provide hospital respite to individuals who are released from the hospital but are still fragile enough to need ongoing care and a safe place to live. This has been a dream for many years, but one we hope will come to fruition in the near future.

2. **For low-barrier shelter and temporary accommodations**
   a. Data will be used to analyze the outcomes for people who are sheltered or provided other temporary accommodations. This will include how many return to homelessness, the number that enter permanent housing and any disparities between these numbers. This will allow us to identify and address barriers that may be unintentionally impacting the way shelter is delivered. If outcomes from one shelter are better than another it will allow this to be analyzed. It will also help to examine the way coordinated entry works to assure that people are being able to enter shelter as quickly as possible without system delays.

   b. Utilizing data, performance and best practices to expand low barrier shelter, and where that shelter needs to be located is a high priority for the CoC as well as the many member agencies. In the last year the CoC has added shelters in the western part of Palm Beach County, an area that is very rural as compared to the very urban eastern side. Another shelter is also in progress on the eastern side of the county. We will use data and outcomes to analyze the performance of these shelters, and what practices could be used to improve outcomes and access for those in need.

3. **For Permanent Housing**
   a. As previously mentioned, the expansion of HMIS personnel to enable better and deeper analysis is critical to evaluation of the efforts in all areas of the Continuum of Care, especially permanent housing, including rapid rehousing and permanent supportive housing. The CoC will continue to research and evaluate best practices utilized in other areas, particularly in the area of increasing affordable housing. Data and performance analysis as well as the study of best practices will be used to determine the effectiveness of various programs in the community based on the outcomes for people entering Rapid Rehousing, Permanent Supported Housing and Services Only which will enable the most effective strategies to be utilized in other efforts. The CoC gives first priority to those who are homeless and unsheltered. Data analysis will be used to determine how quickly people who are unsheltered are able to move to permanent housing and identify and address barriers that may be slowing this movement.

b. Data, performance and best practices will be used to expand the CoC's ability to rapidly and permanently house individuals with a history of unsheltered homelessness. One of the other projects proposed in this application will increase street engagement and outreach and services on the street, as well as referral to shelter. This would enable unsheltered individuals to receive, outreach, assessment, coordinated entry referral, and housing placement assistance as well as support services including food, clothing, hygiene kits, bus passes, and referral to health care, employment assistance and other mainstream resources and benefits, thus expanding the CoC's ability to rapidly and permanently house people with histories of unsheltered homelessness .

P-5 Identify and Prioritize Households Experiencing or With Histories of Unsheltered Homelessness

1. **CoC's Strategy for Ensuring that Resources Provided Under this Special NOFO will Reduce Unsheltered Homelessness**

   Four projects are proposed for funding under this Special NOFO. The first will provide Rapid Rehousing to unsheltered individuals living with HIV. In addition to case management, assistance accessing benefits and employment opportunities, and utility and rental assistance, it will provide comprehensive medical care to all participants. This will enable those individuals to obtain permanent housing and will also help them to keep that housing by managing their medical needs without cost and without the need to utilize emergency services for basic medical care. Through street outreach the project has identified 114 people who unsheltered and homeless and living with HIV. The second project will provide Rapid Rehousing and wrap around services to victims of domestic violence and their families. Due to trauma and victimization, these domestic abuse victims are at a higher risk for continued or repeated homelessness. The program will use best practices by providing wrap around services, including psychological care as well as help finding and renting a house where they are safe from their abuser and providing up to 24 months of rental assistance and one-time utility assistance. The third program will provide enhanced street outreach to assure that unsheltered individuals and families are quickly identified and referred to Coordinated Entry, assistance obtaining housing as well as immediate assistance by referral to shelter and meeting needs such as food, clothing and referral to medical and mental health care. The fourth project is the HMIS expansion which will enable evaluation and analysis of current practices.

2. **How Your CoC Will Adopt Program Eligibility Processes That Reduce Unsheltered Homelessness And Coordinated Entry Processes That Reduce Unsheltered Homelessness**
   a. The CoC currently gives highest priority to people who are unsheltered. Within that group, the use of the VI-SPDAT for assessment of acuity further prioritizes individuals and families who have histories of unsheltered homelessness, or chronic homelessness. Outreach workers work to engage the person and earn trust. Because the outreach workers are aware of the individual or family's situation they can provide documentation of homelessness, further shortening the eligibility process.

b. The coordinated entry process will (and currently does) reduce unsheltered homelessness by enabling outreach workers to assess and place people on the acuity list at the time they are engaged. If the individual or family contacts the Homeless Resource Center (HRC) or the Homeless Hotline or the Call Center), the same assessment and placement on the list are performed. The process for referral to services takes place in case conferences held three times per week, to quickly move individuals and families off the acuity list and into referral to shelter or permanent housing services. Using data regarding outcomes will allow further assessment of the process by analyzing the time between engagement and housing and identifying any disparate outcomes.

3. **How your CoC will use street outreach to connect with those living in unsheltered situations with housing resources**

   Outreach workers are able to engage and earn the trust of people experiencing homelessness, do assessment on the street and place people on the acuity list so that they can be linked to housing providers that have availability for assistance. Additionally, the ability to dispatch an outreach team to the homeless person's location from the HRC, the Homeless Hotline or the Call Center assures that the person will receive assistance as quickly as possible. Law enforcement can also use this resource. The HHA will also be using technology to make connection to housing resources more effective. Availability of housing resources will be tracked through HMIS (ClientTrack) to make sure they are being used as efficiently as possible. GIS will soon be used to plot encampments to dispatch outreach workers, but also to gain information to analyze where additional resources will be needed.

4. **Additional steps your CoC is taking to ensure that people who are unsheltered or have histories of unsheltered homelessness can access housing and other resources in the community including increase access to identification, provide housing navigations services; and provide access to health care and other resources**
   a. Outreach on a five day per week basis at various times of the day and evening enable the identification of those who are unsheltered. Outreach workers engage the person in conversation to determine their desires and immediate needs. Identification of people who are in danger of homelessness is generally made though the Homeless Resource Center. Individuals and families who call and indicate that they are in danger of homelessness will be referred to prevention navigators, who will first attempt to intervene before homelessness occurs by providing access to rental assistance, utility assistance or other measures needed to assist the person to remain housed. If this is not possible, the person will be referred to shelter and assistance finding permanent housing through Coordinated Entry.
   b. Additional steps that have been taken include making sure that a person experiencing unsheltered homeless can immediately speak with a homeless or prevention navigator who will help them with both immediate needs as well as doing an assessment to put them on the acuity list for referral to permanent housing.

c. Outreach workers engage people experiencing unsheltered homelessness, developing a trusting and respectful relationship in which obtaining medical care and other supportive services can be discussed and encouraged. The CoC coordinates with health care providers, such as the Health Care District of Palm Beach County (HCDPBC) and the South East Florida Behavioral Health Network (SEFBHN) to offer health care from the street. The Health Care District has developed a mobile medicine model that incorporates the use of three mobile medical buses, registered nurses, doctors, mental health professionals and other specialists as required. Mobile medicine allows the treatment to come to the homeless, which is especially important for those homeless with severe needs. The Health Care District also provides medical care at several locations throughout Palm Beach County; has pharmacies that can dispense in the field and in the offices; and has opened the first addiction-receiving unit at a local private hospital. The multiple outreach teams work directly with the Health Care District to ensure that a smooth transition to care in established. SEFBHN develops, supports and manages an integrated network of behavioral health services to promote the emotional well-being and drug-free living of children and adults especially those experiencing unsheltered homelessness. Their network includes two mobile Response Teams providing crisis services and linkage to community resources. They operate 24/7 and can respond throughout the County. The HHA's multiple outreach teams work directly with the Health Care District and SEFBHN's providers to ensure that a smooth transition to care in established.

Health care is especially important to people living with HIV in an unsheltered situation since lack of medication and medical care can have devastating effects. Providing housing and health care is one of the projects included in this application. Dr. Casey Messer, who is a widely published and recognized expert on HIV care will be overseeing this project.

The HHA is also working with area hospitals to expand a homeless respite program for homeless people who are being discharged from area hospitals. These individuals are not in need of further hospital care but are too medically fragile to return to living on the streets. One respite centers, operated by the Salvation Army is already open. A second one, funded by Congressional allocation and the Health Care District, will soon be onsite in one of the current homeless shelters. Local hospitals are being encouraged to provide data that would enable determining the number of beds and the type of medical oversight that would be needed.

Outreach workers receive training in community resources including health care service and can assist people experiencing unsheltered homelessness to access such services. For example, a mobile map is available to them regarding all food pantries in the area. The HHA's Services and Supports Committee is working to expand a mobile shower and laundry service for homeless use. One currently exists and expansion would allow for more geographic coverage.

P-6 Involving Individuals with Lived Experience of Homelessness in Decision Making - Meaningful Outreach

The Meaningful Outreach Efforts to Engage Those with Lived Homeless Experience to Develop a Work Group

The CoC has a long history of involving individuals with lived experience in decision making, and service delivery. The CoC chair is an individual with lived experience as are at least two other members of the Governance Board, and others in the general membership. Provider agencies have many individuals with lived experience involved in outreach, case management and other aspects of service provision. On August 26, 2022, the HHA held an all-day Unsheltered Housing Summit, which was attended by people experiencing homelessness, local government, and providers of services to people experiencing homelessness, health care providers, housing authorities, law enforcement, domestic abuse shelters, veteran's services, education, first responders, public transportation, the justice system, faith-based entities and many others. Invitations were issued via PBC Public Notice, emails to local entities interested in ending homelessness inviting them and asking them to invite individuals with lived experience, outreach workers, posters, announcements in the shelters, and word of mouth.

Altogether 181 people attended, including 54 persons who were currently homeless. The summit produced an enormous amount of information, regarding issues of concern as well as suggestions and ideas for system improvement. Participants voted on issues identified. The top five issues identified were:

1. Affordable Housing
2. Access to Medical Care
3. Access to Behavioral Health Care
4. Rent Increasing – resulting in evictions when tenant cannot pay
5. Need for Immediate Housing Placement from the Street

Other issues raised included the need for single person housing, sober housing collectives, the constant state of uncertainty experienced by people who are homelessness, housing discrimination, the negative impact on credit scores caused by landlords checking them, even when the person did not end up getting the rental, impact of negative credit scores and legal issues on ability to rent, and the need for longer follow up after the person acquires permanent housing.

Building on this, a Lived Experience group of individuals and family members who were or had been unsheltered and homeless was formed to discuss and work on development of the Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs. The work group met for the first time on September 15, facilitated by two individuals with lived experience. Issues and suggestions put forth included:

Affordable place to stay

- Camp ground
- Emergency Shelters

- Day and Night Shelters
- Place to put up tents
- Rehab existing buildings
- Master lease by held by an organization for 3-5 years
- Place people in Rapid Rehousing out of County where rents are lower
- Wages are not enough to afford rent
- Letting people rehab their own homes

Medical Care

- Lack of physicians that take insurance
- Medical respite
- Street medicine

Mental Health Services

- Needs to be free of charge
- A way to keep medicine secure

Access to Information

- Services available
- How to access them
- Brochures or posters in bus stations, parks, busses, etc.

Basic Needs

- More Homeless Connect Events
- Access to showers and laundry facilities

Prioritizing

- Assessment Instrument penalizes people who don't meet the stereotype of a homeless person

Transportation

- Can't afford transportation to get to work or for self-employment
- Palm Tran Connection vouchers to get to services

Employment

- Need meaningful work
- Parks to Work

Rental / Income Issues

- Social Security payments have not kept up with cost of living
- Landlords do not like to take third party payment

All attending indicated interest in being part of an ongoing working group. It was agreed that the Plan would be developed based on the information received and the group would reconvene to for discussion and vetting of the plan, and if in agreement, approve the plan. The group met again on October 14th for a review of the application, and signed the Lived Experience Support Letter.

3. **How individuals and families experiencing homelessness, particularly those who have experienced unsheltered homelessness, are meaningfully and intentionally integrated into the CoC decision-making structure**

At least three people on the CoC including the Chair have lived experience of unsheltered homelessness. All of these people are voting members. Two of these individuals are on the CoC's Governance Board. They are all involved in the approval of programs and services offered. There is also a Youth Action Board (YAB) made up of formerly or currently homeless members that provides input and advice to the CoC on issues related to Youth experiencing homelessness. The CoC regularly provides input on policy matters, via the Homeless Advisory Board (HAB), formed by the Palm Beach County Board of County Commissioners (BCC) to advise them on issues related to ending homelessness in Palm Beach County. Several members of the CoC also sit on the HAB. Members of the CoC attend BCC meetings to give input on policy issues. The CoC has an action plan to increase the number of seats held by people with lived experience. It is hoped that interested members of the workgroup would fill these seats. Additionally, the CoC will consider making the workgroup a standing committee.

4. **How the CoC encourages projects to involve individuals and families with lived experience of unsheltered homelessness in the delivery of services**

The CoC encourages providers of homeless services to hire individuals with lived experience for outreach, case management and housing development. Approximately 25% of outreach workers have lived experience, as well as a number of case managers. Agencies who are members of the HHA advertise openings through the HHA and members are encouraged to refer individuals with lived experience. Additionally, the Lord's Place, an HHA member has a certified trainer for peer mentors, and this training is available for people with lived experience to gain skills.

P-6 a. Involving Individuals with Lived of Homelessness in Decision Making-Letter of Support from Working Group Comprised of Individuals with Lived Experience of Homeless.

Please see Lived Experience Support Letter in the Attachment Screen

P-7 Supporting Underserved Communities and Supporting Equitable Community Development

1. **CoC current strategy to identify populations in the CoC's geographic area that have not been served by the homeless system at the same rate they are experiencing homelessness**

The current strategy is to analyze the data gathered by the Outreach Teams to identify the "hot" areas of the county that are not being served through outreach. The partnerships that have been

formed with multiple law enforcement agencies has proved fruitful in that the law enforcement outreach officers will meet with the outreach teams and report encampments, new hot spots, severe loitering, etc. In 2020 and 2022 PIT counts, a GIS system was used that allowed the CoC to see where major concentrations of the homeless as well as camps that have been established over the past 12 months that weren't previously identified. In 2022, a Homeless Call Center was established that allows individuals experiencing homelessness, providers, general public and faith based groups to call and identify the location of the homeless throughout the county. An outreach team is dispatched from one of the outreach agencies to the location to provide engagement and placement.

2. **Describe how underserved communities in the CoC's geographic area interact with the homeless system including a description of these populations.**
   Western Palm Beach County is predominantly agricultural, and rural. It includes the communities of South Bay, Belle Glade and Pahokee, each with between 5000 and 6000 residents. These areas are 50 miles or more from the very urban area on the east side of the County. The residents are predominantly African –American, with the populations of these three cities ranging between 63% and 56% African-American. Hispanic or Latino residents were the next most populous, making up about 33% of the population. Poverty levels in the area are in excess of 30%. Because of the distance, it is likely that many people who could have used homeless services could not avail themselves of them until the HHA's expansion into that area (See #3 below).

3. **Describe the CoC's current strategy to provide homeless outreach, engagement, and housing interventions to serve populations experiencing homelessness that have not previously served by the homeless system at the same rate they are experiencing homelessness.**

   The CoC has made a concentrated effort to provide additional services to the underserved areas of Western Palm Beach County, including the communities of South Bay, Belle Glade and Pahokee. In that last two years, facilities have been opened to provide shelter, supportive housing, assessment and case management. Additionally, the advent of the web-based system now provides access to preventative measures such as rental and utility assistance on line, and the Homeless Resource Center makes information available by telephone. Since the distance between these communities and services on the east coast can be 50 miles or more, this is a significant improvement. Almost all staff hired were from the area, making the delivery of services more culturally acceptable. The area is currently working on setting up an acuity list and formalizing its Coordinated Entry process. Going forward, the HHA will further assess the needs of these communities and determine what additional services need to be provided. These methods will include utilizing HMIS data, as well as focus groups in the area.