

HOME AT LAST!
KERN COUNTY'S PLAN TO END
HOMELESSNESS BY 2028

Prepared For

The Citizens of Kern County

By

United Way of Kern County

And

The Kern County Homeless Collaborative

May 2018

“It is my strong belief that every individual and family deserves safe, affordable housing. I know the caring and compassionate people of Bakersfield and Kern County share this goal. It can be achieved through proactive, coordinated action and investments in cost-effective initiatives that solve homelessness.

We have developed the plan. Now the real work begins. I am asking that you please join us now in ending homelessness in our community.”

Harvey Hall, 2008
Mayor of Bakersfield, 2000-2016

Dedicated to:

Harvey L. Hall, 1941-2018
Bakersfield Mayor, Businessman, Visionary Leader, Humanitarian, and Friend

Executive Summary

Home At Last!
Kern County’s Plan to End Homelessness by 2028

The Kern County Homeless Collaborative believes that homelessness is a solvable social problem and that through collaborative planning and action, we can eventually ensure that every individual and family has safe, affordable housing. Solving homelessness is the morally correct thing to do and will improve the life of the community. We look forward to the day when homelessness becomes a rare, brief and non-recurring event.

During the past decade, Kern County saw an overall decrease of almost 40% in its homeless population, despite challenges brought on by Great Recession of 2008-2010. This was in large part due to the work of the Kern County Homeless Collaborative (KCHC) and its partner agencies, guided by the 2008 *Home First! A Ten Year Plan to End Chronic Homelessness*, which was prepared at the request of then Bakersfield Mayor Harvey L. Hall.

In 2018, Kern County experienced a 9% annual increase in homelessness (from 810 to 855 people), including a 38% jump in the number of unsheltered people (from 269 to 370 people), as determined by the January 25th Point-in-Time (PIT) Count. Although of smaller proportions, this increase is consistent with a 13% rise in homelessness statewide, almost entirely attributable to a severe shortage of affordable housing. Locally, Kern County needs about 30,000 additional affordable housing units to meet the needs of its lower-income residents, according to a recent housing report.

Ultimately, ending homelessness will involve developing sufficient housing resources. *Home At Last! Kern County's Plan to End Homelessness by 2028*, which replaces the original 10-Year Plan, addresses this challenge by recommending an increase of more than 10,000 new affordable housing beds as one of its six major objectives. While continuing the Housing First approach that has proven so successful, the new plan expands its scope to ending homelessness for veterans, families with children, and unaccompanied youth, in addition to chronically homeless people.

A second major objective involves creation of a Coordinated Entry System (CES) to expedite housing and services for both at-risk and homeless people, and target resources to the most vulnerable among them, using the evidence-based VI-SPDAT assessment tool. The CES will provide more comprehensive data on the homeless population than the once yearly PIT Count, and allow real-time tracking of client services and outcomes.

Prevention is the most effective means of ending homelessness, and the CES will make it much easier for at-risk people to access assistance needed to keep their housing. Closer collaboration with law enforcement, managed health care providers, hospitals and the foster care system will allow earlier interventions to prevent institutional discharge into homelessness.

Other major objectives of the new plan involve:

- Improving the economic security, health and stability of homeless and at-risk people, by increasing, more closely coordinating, and enhancing homeless and mainstream

services, including benefits counseling, job training and referral, health coverage, mental health and substance use disorder treatment, childcare and other services needed to achieve housing stability and optimal functioning. A core component of this objective is to increase and enhance the quality of homeless case management services.

- Ensuring that the supply of emergency shelter and transitional housing beds is adequate to meet current and future demands for shelter while people await placement in housing, and to prevent the large-scale encampments and concentrations of unsheltered people occurring in other areas of California. Key factors will include extending shelter to homeless people outside of Bakersfield, and creating low-barrier shelter options for people unable to use existing congregate shelters.
- Broadening and strengthening community support for ending homelessness, by informing and engaging local decision makers in a discussion about the extent, impact of, solutions to, and progress in ending homelessness; and by continuing to keep the public apprised about homelessness and the very real opportunity to end it, through continued use of public service announcements, press and electronic media.

This objective will be supported by comprehensive reporting of client service data, including: use of the Built for Zero and Functional Zero methods to track performance in ending veteran's and chronic homelessness; expansion of the Homeless Management Information System (HMIS) to report the numbers and characteristics of people entering the CES; and compiling community-wide data from other agencies impacted by homelessness, including law enforcement, emergency care providers, and hospitals.

Home At Last was prepared with guidance from a 10-Year Plan Work Group, and input from the KCHC standing committees and member and partner agencies. Primary resource documents used in developing the plan were the federal 2009 HEARTH Act, and the USICH *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. The KCHC will prepare brief annual reports summarizing progress in implementing the Plan's major objectives and goals; and, subject to Governing Board approval, will amend the Plan if and when needed to adapt to major government policy changes, mandates or recommended practices, or other unforeseen occurrences affecting its efforts to end homelessness.

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PREFACE

The Kern County Homeless Collaborative 2008 *Home First! Kern County's 10-Year Plan to End Chronic Homelessness*, which expired in May 2018, helped marshal and refocus the community's efforts and resources towards ending chronic homelessness "through collaborative action and planning." *Home at Last! Kern County's Plan to End Homelessness by 2028* builds on the foundation laid down in the original plan, and updates and expands it to address and streamline the provision of housing and supportive services to additional at-risk and homeless populations.

At the core of *Home First* was the adoption of the "Housing First" approach that emphasized housing homeless people as quickly as possible without preconditions or barriers, as opposed to maintaining them indefinitely in shelters or on the streets. Since 2008, the KCHC has redirected its grant funding almost entirely to the creation of new affordable housing, with supportive services concentrated on helping people access and succeed in housing.

The results of using the Housing First approach have been remarkable, as thousands of local residents have been helped to exit homelessness over the past ten years, with repeated homeless rates of less than 15 %. Kern County was able to increase its affordable housing stock for homeless people by more than 650%, and reduce its homeless numbers by more than 40% between 2007 and now. Unfortunately, people continue to experience homelessness, in the face of a growing shortage of affordable housing.

In updating the original plan, the Kern County Homeless Collaborative (KCHC) is reconfirming its belief, as originally expressed by former Mayor Harvey Hall, "that every individual and family deserves safe, affordable housing," and is recommitting itself to finally ending homelessness in Kern County. Solving homelessness is not only the morally correct thing to do, but it will improve the life of the community, and will result in a net cost savings for public agencies and the taxpayers who support them.

Based on its success over the past ten years, the KCHC knows that homelessness is a solvable problem that can eventually become only a rare, brief and non-recurring experience. This will happen when adequate affordable and supportive housing resources are available, and a system is in place to prevent people at risk from losing their homes.

Continuing from where *Home First* left off, *Home at Last* is a detailed strategic plan for achieving that end. Section One consists of background information, including a description of the KCHC and its major accomplishments, its primary funding sources and their requirements, and major housing challenges that must be overcome. Section Two provides an overview of homelessness, including the commonly accepted definition and a description of various homeless subpopulations. Section Three reports on the extent and nature of homelessness in Bakersfield and Kern County.

Section Four is an analysis of the unmet service and housing needs of the local homeless population, and the gaps between the different systems that serve or interface with homeless people. Section Five contains a detailed strategic plan for ending homelessness in ten years, including the plan's primary objectives and goals, and strategies and specific, measurable action steps needed to achieve them. The final section describes the means of monitoring progress in implementing the plan over the next decade, and under what circumstances the plan may need to be updated.

Collaboration, cooperation and support at the local level are key to addressing the homeless crisis. Development of the new plan was a community-wide undertaking that involved participation and input from the following organizations, community groups and private individuals:

- Alliance Against Family Violence & Sexual Assault
- Bakersfield Homeless Center
- Catholic Charities
- California Veterans Assistance Foundation
- City of Bakersfield Community Development Department
- City of Bakersfield Police Department
- City of Bakersfield Code Enforcement
- City of Wasco Housing Authority
- Clinica Sierra Vista Homeless Health Center
- Community Action Partnership of Kern Kern 2-1-1
- Flood Bakersfield Ministries
- Golden Empire Affordable Housing
- Golden Empire Transit
- Greater Bakersfield Legal Assistance
- Habitat for Humanity Golden Empire
- Harvey Hall, Owner, Hall Ambulance
- Housing Authority of the County of Kern
- Independent Living Center of Kern County
- Kern County Behavioral Health Board
- Kern County Department of Behavioral Health and Recovery Services
- Kern County Department of Human Services
- Kern County Department of Probation
- Kern County Department of Public Health Services
- Kern County Sheriff's Office
- Kern County Superintendent of Schools, McKinney-Vento Liaison
- Kern County Homeless Collaborative
- Kern Family Health Care
- NAMI Kern County
- Gene Saint-Amand, Grant Writer
- Mark Smith, Retired Housing Programs Manager
- The Mission at Kern County
- United Way of Kern County
- Women's Center-High Desert

Home At Last! Kern County's Plan to End Homelessness by 2028 is a public document meant to be a resource for the whole community that can be downloaded from the Internet at: <http://endkernhomeless.org>. Comments, questions or requests pertaining to this document should be referred to United Way of Kern County, 5405 Stockdale Highway, Ste. 200, Bakersfield, CA 93309, (661) 834-1820, or <https://www.uwkern.org/contact-us/>

I. INTRODUCTION

“Homeless” generally refers to people who lack a permanent dwelling, including both people who sleep in a temporary shelter or “outdoors” in any of a variety of settings. Large-scale homelessness has occurred before in our history, often in response to wars, economic depressions, and natural catastrophes. During the Great Depression of the 1920-1930s, more than two million homeless people migrated across the United States looking for work, without benefit of a public safety net; and during the Dust Bowl of the late 1930s, tens of thousands of displaced Midwestern farmers migrated to California’s Central Valley.

Homelessness became noticeable again during the 1980s due to the convergence of a number of factors. Chief among these was a decrease in the availability of affordable housing, including the loss of millions of single room occupancy (SRO) units nationally, coupled with increasing economic disparity. In response, the Bakersfield City Council and Kern County Board of Supervisors appointed a joint task force “to recommend solutions to the problems of homelessness both with regard to better assisting the homeless and to alleviating its adverse impact on the community.” One recommendation was to create the Bakersfield Homeless Center to provide basic services and emergency shelter accessible at a single location.

Some years later, when it became clear that longer term solutions were needed to address continuing homelessness, the community came together again to form the Kern County Homeless Collaborative (KCHC).

Kern County Homeless Collaborative

Founded in 1998, the KCHC is a US Department of Housing and Urban Development (HUD)-recognized regional Continuum of Care (CoC), responsible for planning and coordinating housing and services for homeless families and individuals in the City of Bakersfield and County of Kern, California. KCHC membership consists of representatives from government agencies, community-based non-profit organizations, faith-based groups, advocacy groups, businesses, and current and formerly homeless consumers. Its mission is “to put an end to homelessness in Kern County through collaborative planning and action.”

The KCHC is organized under a *Governance Charter* defining its authority, responsibilities, composition, policies and procedures for operating the “CA-604 Bakersfield/Kern County CoC.”¹ Eight standing committees conduct KCHC business, under the oversight and direction of a Governance Board. United Way of Kern County is authorized by HUD as the “Collaborative Applicant,” the legal entity responsible for submitting the annual consolidated HUD CoC Program application, and for providing administrative support to and serving as fiscal agent for the KCHC. HUD’s current allocation to the CoC for housing and supportive services was more than \$5.5 million in 2017. Additional information about the KCHC is available on its website at: www.endkernhomeless.org.

A roster of dues paying members and partner agencies that participate in the KCHC along with a list of the standing committees and their functions are available in Appendices B and C.

Home First: Kern County’s 10-Year Plan to End Chronic Homelessness

¹ Governance Charter, Kern County Homeless Collaborative, Bakersfield/Kern County CA-604 CoC, September 2017.

In May 2008 the KCHC, in concert with United Way and the then Mayor of Bakersfield, Harvey Hall, released *Home First: Kern County's 10-Year Plan to End Chronic Homelessness*. Informed by the U.S. Interagency Council on Homelessness (USICH) *Chronic Homeless Initiative*, and the 2000 McKinney-Vento Homeless Assistance Act, the purpose of this plan was to re-direct and coordinate the efforts of the KCHC towards ending "chronic homelessness." The plan was prepared over a period of two years under the guidance of a 10-Year Plan Committee aided by ten workgroups, with support from HUD and technical assistance from USICH. Numerous community partners also contributed to the plan.

The blueprint for the original plan included three major objectives: 1) preventing homelessness; 2) adopting a Housing First approach, prioritizing placement of homeless people into permanent housing with minimal delay; and 3) increasing the amount of affordable housing. Under each of these objectives were a number of goals, and numerous strategies and action steps by which to achieve them.

Although *Home First* focused primarily on chronic homelessness, consistent with the approach taken by the USICH at the time, it also addressed the needs of other people at risk of becoming homeless, to a lesser extent. The plan provided a detailed blueprint around which KCHC member agencies could coalesce, re-direct their efforts, and better coordinate services in pursuit of common objectives and goals. During the decade since 2008, the KCHC has evolved from a loose coalition of agencies that operated largely independently to a coordinated, countywide system of homeless assistance.

The KCHC's foremost accomplishment during this time was to shift emphasis from a shelter and transitional housing-based approach that prepared homeless people for eventually being housed, to a Housing First model focused on placing them in housing with minimal delay, regardless of their circumstances or pre-conditions. HUD CoC Program and other public grants were redirected almost entirely to the creation of new affordable permanent housing opportunities, with supportive services focused on helping people access and remain in housing.

As a result, the KCHC was able to expand its permanent housing bed inventory by 650%, from 259 beds in 2008 to 2,282 beds in 2017. Thousands of individuals and families were helped to exit homelessness during this time, and Kern County experienced a 42% overall decrease in homelessness between 2007 and 2018, as recorded in its annual Point-in-Time (PIT) counts. (See Appendix E) These and other major accomplishments under the original 10-Year Plan are summarized in two KCHC documents, including a five² and a ten-year³ progress reviews.

Home at Last! Kern County's Plan to End Homelessness by 2028

Preparation of *Home at Last* was a six-month undertaking overseen and guided by a 10-Year Plan Working Group, with participation and input from all eight KCHC standing committees, its entire membership and many partner agencies, private citizens and stakeholders including the National Alliance on Mental Illness (NAMI Kern County), and homeless and formerly homeless consumers. Primary resource documents used in developing the plan included: the 2009 *HEARTH Act*, the 2015 USICH *Opening Doors: Federal Strategic*

² Home First! Kern County's 10-Year Plan to End Chronic Homelessness at Five Years, 2013.

³ KCHC FY 2017-2018 Annual Action Plan, February 2018.

Plan to Prevent and End Homelessness, and the California Department of Housing and Community Development (HCD) 2017 *No Place Like Home Guidelines*. A grant writer was retained to help prepare the document, which was approved by the KCHC Governing Board on May 29, 2018.

KCHC's mission has always been to end all homelessness in Kern County through collaborative action and planning, and the new plan has been expanded to reflect this purpose. While continuing to target chronic homelessness, the updated plan also addresses the housing and service needs of youth, veterans and families, consistent with the HEARTH Act. In addition to preserving the three original major objectives, it adds three more: implementation of a countywide coordinated entry system; ensuring that shelters are adequate to meet foreseeable needs; and, strengthening and broadening community support for ending homelessness.

Impact of HEARTH Act

The advent of the 2009 HEARTH Act, which amended the 2000 McKinney-Vento Act, continues to significantly affect the direction and activities taken by the KCHC, in compliance with continuing directives and guidelines from HUD and the USICH. HEARTH reorganized federal homeless assistance programs by consolidating several HUD homeless programs into a single competitive grant program called the Continuum of Care Program.

HEARTH expanded the HUD Emergency Solutions Grant (ESG) Program, which is administered at the state and local levels, to include new prevention dollars, and housing assistance and rapid re-housing components for people at risk of homelessness, and required that agencies receiving ESG funds participate in the local CoC planning process and HMIS system.

It also required that local CoCs maximize use of their allocations for development of permanent supportive housing (PSH) beds, at the expense of transitional housing and stand-alone supportive services unattached to housing. Given a limited supply, PSH beds are to be prioritized for homeless people with severe disabilities and longer periods of homelessness.

Additionally, HEARTH significantly expanded the definition of homelessness to include: people who are at imminent risk of losing their housing in 14 days (previously 7 days); homeless people exiting an institution within a period of up to 90 days (previously 30 days); youth and families considered homeless under other federal statutes who have moved frequently and are likely to continue to do so because of disability or other barriers, and; people who are victims of domestic violence.

Among other major changes brought about by the HEARTH Act are:

- Incorporation of both project-specific and system-wide performance outcomes in the CoC Program application process, including measures of reductions in homelessness, length of time homeless, increased income and benefits, housing stability, and repeated homelessness.
- Implementation of countywide SOAR (SSI/SSDI Outreach, Access and Recovery) training to improve benefits assistance for at-risk and homeless people.

- Development of a countywide Coordinated Entry System (CES) to facilitate access, assessment and timely linkage to housing and other services for both at risk and homeless people.
- Ongoing self-monitoring and policing of project-specific performance outcomes.
- Expansion of the Homeless Management Information System (HMIS) to support the ESG Program, performance outcomes, the annual PIT Count, and the CES.

Other Federal and State Developments

Among the other new or expanded sources of housing funds that became available to KCHC members during the decade were several Veterans Administration programs, including the HUD-VASH (VA Supportive Housing), SSVF (Supportive Services for Veterans Families) and Homeless Provider GPD (Grant and Per Diem) programs. Another program that resulted in the creation of new permanent supportive housing (PSH) rental apartments was the California MHSA (Mental Health Services Act) Program. A newer, expanded version of this program, the No Place Like Home (NPLH) program will fund creation of additional, badly needed affordable PSH rental units for homeless people who are in need of mental health services in the coming decade.

Assembly Bill (AB) 109, the Public Safety Realignment Act of 2011, shifted custodial and supervisory responsibility for people convicted of certain classes of less serious felonies from the California Department of Corrections and Rehabilitation to county jails and probation departments. AB 109 also provided increased funding to localities for a range of law enforcement and rehabilitation activities, including treatment and re-entry services. Many of the inmates affected were homeless prior to incarceration and/or are at risk of homelessness upon discharge from jail.

HUD has just begun a new initiative called the Envision Centers, which are demonstration projects designed to help HUD-assisted households achieve economic sufficiency and graduate to non-assisted housing.⁴ HUD describes these Envision Centers as “centralized hubs” for integrated supportive services, where government, non-profit agencies, faith-based groups, and private business will collaborate to help empower low-income, rent-assisted people improve their character, life skills, economic mobility, and health and well-being. If expanded, this new approach could mean greater emphasis by HUD on graduating rent-assisted households, including homeless people, into regular, unsubsidized community housing.

California’s Housing Crisis

In the preamble to the HEARTH Act, Congress found that the primary causes of homelessness are a lack of affordable housing and the limited scale of housing assistance programs. Both of these factors have recently contributed to an alarming spike in homelessness in California, with a significant increase in the number of unsheltered people, as described in a March 2018 California Joint Homelessness Task Force Report.⁵ The January 2017 PIT Count found that homelessness in California increased by almost 14%, from 118,142 to about 134,278 people. Sixty-eight percent (or 91,642 people) of those counted had no shelter, including 39,690 people in Los Angeles City and County.

⁴ Envision Centers, www.HUD.gov/envisioncenters.

⁵ “Homelessness Task Force Report: Tools and Resources for Cities and Counties,” Institute for Local Government for the League of California Cities and California State Association of Counties, March 2018.

Although federal funding for homeless programs has increased over the past ten years, federal investments in several critical housing development programs declined significantly between 2005 and 2017. This included a 62% reduction in the Home Investments Partnership Program (HOME) and 50% reduction in the Community Development Block Grant (CDBG) Program, both important sources of funds used by counties and municipalities to create affordable housing units or enhance infrastructure. More recently, in May 2018, this trend was reversed when HUD announced a 10% increase in FY 2018-2019 CDBG allocations nationally (from \$3 billion to \$3.3 billion) over the previous year, and an increase of 37% in HOME Program funds.

At the state level, the 2012 dissolution of California's 60-year-old redevelopment program resulted in a loss of \$1 billion annually in dedicated housing funds for cities and counties, according to the aforementioned Joint Task Force Report. Previously, RDAs allowed local jurisdictions to recapture growth in property taxes for use in financing infrastructure projects and low-income housing in areas experiencing economic blight and disinvestment. RDAs were required to set aside a minimum of 20% of their revenues to create, rehabilitate and preserve affordable housing, through gap financing and leveraging of other housing dollars. In 2014, HUD estimated that the elimination of RDAs in California would result in the loss of from 4,500 to 6,500 new affordable housing units annually.

Kern County has seen rapid population growth in recent years, but the development of affordable rental housing has not kept pace with the resulting demand. Reductions in federal and state funds and elimination of RDAs reduced Kern County's affordable housing funding by more than \$35.5 million between 2008 and 2015, according to a report released by the California Housing Partnership (CHP).⁶ According to the CHP, Kern County needed 29,915 additional affordable housing units in 2015 to meet the needs of its extremely low-income and very low-income renters. One consequence was that overcrowding for low-income renters locally was 134% higher than the national average.

In response to the affordable housing crisis, dramatic increase in homelessness, and uncertainty about future federal housing budgets, the California Legislature has recently proposed or passed a number of bills to fund or incentivize development of affordable housing. These efforts include several bond measures; tax credits and tax incentives to invest in designated poverty zones; legislation to streamline the housing approval process; and penalties on cities and counties that unjustifiably deny new low-income housing projects. Additionally, some city and county governments are using a variety of local funding sources to address homelessness, including public safety funds, sales taxes, transient occupancy taxes, development fees, bond proceeds, and general fund dollars.

As previously mentioned, one new state program is the NPLH Program, signed into law in July 2016, which dedicates \$2 billion in bond proceeds to acquire, construct, rehabilitate or preserve permanent supportive housing (PSH) units for the NPLH target population. The Kern County Behavioral Health and Recovery Services (KernBHRS) Department, in partnership with the Housing Authority of the County of Kern (HA), will apply to the State Housing and Community Development (HCD) Department for an as yet undetermined

⁶ County Falls Short in Affordable Housing, California Housing Partnership <https://chpc.net/?s=kern+county>, September 2015.

number of new affordable PSH units beginning with the first round of NPLH funding in the fall of 2018.

II. OVERVIEW OF HOMELESSNESS

The homeless population of today is diverse and includes people from all segments of society. Although single men still account for the majority of homeless people, recent years have seen an increase in the numbers of single women, families with children, and unaccompanied minors. Poor people are most at risk of becoming homeless, and people suffering from severe mental illness, addiction or other disabilities are especially susceptible. People of color are overrepresented in the homeless population. Many people become homeless after exiting institutions, such as prisons or jails, foster care, the juvenile justice system, or the military. Others are escaping domestic violence. Most recently, as seen in California and several other states, a small but growing number of gainfully employed people are living in cars, vans and campers because of a lack of affordable housing.

On a single night in January 2017, HUD-funded continuums of care counted more than one-half million sheltered and unsheltered homeless people.⁷ This is undoubtedly an underestimate, because of the difficulty of finding and counting unsheltered homeless, but is the best information available presently. Estimates of the numbers of people who are homeless annually range from one to three million people. Fortunately, the vast majority of homeless people are able to re-establish themselves in housing, thanks to family or other income supports. A large number are episodically homeless, cycling through shelters, institutions and housing; and a smaller, more visible portion, become homeless for long periods of time.

Causes of Homelessness


According to the National Coalition for the Homeless, the primary causes of homelessness are a growing shortage of affordable housing, the limited scale of public housing assistance, and poverty.⁸ Other major factors contributing to homelessness include: reductions in government welfare benefits; widespread substance abuse, beginning in the late 1960s; and the non-institutionalization of severely mentally ill people in the absence of adequate community-based treatment programs, occurring around the same time. Also, a growing number of military veterans of the Vietnam, Gulf and more recent wars have become homeless upon re-entering their communities.

Since the mid-1980s there has been a steady decline nationally in the supply of affordable housing, that has reached crisis proportions in many states including California, as previously discussed. Millions of individuals and families live in a state of chronic housing instability, during which time any economic, health, legal, family or personal crisis can precipitate an episode of homelessness. Many other people are forced to rely on the charity of family or friends, resulting in household overcrowding and a syndrome known as “couch surfing.”

Costs of Homelessness

Although their numbers are relatively small in proportion to the general population, homeless people have a very visible presence in the community, particularly those who sleep outdoors or collect in public places during the day. A common point of contention in every community is about the negative effects such concentrations have on retail sales and commercial and residential property values. Other concerns center on the threats homeless encampments and makeshift shelters pose to the environment and public health and safety.

⁷ The 2017 Annual Homeless Assessment Report (AHAR) To Congress, Part 1: Point-in-Time Estimates of Homelessness, US Department of Housing and Urban Development, December 2017.

⁸ Homelessness in America, National Coalition for the Homeless, nationalhomeless.org/about-homelessness. 

Although the impact of homelessness on businesses and property values has yet to be studied, many researchers have demonstrated the economic impact of homelessness on public resources. They typically find that homeless people tend to disproportionately use expensive emergency medical and crisis services, and have more frequent contact with law enforcement than people who have a home. These studies have also identified a subgroup of “high-cost service users,” or “heavy consumers,” estimated at from 10% to 15% of the homeless population, who are responsible for a majority of these costs. Typically, these are chronically homeless people who have multiple problems and rarely use shelters.

Numerous studies have also shown that it is more cost effective to house homeless people than maintain them in homeless circumstances. For example, a three-year follow up study of the most frequent high cost public service users placed in permanent supportive housing in San Diego found a 60% reduction in utilization and costs of ambulance transportation, emergency room visits, hospitalizations, arrests, and jail time between 2010 and 2013.⁹

Definitions of Homelessness

There are multiple, overlapping, somewhat technical definitions of homelessness used by various federal and state agencies that fund homeless programs. These definitions not only determine whom a particular program may serve by a particular set of criteria, but also affect how the homeless population is counted or estimated. The definition adopted by the KCHC is the one used by HUD, as established under the 2009 HEARTH ACT.

HUD Definition. Although the HEARTH ACT amended the 2000 McKinney-Vento Act to expand the definition of homeless, as previously discussed, it is still the most restrictive. To paraphrase, HEARTH defines a homeless person to be an individual or family who lacks a fixed, regular and adequate nighttime residence; sleeps in a place not meant for sleeping (i.e., alley, car, park, etc.); lives in a supervised temporary shelter; or is a homeless person exiting an institution (i.e., jail, hospital) after a temporary period (up to 90 days).

An important subgroup within this literal definition are “chronically homeless people,” by which HUD means individuals and families who have been homeless for at least one year or four times in the last three years, and in which cases the individual or adult family head has a chronic mental or physical disability or substance use disorder.

Also included in HUD’s definition of homeless is an individual or family in “imminent danger” of losing housing within 14 days due to eviction or lack of funds; and unaccompanied youth (under 25), including runaway youth, and families with children defined as homeless under other federal statutes who experience housing instability and have had long periods without permanent housing that are likely to continue due to disability, health or childhood abuse. Additionally, an individual or family who is fleeing or attempting to flee domestic violence and who has no subsequent residence, resources or support networks is also considered to be homeless.

NPLH Program: At-Risk of Chronic Homelessness. California’s new No Place Like Home Program incorporates the HEARTH definition of homeless verbatim, but limits its target

⁹ Cost Study of Homelessness, Orange County United Way, Jamboree and UC Irvine, 2017.

population to “adults or older adults with a serious mental disorder or seriously emotionally disturbed children or adolescents.... who are homeless, chronically homeless, or at risk of chronic homelessness.” This includes homeless people with “co-occurring mental and physical disabilities or co-occurring mental and substance use disorders.”¹⁰

To paraphrase, “at risk of chronic homelessness” refers to NPLH target population members “who are at high risk of long-term intermittent homelessness,” and who meet one or more of the following criteria: are exiting a range of institutionalized settings, including prisons or jails, mental health or substance use treatment or residential facilities, and were homeless prior to admission; are transition-age youth who are experiencing or have experienced homelessness or are facing significant barriers to housing stability, and have a history of foster care or juvenile justice system involvement.

Other Definitions of Homelessness. The Healthcare for the Homeless Program, administered by the US Health Resources and Services Administration (HRSA), while essentially incorporating the HUD definition, adds “doubling up” (also known as “couch surfing”) to the meaning of homelessness. Doubled up people include individuals and families who “are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.”

The US Department of Education (DEA), under the McKinney-Vento Homeless Assistance Improvement Act of 2001, also includes doubling up in its definition of homelessness: “children and youth who are sharing the housing of other people due to loss of housing, economic hardship, or a similar reason.” Also covered are “children and youth who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.”

At Risk of Homelessness

The HEARTH Act also expanded the ESG Program to identify three categories of people “at risk” of homelessness who are eligible for prevention and rapid re-housing dollars. These include individuals and families with annual incomes less than 30 percent of federal AMI standards who: 1) do not have sufficient resources or support immediately available to prevent literal homelessness; and 2) who meet at least one of seven conditions indicative of severe housing instability. Also included are 3) an unaccompanied child or youth who does not qualify as homeless under HEARTH, but qualifies under other federal statutes; and, 4) children or youth, including parents or guardians, who qualify under the McKinney-Vento Children and Youth Program.

Homeless Target Populations

The HEARTH Act targeted several homeless subpopulations for special attention: military veterans and their families, families with children, and unaccompanied youth (youth 18-24 years old) and unaccompanied minors (under 18 years of age). It also broadened the 2000 McKinney-Vento definition of chronically homeless to include chronically homeless families. These homeless subpopulations are not mutually exclusive, and individuals and families may belong to one or more of them.

¹⁰ No Place Like Home Program Guidelines, State of California, Department of Housing and Community Development, July 17, 2017.

Chronically Homeless. Chronically homeless people have experienced homelessness for a year or longer, or repeatedly, while struggling with a disabling condition(s), such as severe mental illness, a substance use disorder or physical disability. Most often they are sleeping outdoors or in places not meant for habitation, and constitute a highly visible portion of the street population. They tend to avoid, or may be barred from, traditional homeless and mainstream services, and make disproportionate use of costly emergency and crisis services, as previously discussed.

Left untreated, their disabilities may be exacerbated by homelessness, and they are frequently exposed to other illnesses or to victimization. They come into frequent contact with law enforcement, and may cycle in and out of jail. The housing first approach has proven to be the most successful, cost effective strategy to help them overcome homelessness. Street outreach and engagement is needed to gain their trust and cooperation, and connect them to low-barrier services and housing; otherwise, they are unlikely to find help except in emergency situations.

Homeless Veterans. Homeless veterans are overrepresented in the homeless population for a variety of reason. Many homeless veterans are poorly prepared for and have had difficulty adjusting to civilian life, and may lack the education and job skills needed to find employment. Some have lost contact with family or social support networks while in the service. Those who have served in war zones often suffer from traumatic brain injuries, post-traumatic stress syndrome or other medical conditions. Homeless veterans also have a much higher incidence of mental illness and substance use disorders than the general population. Traditionally, single men have predominated among homeless veterans, but women veterans are also present within the population. Some veterans are homeless with their families.

The US Veterans Administration funds several housing programs that are similar in nature to those sponsored by HUD, including permanent supportive housing, rapid re-housing, and transitional housing, as well as outreach activities and case management. The VA also emphasizes placing veterans and their families into housing with minimal delay, and participation in veterans' support groups and social networks.

Homeless Families. Families experiencing homelessness are similar to other families that are also poor, but who have a home. Both struggle with incomes that are far less than they need for housing. Precipitating factors for those who become homeless may involve a lost job or reduction in work hours, conflict within the family, or an unanticipated bill. A young single woman with limited education, who has one or two young children, usually heads homeless families. Homelessness can have a tremendous impact on children, including higher levels of emotional and behavioral problems, increased risk of health problems, and interference with school and learning.

Rapid re-housing is the optimal solution to homelessness for low-income families. Rapid re-housing can provide help with housing search, financial assistance, and case management to quickly transition back into permanent housing. Families can also benefit from connection to other supports including childcare, job training and placement, and healthcare. A small subset of families, including those who are chronically homeless, may require more intensive, longer-term assistance, including benefits counseling, mental health or substance abuse treatment, and life skills training.

Under the McKinney-Vento Act, the Education of Homeless Children and Youth Assistance Program funds youth counselors in most school districts who network with local family shelters to ensure immediate enrollment and educational stability for school age youth. The program also provides funds to cover a variety of school related expenses, including transportation, clothing and other costs.

Homeless Youth. Homeless youth include young adults (18 to 24 years of age), and unaccompanied minors (less than 18 years old) who lack parental, foster, or institutional care. Youth homelessness is often related to family conflicts, and many homeless youth have also been involved with the child welfare, foster care or juvenile justice systems. Other factors contributing to their homelessness include mental health and substance use disorders, lack of education and/or employment skills, and poverty. Many of these youth have experienced traumatic upbringings, and are vulnerable to sexual exploitation and trafficking. Those who are minors are usually reluctant to seek help from traditional homeless programs or mainstream services for fear of being returned to unwelcoming homes, juvenile justice facilities, or foster care settings from which they originally fled.

Youth require stable housing, an income source, caring adults, and access to services that will help them complete their education, acquire the training and skills needed for employment, and address any emotional or substance use problems that they may have. Reunifying young people with their families, when appropriate, or helping them to establish an alternative support network is also critical. Special efforts must be made to reach and build trust with unaccompanied minors through outreach activities, social networks and word-of-mouth.

State and National Homeless Estimates

According to the aforementioned HUD AHAR report, there were a total of 553,742 homeless people counted in the United States on a single night in January 2017. This amounted to about a 1.0% increase in the numbers counted nationally the previous year, and reversed an average annual decline in homelessness of about 1.9% since 2010. The national increase was largely attributable to a 9% increase in unsheltered people, most of which occurred in the nation's 50 largest cities. Homelessness declined in 30 states, but increased in 20 others, including California.

California, which accounts for almost one-third (134,278 people) of the nation's homeless population, reported the largest annual increase—13% (16,136 people), or more than ten times the national average. This included an almost 16% increase in homeless individuals and 5% increase in homeless families with children. Fully 78% of the state's homeless individuals, or about 88,000 people, were counted in unsheltered locations, accounting for almost one-half of all unsheltered individuals in the country. This has resulted in numerous, massive homeless encampments springing up in coastal areas of California, such as San Francisco, Los Angeles, Orange County and San Diego.

III. EXTENT, NATURE AND IMPACT OF HOMELESSNESS IN KERN COUNTY

The Kern County Homeless Collaborative has conducted one-day, point-in-time (PIT) counts of the county's sheltered and unsheltered homeless population since January 2007, as required by HUD. Begun on a biennial basis, these counts have been done annually every January since 2013. They provide a "snapshot" of the homeless population that can be tracked over time and compared to similar counts done in other places.

The PIT counts consist of an unduplicated numerical count of sheltered and unsheltered homeless people present on a given day and a two-page survey, conducted countywide by hundreds of KCHC member agency staff and volunteers. Between 2007 and 2016, the KCHC surveyed sheltered people during evening hours and unsheltered people during daylight hours the following day. Beginning in 2017, it adopted a new strategy consisting of a concurrent "dusk to dawn" overnight count of both sheltered and unsheltered homeless people.

PIT Count surveyors are seldom able to interview 100% of the homeless people they encounter. Some people are reluctant to be interviewed, and others are asleep when counted. Consequently, most PIT Count results involve an extrapolation of the survey data collected to the entire population counted.

Extent of Homelessness

Between 2007 and 2018, the number of unduplicated homeless people counted locally decreased steadily in all but two years (2016, 2018), by an average of 3.9% a year, or 43% overall, as shown in Chart 1, on the following page. The 2017 PIT Count (810 people) found a surprising 24% drop in homelessness from the previous year (1,067 people), due to a 47% decrease in unsheltered people. KCHC attributed the 2017 "undercount" to a combination of bad weather and unfamiliarity with the new methodology.

The January 25, 2018 PIT Count identified 885 homeless people—9% more than in 2017, and 17% less than in 2016. This bump in the count is explained by a 38% increase in unsheltered people counted. Regardless of the recent change in methodology, it seems clear that Kern County is not experiencing an increase in its homeless population of the magnitude occurring in other areas of California. Per capita, there were about 1.02 homeless people for every 1,000 Kern County residents in 2018, compared to 3.4 homeless per 1,000 in California and 1.7 nationally in 2017.

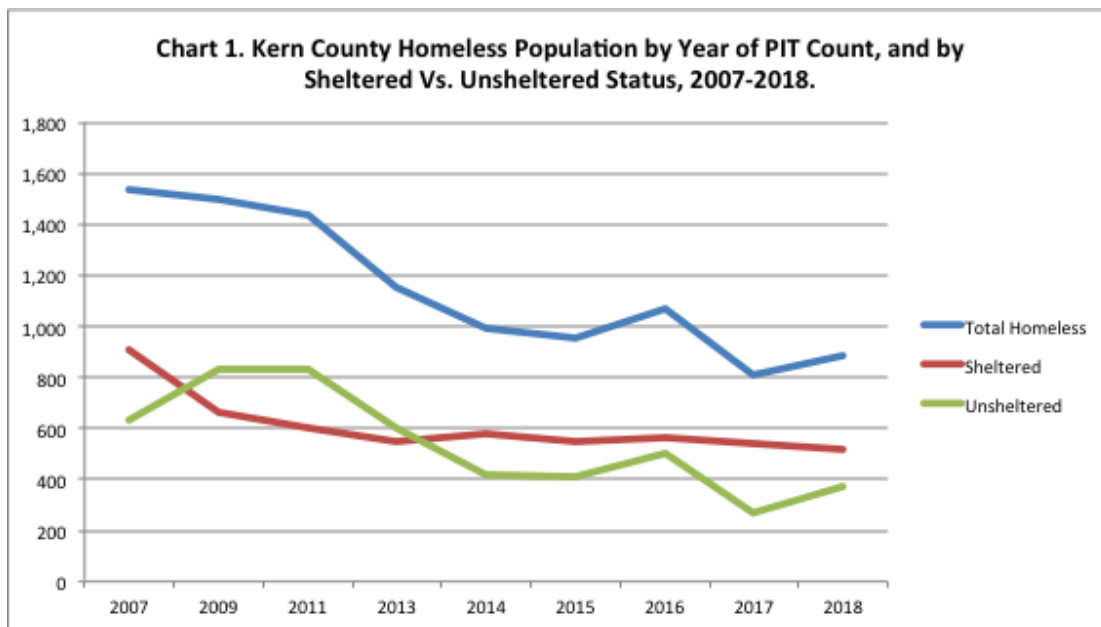
Table 1, below, provides an overview of the 2018 Count, broken down by county location, family status, and sleeping arrangement. A table summarizing and tracking PIT Count data between January 2007 and January 2018 is available in Appendix B.

Table 1. Results of the January 25, 2018 PIT Count by Region, Shelter and Family Status

Count Location	Adults	Adults w/Children	Children	Total	%
Rural Sheltered	5	6	6	17	--
Metro Bakersfield Sheltered	348	52	98	498	--
Total Sheltered	353	58	104	515	58%
Rural Unsheltered	59	1	1	61	--
Metro Bakersfield Unsheltered	303	4	2	309	--
Total Unsheltered	362	5	3	370	42%
Total Homeless People	715	63	107	885	100%
% Total Homeless People	81%	7%	12%	100%	

Sleeping Arrangements

- *Sheltered vs. Unsheltered.* Of the 885 homeless people counted, 58% (515 people) were sheltered, 42% (370 people) were unsheltered. This ratio has almost completely reversed itself since 2008, when 56% of homeless people were unsheltered. The 58% sheltered rate is much higher than California's 38% rate, but lower than the national average of 65%. Thirty percent of those who were unsheltered on the count night had previously used an emergency shelter, either in Kern County or some other community.
- *Type Shelter Used.* Of the 515 people sheltered, 75% (394 people) were housed in five emergency shelters, and 25% (121 people) were housed in eight transitional or bridge housing programs. Only two facilities, both of which are domestic violence shelters, were located outside Bakersfield, in Ridgecrest (East Kern) and Taft (West Kern).
- *Unsheltered Sleeping Conditions.* People who were unsheltered reported that they had slept in the following conditions the previous night: "outdoors", 83%; "abandoned building or structure," 8%; "car, camper, van or other motor vehicle," 7%; and "garage, barn, shed or yard without utilities," 1%.



Homeless Families and Single Adults

- *Families vs. Single Adults.* Of the total homeless people counted, 19% (170 people) were in families with children, 81% (716 people) were unaccompanied ("single") adults. Children accounted for 12% (107 people) of the homeless population.
- *Family Size.* Families averaged two children per household. The parent to child ratio was 1 adult to 1.6 children, a ratio that has not varied significantly since 2007.
- *Family Shelter.* Almost 95% of family members had shelter, versus about 51% of single adults. Only three unsheltered families were counted, consisting of five adults and three children.

Geographic Distribution

- *Bakersfield vs. Rural.* In 2018, 91% (807 people) of the homeless were counted in and around the City of Bakersfield; and only nine percent (78 people) were counted in rural communities, down from a high of 15% in 2015.
- *Metro Bakersfield.* Of 807 homeless people counted in Metro Bakersfield, 62% (498 people) were sheltered and 38% (309 people) were unsheltered. Of the 309 unsheltered people, 39% were concentrated in Southeast Bakersfield, 23% in Central Bakersfield, 22% in Northeast Bakersfield/Oildale, and 11% in Northwest Bakersfield.
- *Rural East vs. West Kern.* A majority of the rural homeless population resided in West Kern (61%, or 47 people) versus East Kern (39%, or 31 people) communities. The largest concentration of homeless people outside Bakersfield was found in the Kern River Valley, which accounted for 23% (18 people) of the rural homeless population. Fifteen people were counted in Taft, 12 in McFarland and Delano, and 10 in Ridgecrest.
- *Rural Sheltered vs. Unsheltered.* Only 22% of rural homeless people had shelter; 88 % were unsheltered on the night of the count.

Homeless Population Characteristics

Demographics

- *Gender.* Males accounted for 68.8 % of the homeless population, 31% were female, and 0.2 % were transgendered. The percent of women in the homeless population has risen gradually since the mid-2000s, when they accounted for 25% of the population. About one-quarter of homeless women now are unsheltered.
- *Age.* As shown by age range in Table 2, below, about 81% of the homeless population was 25 or older, with 66% between the ages of 25 and 54. Seven percent were youth (18 to 24), and 12% were children (under 18). The ranks of the homeless population tend to thin out at age 55 and older, compared to the general population.

Table 2. Age of Homeless Population

Age	Number Homeless	Percent Homeless
0 - 17 years old	107	12.1%
18 - 24	62	7.0%
25 - 39	246	27.8%
40 -54	319	36.1%
55 - 61	110	12.4%
62 or older	41	4.6%
Total	885	100%

- *Ethnicity.* The ethnic and racial distribution of the homeless population compared to 2018 estimates for the county population by Healthy Kern County is shown in Table 3, on the following page. Although the PIT Count does not include a category for “Some Other Race,” it is evident from the data that Black people are significantly overrepresented in the homeless population (19.4%), compared to their proportion of the county population (5.6%).

Table 3. Ethnic Distribution of Homeless Population

	PIT Count #	PIT Count %	% County Pop. *
Ethnicity			
Non-Hispanic/Non-Latino	627	71%	46.4%
Hispanic/Latino	258	29%	53.6%
Race			
White	640	72.3%	56.5%
Black/African American	172	19.4%	5.6%
Asian	4	0.5%	4.8%
American Indian or Alaska Native	31	3.5%	1.6%
Native Hawaiian or Pacific Islander	10	1.1%	0.2%
Multiple Races	28	3.2%	4.9%
Some other race	--	--	26.5%

* 2018 Demographic Estimates, Healthy Kern County, <http://www.healthykern.org>.

- *Income.* Twenty-six percent of homeless adults report having some income, either from employment or monthly disability checks. Seventy-four percent had no source of income. Those who reported income averaged about \$15,000 a year.

Criminal Justice System Involvement

- *Arrests.* Almost one-fifth of homeless adults (150 people) had been arrested in the past year, as seen in Table 4, below.

Table 4. Homeless Arrests, Incarceration and Probation/Parole

Status	# Homeless	% Homeless	% Unsheltered
Arrested in past year	150	19%	59.7%
Released from jail/prison in past year	146	19%	59.8%
Released on probation	56	7%	56.0%
Released on parole	10	1%	66.7%

- *Incarceration.* Nineteen percent of homeless adults (146 people) had been released from jail or prison in the past twelve months, including 8% in the past 90 days. Of these 146 people, 38 were women, and 108 were men. A comparison of this subpopulation to the entire adult homeless population found much higher percentages of mental illness, chronic homelessness and substance use problems among people who had been released from jail, as shown in Table 5, on the following page.
- *Probation or Parole.* Of the 146 homeless people discharged from prison or jail, 45% (66 people) had been released on probation or parole. This included 50 males and 16 females. Data on their rates of mental illness, chronic homelessness and substance use disorders were similar to homeless people who had been released from jail in the past year, but are not included because of the overlap between these two populations.

Table 5. Comparison of Recently Incarcerated Homeless Adults to Adult Homeless Population as a Whole, on Mental Illness, Substance Abuse and Chronic Homelessness

Status	# Mentally Ill	% MI	# Chronically Homeless	% CH	# Substance Abuse	% S/A
Jail/prison in	77	53%	37	25%	115	79%

last year (146)						
Adult Population (778)	202	26%	133	17%	261	34%

History of Homelessness

- *Length of Time and Number of Episodes of Homelessness.* About one-quarter of the homeless population surveyed had been homeless one month or less, as shown in Table 6, below. One-third had been homeless for from one to 12 months, and 41% had been homeless a year or more. Sixty-one percent had been homeless only once in the past three years, although this could include people who were homeless for longer than three years. Almost 40% were episodically homeless, having experienced two or more episodes of homelessness in the past three years.

Table 6. Length and Frequency of Homelessness

Length Time Homeless	Number	Percent	Times Homeless Last 3 Years	Number	Percent
1 night or less	105	13.5%	1	475	61.0%
2-6 nights	19	2.4%	2	116	14.9%
1 week to 1 month	56	7.2%	3	55	7.1%
1 to 3 month	77	9.8%	4 or more	132	17.0%
3 to 12 months	202	25.9%			
1 year or more	319	41.1%			

- *Where They Came From.* About 23% of the adult homeless population, or 204 people, reported that they were homeless prior to arriving in Kern County. Of these people, 35% indicated that their reason for coming here had to do with family.
- *Homeless Upon Discharge from an Institution.* Thirteen percent of homeless adults, or 103 people, reported that they were currently homeless as the result of being discharged from an institution, as shown in Table 7, below. Of these people, 69% became homeless upon discharge from a jail or prison, 11% from a mental health facility, 13% from a hospital, and 8% from the foster care system. Interestingly, 62% of those released from jail or prison were unsheltered when interviewed.

Table 7. Currently Homeless as a Result of Discharge from a Facility or Program

Institution	#	% Discharges	% Adult Homeless	% Unsheltered
Jail or Prison	71	69%	9%	62%
Mental Health Facility	11	11%	1%	30%
Hospital	13	12%	2%	33%
Foster Care	8	8%	1%	43%
Total	103	100%	13%	53%

Health Conditions

- *Chronic Health Conditions.* As shown in Table 8, below, almost 30% of homeless adults, or 230 people, reported having one or more chronic health conditions, all but two of which rates (heart disease, diabetes) are significantly higher than for the Kern County population as a whole.

Table 8. Chronic Health Conditions

Illness	# Homeless	% Homeless	% Kern Pop. *
Valley Fever	28	3.6%	0.12%
TB	18	2.3%	0.003%
Hepatitis C	54	6.9%	0.01%
HIV/AIDS	4	0.3%	0.002%
Diabetes	63	8.1%	9.8%
Asthma	96	12.4%	9.4%
Heart Disease	36	4.6%	7.3%
Total w/2 or more	230	29.5%	--

*Community Health Assessment, 2015-2017, KC Public Health Services Department

Homeless Subpopulations

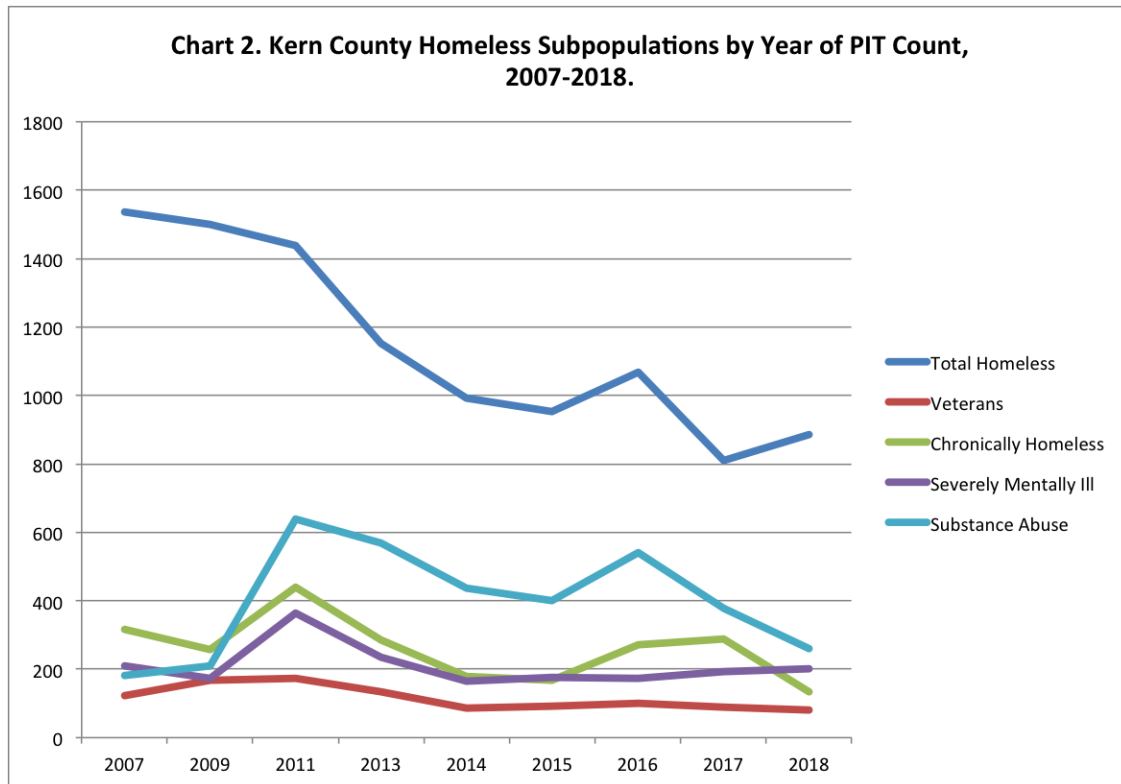
Homeless subpopulations, including veterans, chronically homeless people, adults with mental illness and substance use disorders appear to have been in gradual decline since 2011, as illustrated in Chart 2, on the following page.

- *Veterans.* Veterans accounted for 10% (80 people) of all homeless adults (778 people). Ninety-five percent of veterans were males, 5% females. One veteran had a family with four children. Seventy-eight percent were residing in emergency or transitional shelters, including 51 who were in California Veterans Assistance Foundation programs. Only 22% were unsheltered.

Forty-eight percent of the veterans had a history of mental illness, 55% had substance use problems, and 14% were chronically homeless. Twenty-seven percent had one or more chronic health conditions. Thirteen percent had been arrested in the past year, 16% had been released from jail or prison in that time, and 8% were on probation. Veterans' homelessness locally has decreased by 53% since 2009, consistent with national trends.

- *Mental Illness.* Twenty-six percent (202 people) of all homeless adults reported a history of having been diagnosed or hospitalized for mental illness. Only 50% were currently receiving treatment. Fifty-two percent were unsheltered on the night of the count, 48% were unsheltered. Forty-one percent were chronically homeless. Twenty-six percent were receiving SSI, SSDI, VA Compensation or State Disability payments for a mental or emotional disorder.
- *Substance Use Disorder.* Thirty-four percent of homeless adults (261 people) reported a history of problems related to substance use. Forty-six percent of these people had been arrested for a DUI, public intoxication, possession or another drug related offense. Among the drugs they reported using regularly were: alcohol (27%), meth (24%), marijuana (12%), and heroin (5%). Fifty-three percent (367 people) reported that they had participated in a self-help group or received treatment at one time. Fifty-two percent were unsheltered.
- *Chronically Homeless.* Seventeen percent (133 people) of all adults surveyed were chronically homeless, of whom 76% were unsheltered, 24% sheltered. This included one adult with one child who was chronically homeless, and 132 adults without chil-

dren. Seventy-three percent were males, 25% were females, and 2% were trans-gendered. Sixty-one percent had a history of mental illness, 81% had a history of substance use disorders, and 35% reported one or more chronic health conditions. Twenty-eight percent had been arrested in the past year, 26% had been released from jail or prison in the same period, and 12% were released on probation or parole.



- *No Place Like Home.* The NPLH target population definition encompasses chronically homeless adults who have a serious mental disorder, which means that 85 of the 133 chronically homeless adults surveyed fall within its target population. Unfortunately, it is not possible to estimate how many of the 202 total homeless mentally ill people surveyed in the PIT Count are “at risk of chronic homelessness,” as there were no questions included in the survey about this. Also, the PIT Count survey did not collect information about seriously emotionally disturbed homeless children or adolescents.
- *Domestic Violence.* Seventy-three adults, or about 9% of all homeless adults, reported that they were homeless now as a result of domestic violence. This included 10 households with a combined total of 31 children, bringing the total number of survivors up to 104 people, or about 12% of the total homeless population counted.
- *Unaccompanied Youth and Minors.* Unaccompanied youth (18-24 years) accounted for 7% of the adult homeless population. Of these 56 youth, 15 (27%) were female, 41 (73%) male. Almost one-half (48%) were unsheltered. Eight of the females were young mothers with 11 children between them, or an average of 1.4 children each.

Only 12% were chronically homeless, but 32% reported a history of mental illness, and 46% had substance abuse issues. The youth had been homeless an average of 19

months. No unaccompanied minors (under 18 years) were identified during the PIT Count.

Other Sources of Information About Homelessness in Kern County

Although useful, PIT counts do not show the full extent of homelessness in a community. They reflect higher proportions of people who have been homeless for lengthy periods, and undercount people who are temporarily or cyclically homeless.¹¹ Although it is possible to know the exact number of people who are sheltered at any time, finding and counting unsheltered people at night in an area as large as Kern County almost certainly results in undercounting.

Additionally, HUD limits CoC Program PIT counts to people sleeping in the streets or shelters, but omits homeless people who are jailed, hospitalized or residing in sober living homes, and many homeless people temporarily vouchered by an agency in local motels or hotels. For example, a homeless cost benefit analysis done by United Way in 2017 estimated that from 10% to 15% of inmates, or 219 to 328 people, present in the county jail at any given time were homeless prior to being incarcerated.¹²

Another anomaly particular to the HUD PIT Count results in a significant undercount of shelter residents who fall into various subpopulations. The KCHC uses the same questionnaire to collect background information when counting and surveying sheltered and unsheltered adults. Subpopulation estimates of unsheltered adults with mental illness and substance use disorders are compiled from the survey questions. HUD strongly encourages that the count of sheltered people be done through HMIS, using HMIS Data Standards.

Not only do these data standards use entirely different criteria than the survey in estimating the subpopulations, the information entered into HMIS was gathered prior to the PIT count in most cases. Thus, as shown in Table 9, below, the HMIS shelter count of adults with mental illness and substance use disorders varies greatly from the information collected by surveyors on the night of the count. Because shelter intake workers, in shelters with rules about substance use, collected the HMIS data, it is no surprise that the numbers of residents reporting this problem would be suppressed.

Table 9. Comparison HMIS and Survey Estimates of Sheltered Subpopulations

Subpopulation	HMIS Shelter Estimate	Survey Shelter Estimate
Mentally Ill	80	109
Substance Abuse	71	177

Having a means of tracking homelessness on an annual basis would allow for a better understanding of the extent and nature of the problem. Limited information is available from the HMIS database shared by 10 Homeless Collaborative member agencies who input client service data from their shelter and permanent housing programs. According to the HUD Annual Homeless Assessment Reports (AHARs) generated by HMIS, there were a total of 3,478 unduplicated homeless people who used local emergency shelters and

¹¹ Don't Count On It: How the HUD PIT Count Underestimates the Homelessness Crisis in America, National Law Center on Homelessness and Poverty, 2017, www.nlchp.org/documents/HUD-PIT-report2017.

¹² Cost Benefit Analysis of the Housing First Approach to Ending Homelessness in Kern County, prepared by the United Way of Kern County for the Kern County Homeless Collaborative, February 2018.

transitional housing programs between October 1, 2016 and September 30, 2017. Of these 3,478 people, 638 (18%) were family members, and 2,840 (82%) were single adults.

Unfortunately, HMIS does not currently track people outreached or served by these agencies who do not use shelters during the course of a year, nor does it show how many of the 2,000 plus formerly homeless people residing in permanent housing were homeless in the preceding year. When HMIS is expanded to track people who access the new coordinated entry system beginning in July 2018, it should be possible to generate more complete annual counts and descriptions of at risk and homeless people, including those who remain unsheltered.

Information suggesting that homelessness is greater than PIT counts might indicate is available from several other sources locally, as detailed in the aforementioned cost benefit analysis. The Kern County Department of Human Services (DHS) administers several CalWORKs homeless programs, one of which, the Temporary/Permanent Homeless Assistance Program, provided hotel or motel vouchers to 788 unduplicated families in 2016. At three members per family on average, this comes to about 2,365 homeless family members served by DHS, or four times the 2016-17 AHAR number. DHS numbers include people who would be considered “at risk” by HUD, but their data also reflects families who were temporarily homeless.

The Sheriff’s Office conducted its own query about homeless people who were arrested and processed for misdemeanor and felony charges in 2015. This was done by searching the records for people who self-identified as “homeless” or “transient”, or who gave the address of a homeless shelter. The query found that there were 2,459 unduplicated homeless individuals who had been arrested and booked on 4,596 occasions, or an average of 1.9 times each, that year. From this, it can be estimated that homeless people accounted for at least 13% of the total of 34,756 bookings in 2015.

Kern County Behavioral Health and Recovery Services (KernBHRS) includes a field for homelessness in its Cerner/Anasazi management database system. In 2016, more than 20% (696 people) of the 3,467 unique adult clients who received crisis-counseling services at its 24-hour Psychiatric Evaluation Center/Crisis Stabilization Unit (PEC/CSU) were homeless. In 2016, the KernBHRS Jail Team served a total of 529 inmates who were homeless prior to incarceration.

Impact of Homelessness in Kern County

The United Way cost benefit analysis conducted in 2017 sought to determine if and to what extent nine public resources experienced any disproportionate service utilization and cost impacts, similar to those reported in the literature. Although these agencies were limited in the information they could provide because most do not track homelessness within their management software systems, they were able to generate some useful information by conducting informal searches and providing generic cost estimates.

Some key findings were that:

- The City of Bakersfield Police Department estimates the cost of policing the homeless population to be about \$2,048,574 annually. Its Code Enforcement Program spends \$36,500 annually on periodic clean ups of riverbank encampments.
- Based on the disproportionate number of homeless people booked by the Sheriff’s Office, and national estimates that from 10% to 15% of inmates are homeless prior to

entering jail, it was estimated that there are from 219 to 328 homeless inmates in the county jail on any given day who cost the county a combined total of \$447,430 to \$670,123 for the time they are incarcerated.

- Hall Ambulance, a privately owned ambulance company serving Metro Bakersfield and most of Kern County, transported a total of 156 non-insured homeless patients to hospitals on 243 occasions, or an average of 1.56 times each, in 2016, incurring a total loss of \$562,982 for these trips.
- Kern Health Systems, a managed health care agency that includes three-quarters of local MediCal recipients in its membership, found that 41 percent of homeless members were treated at an emergency room at least once during a 16-month period, versus 24 percent of the general membership, and that their ER claims were 58 percent higher on average than for other members. These homeless members used ER services 6.7 visits per person on average, versus 3.9 visits each for the general membership.

In addition, United Way, with help from KCHC case managers, conducted a survey of a group of formerly homeless individuals and families identified as heavy consumers, most of who had been homeless for long periods, to determine if and how their service utilization and associated costs had changed in the first six months after they had obtained permanent housing. The survey results were quite striking, and support other research findings that it is less expensive to house homeless people than it is to leave them on the streets or in shelters.

Jail time and costs for the study group decreased by 98 percent, compared to a six-month period when they were still homeless. In-patient hospitalization costs decreased by 88 percent, ambulance transports by 65 percent, and emergency room visits by 49 percent. Combined cost savings amounted to a total of almost \$731,000 for a six-month period. Even when supportive housing costs are factored in, the net six-month savings was about \$580,000. This amounted to a savings of about \$14,000 per person for six months, or about \$28,000 on an annual basis.

IV. NEEDS ASSESSMENT

The following needs assessment incorporates the results of a recent survey of KCHC member agencies that work directly with the homeless population¹³, discussions within various KCHC committees, recent PIT count results, and unfinished items from the original 10-Year Plan.

¹³ Homeless Services Needs Assessment/Gaps Analysis, Kern County Homeless Collaborative, c/o United Way of Kern County, March 2018.

Affordable Permanent Housing

Ultimately, the solution to homelessness will require that there is a sufficient supply of affordable housing, including permanent supportive housing, available within the community. To accomplish this, two things must happen: 1) rental subsidies must be increased significantly; and 2) thousands more low-income rental units must be developed. These needs were confirmed recently by a written survey of 12 homeless service providers who ranked the lack of affordable housing units and the shortage of housing vouchers as the number one and two highest priorities in the local continuum of care.

The KCHC has made great strides in developing housing resources for homeless families and individuals during the past 10 years, as shown in Table 10, below. Between 2007 and 2017, the KCHC was able to increase its permanent housing inventory by almost 740% (2,010 beds), or more than 200 new beds per year. More than three-quarters of all beds shown in the table are now permanent housing beds, compared to about one-quarter PSH beds ten years ago. Of the 1,194 PSH beds, 47% (561 beds) are designated for chronically homeless people, and 19% (228 beds) are for veterans.

The KCHC's considerable success in obtaining new affordable housing beds has allowed Kern County to stay abreast or slightly ahead of yearly increases in the homeless population. Many more beds than this will be needed to end homelessness entirely by 2028, however. This will require that the KCHC explore and develop additional sources of funding for this purpose. Additional options such as the use of shared housing vouchers and alternative housing placements must also be considered.

Table 10. Bakersfield/Kern County Homeless Bed Inventories, Between 2007 and 2017

Type of Housing	2007			2012			2017		
	Family Beds	Adult Only	Total Beds	Family Beds	Adult Only	Total Beds	Family Beds	Adult Only	Total Beds
ES	188	278	466	198	266	464	169	288	457
TH	<u>130</u>	<u>376</u>	<u>506</u>	<u>48</u>	<u>173</u>	<u>221</u>	<u>48</u>	<u>176</u>	<u>225</u>
Subtotal	318	654	972	246	439	685	217	464	681
PSH	76	196	272	395	418	813	546	648	1,194
RRH	--	--	--	209	128	337	293	85	378
Other PH	--	--	--	--	--	--	<u>580</u>	<u>130</u>	<u>710</u>
Subtotal	76	196	272	604	546	1,150	1,419	863	2,282
GRAND TOTAL	394	850	1,244	850	985	1,835	1,636	1,327	2,963

Source: HUD CoC Programs Housing Inventory Count Reports, hudexchange.info/programs/coc/coc-housing-inventory-count-reports/

Other affordable housing related needs include:

- *Rural Housing.* A continuing problem first mentioned in the original 10-Year Plan is that, with the exception of a 14-unit apartment complex and voucher beds for people with mental disabilities in Ridgecrest and voucher beds, there are no permanent supportive housing or rapid re-housing beds available outside of Metro Bakersfield.
- *Housing Barriers.* Another concern expressed by survey respondents is the difficulties faced by homeless people in seeking housing. Housing vouchers are currently in relatively short supply, and, even with a voucher, affordable rental units are becoming

harder to find. Landlords currently have the leeway to be more selective in whom they rent to, and some landlords are hesitant to rent to homeless people, especially those who have barriers such as criminal histories, poor credit ratings, or prior evictions. In response, the Housing Authority will have to expand its recruitment and marketing efforts to identify willing landlord and property managers.

Emergency Shelter

Although the KCHC's primary mission is to prevent and end homelessness, it must also ensure that homeless people's immediate needs for food, shelter and basic necessities are being met while they are helped to find permanent housing. Emergency shelters are also important in that they reduce the environmental impact of homelessness on the community, by providing an alternative to life on the streets.

As reported in Table 10, Kern County had a combined total of 681 year-around emergency and transitional shelter beds as of December 2017. This bed number translates to 84% of the number (810 people) of homeless people counted in January 2017, or a ratio of 0.8 beds per person counted. Kern's capacity to shelter 84% of those counted is higher than the national capacity of 72%, and far exceeds that of California (33%) and Los Angeles County and City (11%).

Despite its relatively high per capita bed ratio, Kern County's inventory of emergency shelter and transitional housing beds was still insufficient to meet the needs of 26% of the homeless population, or about 230 people. Other significant concerns and gaps in services related to emergency shelter include:

- o *Bakersfield Homeless Center.* The BHC is the county's largest family shelter, with a combined total of 182 beds for single men, single women, and families with children. Sometime in the next few years, the BHC must relocate its campus to accommodate the California High Speed Rail Authority's bullet train project. This move, which requires considerable planning, financing, development, permitting, and construction, is hampered by the Rail Authority's decision to delay funding for the purchase of the BHC's existing site. Timing is essential so that there will be a smooth transition from one location to the other, without any interruption of shelter services.

During the past several years, the BHC has operated at near or full occupancy, and may need to expand its bed capacity at the new site, particularly for single women and families with children. This observation was confirmed by 11 of 12 member agencies surveyed who indicated that the number of emergency shelter beds available for single women and families with children is insufficient or in critically short supply, as reported in Table 11, on the next page.

- o *Domestic Violence Bed Shortage in Bakersfield.* There are a combined total of about 100 emergency and transitional housing beds for domestic violence victims and their families offered by four programs, three of which are located in rural communities. The Bakersfield-based Alliance Against Family Violence and Sexual Assault, with only 32 beds, is frequently at or over capacity, and had to turn-away 214 people in 2017.

Table 11. Survey of Emergency Shelter Beds by KCHC Member Agencies

Type Shelter	Adequate	Need More Beds	Critical Shortage	Don't Know/No Answer
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Single Men	4	7	0	1
Single Women	0	4	7	1
Families w/Children	0	3	8	1
Domestic Violence	0	7	4	1
Hotel/Motel Vouchers	0	3	6	3

- *Rural Shelter.* Apart from the three rural domestic violence programs mentioned, there are no emergency shelters outside of the Bakersfield area. Because site-based shelters are not financially practicable in smaller communities, due to staffing and operating costs, the KCHC must explore alternative means of temporarily housing people in these areas, such as use of bridge housing or hotel/motel vouchers. This is a continuing problem, originally identified in the 2008 10-Year Plan.
- *Barriers to Shelter Use.* Eleven of 12 agencies surveyed were asked to identify any barriers or obstacles that keep some homeless people from using existing emergency shelters. Their responses included: Under the influence of drugs (5), Mental health problems (5), Pets not allowed (4), Physical health problems or disability (3), Some people feel unsafe in mass shelters (2), Stolen personal belongings (2), Separation from loved ones (2), Availability of beds (1), and Prefer to stay outside (1).

Transitional Housing and Bridge Housing

- *Transitional Housing.* In the early 2000s, when it became apparent that federal funding had not resulted in decreased homelessness, HUD introduced the Housing First approach, and redirected grant funding almost entirely to the creation of new affordable housing beds. Subsequently, as shown in Table 9, this has resulted in a 56% reduction in local transitional housing beds between 2007 (506 beds) and 2017 (225 beds).
- *Bridge Housing.* In lieu of transitional housing, HUD now recommends the use of “bridge housing”, which consists of short-term stays in motels or apartments, paid for by an agency while homeless people await a housing placement. More recently, the Veterans Administration has followed suit and is also emphasizing use of bridge housing over traditional, site-based transitional housing programs. Funding for bridge housing is limited at the present time, however.
- *Sober Living Environments (SLEs).* Although HUD does not fund SLEs, they are a critically important resource for homeless people with substance use disorders who require a secure, drug free setting in which to receive sobriety and recovery support services. Under AB 109, the Kern County Community Corrections Partnership (CCP) has contracted with more than one dozen SLEs to provide services for offenders reentering the community, many of whom were homeless prior to entering jail or are at risk of homelessness upon discharge. KernBHRS and the Probation departments both place clients in these SLEs. Additional no-cost SLE beds are needed for the general homeless population.

Basic Necessities

- *Basic Needs Services.* Survey respondents were split evenly on whether access to basic life necessities such as food, clothing, showers, restrooms and hygiene items was adequate or not. No agencies believed that these were in critically short supply, however.

In addition to the two large congregate emergency shelters, there are numerous other programs and community groups that provide some or all of these services in Metro Bakersfield. The situation is not as well understood in rural communities, however, where basic services vary greatly.

- *Transportation.* Most agencies surveyed characterized access to transportation as either inadequate (2 agencies) or in critically short supply (6 agencies) in the Bakersfield area. Typical comments included “Bus passes for transportation is a big need for our clients when they are looking for housing.”

Homeless Supportive Services

The core supportive services provided to homeless people by KCHC member agencies are street outreach and case management. Consistent with the Housing First approach, both services are designed to assist clients in transitioning from homelessness to a stable housing situation.

- *Case Management.* KCHC member agencies have a combined total of about 35 case managers and housing navigators serving homeless individuals and families, almost all of whom are located in the Metro Bakersfield area. Caseloads range from 25 to 55 clients per case manager depending on the agency, with an average of about 42 clients each. Case managers typically split their time between helping homeless clients obtain housing, and coordinating services for them once they are housed.

Case management resources will have to be increased significantly over the next 10 years in order to accept new homeless clients. Many formerly homeless clients requiring ongoing support will have to be transitioned to mainstream case managers, or helped to graduate to fully independent living. The need for additional case managers was acknowledged by all agencies that responded to the survey, as shown in Table 12, below. Eleven of 12 agencies also agreed that “there is a need for more training and/or professional standards for case managers.”

Table 12. Adequacy of Homeless Supportive Services

Service	Adequate	Inadequate	Critically Short Supply	No Answer
Case Management	0	6	5	1
Outreach	0	8	4	0

- *Street Outreach.* Outreach is a critical component of the continuum of care, as a means of contacting and engaging the most isolated and vulnerable homeless people, many of whom are otherwise reluctant to use traditional homeless or mainstream services. Currently, there are about five and one-half outreach workers covering all of Kern County, two of whom strictly target homeless veterans. All agencies surveyed indicated that outreach services were inadequate or in critically short supply, as also reported in the preceding table.

The KCHC has had difficulty locating unaccompanied minors, including runaway youth, as reflected in its annual PIT Counts. A special outreach team may be required to search out and engage this subpopulation. As of yet, no KCHC member agency has assumed primary responsibility for assisting this subpopulation.

KernBHRS plans to expand its REACH Program later this year using both internal and contracted outreach teams. Begun in 2016, the purpose of REACH (Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health) is to engage and link adults with untreated mental health and/or substance use disorders to ongoing treatment services. Expanded outreach and engagement services will be provided in Bakersfield and six outlying areas to the target population, which will also include homeless people with behavioral health disorders.

Prevention

The KCHC has taken a two-pronged approach to prevention, as originally outlined in its 2008 10-Year Plan: preventing evictions, and preventing people residing in institutions from being discharged into homelessness.

- *Preventing Evictions and Safeguarding Housing.* Preventing people from losing their housing is obviously more humane and cost-effective than having to help them rebuild their lives after they become homeless. Expansion of the HUD Emergency Solutions Grant Program, under the HEARTH Act, included some increased funding for prevention activities, including rental arrears, short-term rental assistance, and utility assistance needed to prevent evictions and help maintain housing.

Currently, KCHC agencies receive about \$200,000 annually of FEMA (Federal Emergency Management Agency) Emergency Food and Shelter Program (EF&SP) and ESG dollars for this purpose, far less than is needed, especially now that the new coordinated entry system will be advertising help for people at risk of homelessness. Of the 12 agencies surveyed, seven agencies characterized prevention funds as inadequate, and four indicated that they were in critically short supply.

- *Discharge from Institutions.* People becoming homeless upon discharge from an institution is a continuing issue, particularly for people exiting the county jail, as reported in Table 7. As observed in its *2018 Annual Action Plan*, the KCHC has yet to develop any written systemic protocols with the jail, hospitals, or the foster care system to ensure that people are not discharged into homelessness. Coordination between KCHC service providers and these institutions has improved somewhat, however, particularly with hospitals and managed care providers.

Initial efforts to provide bridge housing and respite care for patients too ill to be placed in shelters should be expanded. Also, arrangements can be made with the Sheriff's Office to outreach people on-site at the jail who were homeless prior to being incarcerated or are otherwise at risk of becoming homeless upon discharge.

Service Coordination

The Coordinated Entry System (CES) currently being implemented by the KCHC will engage and connect homeless people and people at risk of homelessness with the optimal resources for their needs. Since adoption of the original 10-Year Plan, KCHC member agencies have collaborated more closely through the Continuum of Care planning and application process. On the other hand, people at risk of homelessness have not traditionally received the attention they deserve, and have had to seek help on a hit-or-miss basis. The CES will open a single portal that can be accessed from anywhere in the county,

ensuring that they receive timely, appropriate attention and coordinated delivery of services.

Mainstream Services

As a result of the federal Affordable Care Act, most homeless Californians are now eligible for MediCal coverage, which has made mainstream mental health, drug treatment, and other health care services more affordable and available to them.

- o *Health and Behavioral Health Services.* KCHC member agencies surveyed varied in their perception of how accessible mainstream health, mental health or substance abuse services are to homeless people, as reported in Table 13, below. Dental care stands out as the most difficult service to access, followed by crisis counseling and mental health treatment.

Several agencies commented on lengthy time frames to obtain services, and the need to target services to homeless people. There is a need for ongoing meetings between KCHC case managers and mainstream service providers to discuss homeless needs, program requirements, and ways to better facilitate services.

Table 13. Access to Health and Behavioral Health Services

Service	Accessible	Difficult To Access	Very Difficult To Access	No Answer
Primary Medical Care	4	5	2	1
Dental Care	1	3	6	2
Crisis Counseling	1	5	4	2
Mental Health Treatment	1	6	4	1
Substance Abuse Counseling	3	4	4	1

- o *Family, Children and Youth Services.* As shown in Table 14, below, the KCHC agencies that were surveyed had a similar disparity of views about access to various services for families, children and youth. Services for unaccompanied youth and childcare were both viewed as difficult to access or in critically short supply by a majority of agencies. Two agencies commented on the difficulty in finding and assisting unaccompanied minors, and conflicts that arise due to mandated reporting requirements.

Table 14. Access to Family, Children and Youth Services

Service	Accessible	Difficult To Access	Critical Shortage	Not Sure/ No Answer
Child Care	2	6	3	1
Parenting Skills Training	3	7	1	1
Public School Services	5	3	2	2
Unaccompanied Youth	1	2	6	3

Resource Development Needs

The KCHC and its partner agencies must aggressively pursue new and expanded sources of funding to accomplish the objectives and goals outlined in *Home At Last!* over the next decade. Barring significant increases in the federal CoC, ESG, and Housing Choice Voucher programs budgets, the KCHC must take advantage of new sources of funds and incentives being proposed at the state level, such as Senate Bill 2 (SB-2), the Building Homes and Jobs Act, and Assembly Bill 3171 (AB-3171), the Homeless Persons Services Block Grant.

The KCHC receives about \$5.5 million annually from the HUD CoC Program. These funds are typically used to renew existing permanent supportive housing programs, and include monies for both housing and supportive services. New sources of funds for case management, as well as housing, will have to be sought to create new permanent supportive housing programs.

The KCHC should also approach the City of Bakersfield and County of Kern with proposals to address the adverse impacts of street homelessness by funding additional outreach staff, and additional, mutually beneficial “bridge” employment-type programs that hire homeless people to perform needed jobs. Inroads have already been made with local health insurers to fund bridge housing, including respite care, to prevent patients from being discharged into homelessness. Additional dollars will also be needed to fully fund eviction prevention services, including rental and utility assistance.

Except for a three-year federal SAMHSA grant that targeted outreach and treatment to homeless people with mental health and substance use disorders, KCHC agencies have not traditionally applied for nationally competitive homeless grants. Several public and private agencies would be competitive, if they could be encouraged to apply for public or private grant funds to address critical gaps in services in the local continuum of care.

Some examples of federal grants that the KCHC might pursue include:

- The US Department of Justice’s Bureau of Justice Assistance Second Chance Act, Comprehensive Community-Based Adult Reentry Grant Program.
- The HUD Youth Homelessness Demonstration Program.
- Health and Human Services, Administration for Children and Families, Basic Center, Transitional Living for Older Homeless Youth, and Street Outreach programs.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) Cooperative Agreements to Benefit Homeless Individuals (CABHI), and Services in Supportive Housing (SSH) programs.

V. HOME AT LAST: THE PLAN

Home At Last! Kern County’s Plan to End Homelessness by 2028 extends, updates and expands upon the KCHC’s 2008 *10-Year Plan to End Chronic Homelessness*, as previously discussed. It continues the Housing First approach adopted in the original plan; and, while still targeting chronically homeless people, updates the plan to include families, unaccompanied youth and minors, and military veterans for special attention.

The original plan consisted of three broad objectives: preventing homelessness; promoting housing stability; and increasing affordable housing resources. The current plan builds upon these efforts, and incorporates three new objectives: establishment of a countywide Coordinated Entry System for both at-risk and homeless people; maintenance of adequate shelter resources for people awaiting housing placement; and broadening and strengthening community support for ending homelessness.

Under each of these six objectives are a number of component goals, strategies for achieving each goal, and specific action steps to implement the strategies. The action steps spell out the party(s) responsible for performing them and the timeframes in which they are to be done. Typically, the action steps fall under the domain of a particular KCHC committee, but lead agencies are identified in many cases, and some steps are primarily the responsibility of the Collaborative Applicant.

The plan and responsibilities for implementing it were arrived at by consensus of all KCHC member agencies and approved by the Governing Board. These are not mandates, but guidelines to help direct and coordinate the KCHC's collective efforts to end homelessness. Action steps will be implemented as funding is secured, redirected from existing funding streams or through the development of new federal, state, local and private sector funding. The strategies and action steps are written in a way as to be measurable, so that progress towards achieving them can be monitored and assessed on a periodic basis.

Objective #1: Establish a Coordinated Entry, Assessment and Referral System to streamline and prioritize access to housing and services for people who are homeless or at risk of homelessness.

The KCHC is currently implementing a countywide Coordinated Entry System (CES), as previously mentioned. Full details of the system are contained in a policies and procedures manual approved by the Governing Board and submitted to HUD in January 2018.¹⁴

Briefly, the CES is a portal for both at-risk and homeless people, through which they can access needed services in a timely, responsive manner. It complements the Housing First approach by removing service barriers, ensuring uniform and fair treatment, facilitating service linkages, and prioritizing available housing and services according to HUD preferred procedures.¹⁵

Under the CES, multiple agencies are enlisted to act as “access points”, using the Quick Referral Tool (QRT) to screen and refer people to designated agencies serving as “assessment points”, where they undergo a standardized assessment and are prioritized for housing and services, and are then linked with programs appropriate to their particular needs. Street outreach workers complement this system by both engaging and assessing the most isolated homeless people, many of who avoid traditional services.

The CES uses the individual, family and youth versions of the VI-SPDAT (Vulnerability Index -Service Prioritization Decision Assistance Tool), an evidence-based, triage survey that assesses severity of service needs and vulnerability. Based on answers to the

¹⁴ Kern County Homeless Collaborative: Coordinated Entry System, Policies and Procedures, January 2018.

¹⁵ HUD CPD-14-012: Prioritizing People Experiencing Homelessness in Permanent Supportive Housing and Record-keeping Requirements for Documenting Chronic Homeless Status, July 2014.

SPDAT, an interactive software program prioritizes homeless clients for placement on a housing waiting list; or, in the case of at-risk clients, on a list for assistance to prevent loss of housing. These prioritization lists are updated on a weekly basis, and weekly case conferences are also held to discuss housing vacancies and arrange placements or prevention assistance.

As detailed in the manual, the CES can be accessed from all geographic areas and communities in Kern County, both through direct contact with “access point” agencies or by calling the 2-1-1 system. All individuals in the KCHC’s service area have fair, non-discriminatory and equal access to the CES process, regardless of where or how they present for services, in full compliance with the nondiscrimination and equal opportunity provisions of all federal civil rights laws.

The CES is a “no wrong door”, low-barrier system that does not reject people due to pre-existing conditions, such as mental illness, substance abuse, lack of income, poor credit or other traditional barriers to service. CES participant agencies offer bilingual services and have access to translators for languages other than English and Spanish. Currently, the CES is being marketed countywide, as described in Goal 2, on the following page, to people who are homeless or at risk of homelessness, and the agencies, community groups and citizens in their communities that interface with or serve them.

NPLH target population members who are homeless, chronically homeless or at-risk of chronic homelessness will be assessed and prioritized for housing based on their adult VI-SPDAT, Family VI-SPDAT, or Youth VI-SPDAT scores, and placed on a special waiting list for NPLH housing six months before it opens. KernBHRS clinical staff participating on the CES and Housing Committees will verify eligibility of applicants and certify their status as homeless, chronically homeless, or at risk of homelessness.

- o **Goal 1. Implement all service components of the Coordinated Entry System, as described in the CES Policies and Procedures Manual adopted by the KCHC Governing Board on January 11, 2018.**

Strategies:

1. Effectively implement Phase I (Access) of the CES Assessment process, to be conducted by Access Points utilizing the Quick Referral Tool (QRT) screening and referral instrument, to connect homeless and at-risk people to the appropriate Assessment Points.

Action Steps:

- The Collaborative Applicant will enlist agencies that regularly encounter at-risk and homeless people to serve as CES Access Points in all geographic areas of Kern County and train them in use of the Quick Referral Tool (QRT), from April to September 2018, and as needed thereafter.
- Incorporate State NPLH Program into Phase I of the CES system, by training street outreach workers and agencies acting as Access points about the NPLH target population definition, including the new classification of “at risk of chronic homelessness.”

2. Effectively implement Phase II (Assessment, Prioritization and Referral) of the CES Assessment process, to be conducted by designated KCHC member agencies using the VI-SPDAT tool, as the basis for prioritizing and quickly referring people to the appropriate permanent housing and supportive services.

Action Steps:

- The Housing Authority will assume responsibility for assessing, prioritizing and referring people at risk of homelessness by April 2018.
 - Flood Bakersfield Ministries outreach teams, the Mission at Kern County (rural only), Clinica Sierra Vista and the Bakersfield Homeless Center will assess, prioritize and refer homeless individuals and families for housing and supportive services by April 2018.
 - Flood will maintain Housing Prioritization Waiting List for homeless people, which the CES Committee will use to authorize housing placements, by April 2018.
 - The Housing Authority will maintain Housing Prioritization Waiting List for At-Risk People, which CES Committee will use to authorize housing placements, by April 2018.
 - The California Veterans Assistance Foundation will assess all homeless and at-risk veterans, by April 2018.
 - Domestic violence shelters will work with designated Assessment points through use of QRT to ensure their clientele is assessed and placed on the prioritized list for housing, by April 2018.
 - The Dream Center, operated by the Kern County Network for Children, will assess youth exiting the Foster Care and Juvenile Justice systems.
 - CES Committee will incorporate new NPLH classification of “at-risk of chronic homelessness” into assessment process for assessing, prioritizing and referring NPLH target population members for placement into NPLH housing, when it becomes available.
- **Goal 2. Conduct countywide marketing campaign to reach out to at-risk and homeless people in Kern County and inform service agencies and the community at large about the CES and how to access help.**

Strategies:

1. Inform community of new service through print and electronic media, including press releases, email announcements, and social networks.

Action Steps:

- Collaborative applicant will prepare countywide press releases in both English and Spanish announcing the availability of CES resource, email announcement to key agencies, and post information on the KCHC website and social media by June 2018, all done in both English and Spanish.
 - KCHC member agencies will post identical announcements on their websites, and link to KCHC website.
- **Goal 3. Implement evaluation and data management components of CES.**

Strategies:

1. Expand HMIS to record and track CES client service data, including QRT, VI-SPDAT and referral match data.

Action Steps:

- HMIS Lead agency will negotiate with software provider to expand system capacity to record and track CES data.
2. Evaluate and update the CES policies and processes on at least an annual basis, as needed.

Action Steps:

- CES participants will conduct client satisfaction surveys, which will be compiled and reviewed by CES Committee on a quarterly and annual basis (ongoing).
 - CES Committee members will discuss and evaluate provider experience at monthly meetings (ongoing), and assess needs to update the system as they arise and at a designated annual meeting
- **Goal 4. Support continued financial operation and expansion of the CES, in lieu of agencies having to permanently assume staffing costs with no designated source of funding.**

Strategies:

1. Apply for HUD CoC Program or other public grant funds to sustain CES.

Action Steps:

- CES Committee will identify staffing and operational costs, including costs of housing navigators and housing resource specialists by December 2018
- KCHC Governing Board will select lead agency to be applicant and “hub” agency responsible for assessing, prioritizing and referring at risk and homeless clients.

Objective #2: Prevent homelessness and repeated homelessness whenever possible.

As stated in the original 10-Year Plan, the most effective way to end homelessness is to prevent it from happening in the first place. Homelessness prevention not only minimizes the disruption in people’s lives, but also saves taxpayers money. The KCHC takes a two-pronged approach to preventing homelessness: preventing evictions or loss of housing; and preventing people from being discharged from institutions into homelessness.

The new CES will enhance the first approach by ensuring that people at risk of homelessness are able to receive cash assistance for rent and utilities in time to prevent loss of their housing, and are helped to resolve income, health or other problems that put them in this situation. In the event that people lose their homes, the KCHC will utilize rapid re-housing resources to minimize the length of time they are homeless.

Preventing discharge of people into homelessness will require that the KCHC develops closer working relations with jail, hospital, managed care, and foster care systems. Although some inroads have been made over the past 10 years, the KCHC must outreach at-risk people before they are discharged from these systems, so that arrangements can be made house or shelter them.

- **Goal 1. Reduce the number of people who return to homelessness after having been placed in permanent housing.**

Strategies:

1. Provide aftercare, monitoring and intervention services to prevent repeated homelessness.

Action Steps:

- Supportive housing service providers will continue to monitor formerly homeless people in permanent supportive housing for up to three years or longer, if needed (ongoing).
- Upon discharge from case management programs, service providers will inform formerly homeless clients of how and when to access CES services for people at risk of homelessness, and will prioritize them for prevention assistance.

2. Help formerly homeless people become more self-sufficient.

Action Steps:

- Continue to provide or link clients with money management, domestic and life skills training to increase self-reliance and independence, as well as education, job skills training and employment.

○ **Goal 2. Reduce the number of people who become homeless for the first time.**

Strategies:

1. Promote CES countywide for people at risk of homelessness.

Action Steps:

- Training agencies countywide in use of Quick Referral Tool. (See Objective I)

2. Secure additional prevention funds, including funds for rental and utility assistance.

Action Steps:

- KCHC service providers will apply for all available prevention funds, and approach local jurisdictions for additional non-traditional sources of funds for homeless services. (See Objective VI, Goal 2)

○ **Goal 3. Reduce the number of prison or jail inmates who are discharged into homelessness.**

Strategies:

1. Prevent inmates who are at risk of homelessness from becoming homeless upon discharge from jail.

Action Steps:

- Discharge and Prevention Committee will negotiate with Sheriff's Office to allow regular outreach visits with at-risk inmates on-site at the jail, by September 2018.
- Collaborative Applicant will train correctional staff and KernBHRS Jail Team staff and VA Justice Outreach staff in use of Quick Referral Tool, by December 2018.

- KCHC member agency outreach teams will meet with inmates to develop re-entry plans, including housing options, prior to discharge.
2. Create MOU or protocol to prevent institutional discharge of inmates directly to the streets.

Action Steps:

- Discharge and Prevention Committee will meet with Kern County Sheriff's Office and Probation Department representatives to formalize process and protocols for outreaching at risk inmates.
3. Continue Homeless Court and advocate with court system for jail diversion programs for homeless people charged with minor crimes.

Action Steps:

- Greater Bakersfield Legal Assistance will continue to collaborate with the Kern County Superior Court to provide at least bi-monthly Homeless Court sessions, and advocate for diversion in lieu of jail for lesser crimes where treatment, housing or supportive services are indicated.

○ **Goal 4. Reduce the number of hospital patients who are discharged into homelessness.**

Strategies:

1. Improve collaboration between KCHC service providers and local hospitals on behalf of homeless or at risk patients.

Action Steps:

- The Collaborative Applicant will train discharge nurses and medical case-workers in use of the QRT screening tool by September 2018, and as needed thereafter.
 - Have outreach team members respond to referrals from hospitals, if needed, by meeting with patients on-site prior to discharge to arrange for housing resources.
 - Partner with hospitals and insurers to expand respite care beds for patients who are not appropriate for local shelters
2. Create MOU or protocol to prevent institutional discharge of patients directly to the streets or inappropriate shelter situations.

Action Steps:

- Discharge and Prevention Committee will meet with MediCal managed care agencies and local hospitals to create MOU, within two to three years.

○ **Goal 5. Reduce the number of youth who become homeless upon discharge from the juvenile justice and foster care systems.**

Strategies:

1. Ensure that at-risk and homeless youth are referred for housing and supportive services.

Action Steps:

- Train child probation officers, child protective service staff, foster parents, McKinney-Vento liaisons and school counselors in use of the QRT, by September 2018.
 - An as yet to be determined agency will create outreach pilot program to locate and assist homeless and runaway youth, by July 2019.
2. Obtain federal Health and Human Services competitive grant funds for outreach, housing and services targeted to runaway and homeless youth.

Action Steps:

- KCHC will identify agency(s) willing and able to apply for nationally competitive federal funds by December 2019.

Objective #3: Improve the economic security, health and stability of homeless and at-risk people.

Homeless and mainstream supportive services are both necessary to help at-risk and homeless people referred through the CES obtain housing stability, and reach their optimal level of independence. Under the Housing First approach, the function of homeless service providers is to connect homeless people to housing and mainstream services, while ensuring that their needs for basic necessities, urgent care, and safety are met. Clients are helped until they are able to function independently, or until ongoing care can be transferred to a mainstream services provider. For this to happen, homeless services must also be in sufficient supply and of such quality as to meet requests for assistance in a timely, responsive manner.

- **Goal 1.** Increase the amount of income received by at-risk, homeless and formerly homeless people from public benefits for which they are eligible.

Strategies:

1. Enhance benefits counseling skills of KCHC member and partner agency case managers.

Action Steps:

- Continue to offer SOAR Training to KCHC member and partner agencies countywide through SOAR Committee.
- SOAR Committee will create SOAR-like training to cover other mainstream benefit systems by January 2020.

- **Goal 2.** Increase the amount of employment income earned by at-risk, homeless and formerly homeless people.

Strategies:

1. Create additional joint “bridge employment” programs to provide job training skills and temporary employment to homeless people.

Action Steps:

- The Bakersfield Homeless Center will advocate with City, County and private businesses to utilize homeless people in a job placement program.

- **Goal 3.** Ensure that all homeless clients have medical insurance coverage and have access to primary health and dental care.

Strategies:

1. Collaborate with Kern Medical Whole Person Care (WPC) state pilot project to provide better integrated, coordinated and more effective services to homeless MediCal recipients who are frequent users of the health care system.

Action Steps:

- Housing Authority will refer eligible homeless people to Kern Medical for inclusion in the WPC state pilot project, by April 2018.
2. Ensure that all homeless clients have and are encouraged to use a primary health care provider, in lieu of over utilizing or misusing emergency health care services.

Action Steps:

- KCHC member agency case managers will continue to enroll clients in MediCal or state health insurance, and help them to access regular health care services, based on having a thorough physical.

- **Goal 4.** Ensure that mental health and substance abuse treatment services are readily available to eligible homeless people.

Strategies:

1. Increase proximity, access to, and timeliness of low-barrier services for homeless people needing mental health and/or substance abuse treatment.

Action Steps:

- KCHC will collaborate with KernBHRS to make behavioral health services more accessible to the homeless population, including by co-locating services at the major emergency shelters, creating walk-in satellite clinics near major concentration centers of unsheltered homeless people, or providing outreach treatment services.
- KCHC will collaborate with KernBHRS to create no-charge recovery home beds for eligible homeless people.

2. Collaborate closely with KernBHRS Recovery Station staff to ensure that homeless clients are connected to housing services upon discharge.

Action Steps:

- The Collaborative Applicant will train Recovery Stations staff in use of QRT to ensure that homeless people with mental health and substance use problems are linked to CES upon discharge, by November 2018.

- **Goal 5.** Enhance the case management services needed to provide the most effective housing placement, supportive and aftercare services to people in permanent supportive housing and rapid re-housing.

Strategies:

1. Provide shared case management training to member agency case managers, housing navigators and outreach workers.

Action Steps:

- The Collaborative Applicant in concert with CoC Planning and Performance Committee will research potential case management curricula and certification options geared to homeless case management.
 - CoC Planning and Performance Committee will create common professional standard of practice for KCHC programs for Governing Board approval.
 - The Collaborative Applicant will seek funding to provide case management training.
2. Increase the combined number of KCHC case managers to provide housing placement, supportive services and aftercare services by 15 to 20 new case manager positions, from the existing 40 positions to 55 or 60 positions.

Action Steps:

- Service providers will identify new funding sources to ensure sufficient numbers of new case managers to adequately meet the needs of people placed in new PSH beds, with a ratio of no more than one case manager per 40 households.
3. Expand use of mainstream services to provide supportive services, including case management and aftercare, for clients in permanent supportive housing.

Action Steps:

- Homeless service providers will coordinate with KernBHRS to ensure timely transition of eligible behavioral health clients to KernBHRS case managers for continuing care.

Objective #4: Ensure that emergency shelter, transitional housing and interim housing beds are adequate to meet current and future demands.

Emergency shelter is a critical component of the local Continuum of Care, and would be necessary even if adequate affordable housing were available, due to delays in processing and placing homeless people in permanent housing. Although no longer funded by HUD, transitional housing, particularly for victims of domestic violence and people recovering from substance use disorders, is a valuable resource that allows adequate time for residents to rebuild their lives in a secure, supportive setting. Bridge housing allows for flexibility in sheltering people who are unable to use congregate shelters, or are residing in areas where there are no shelters.

- o **Goal 1. Publicly support and assist Bethany Services in transitioning the Bakersfield Homeless Center to a new location where it will offer expanded services to homeless families and single women, in response to the California High Speed Rail Authority's Bullet Train project.**

The Bakersfield Homeless Center (BHC) is one of the two largest emergency shelters in Kern County, with primary responsibility for serving single women and families with children, as previously discussed. Closure of the shelter for even a few days would leave hundreds of homeless adults and children without a place to stay or basic necessities. Therefore, it is imperative that the KCHC and local community assist Bethany Services, the shelter owner and operator, in any way possible to effect a smooth transition to a new, larger location, where it can continue uninterrupted and expand services as needed.

Strategies:

1. Help Bethany Services obtain political, financial and public support for relocating the expanded Bakersfield Homeless Center in a smooth and timely manner.

Action Steps:

- KCHC will advocate on behalf of the BHC move with federal, state and local elected officials, as needed or requested, until the transition has been effected.
 - KCHC will encourage both private and public funders to direct necessary resources to the project.
- o **Goal 2. Ensure that there are sufficient emergency shelter beds to meet the needs of homeless individuals and families, and that beds are effectively utilized.**

Shelter occupancy must be monitored and any shortages addressed before they reach critical proportions, as has happened recently in other areas of California where the numbers of unsheltered people has increased dramatically. Although Kern County has a greater capacity to shelter homeless people than most CoCs, there are still some deficiencies, as noted earlier.

Strategies:

1. Track bed occupancy trends of Metro Bakersfield and Kern County emergency shelters on a quarterly basis and address any significant bed shortages as well as underutilization of shelter services.

Action Steps:

- The HMIS Lead agency will provide quarterly shelter occupancy reports to the CoC Planning and Performance Committee.
 - The CoC Committee will review occupancy reports and recommend solutions to address shortages or underutilization of beds.
2. Create low-barrier emergency shelter beds for homeless people who cannot or are unwilling to use existing shelters.

Action Steps:

- The Outreach Committee will survey unsheltered people to determine why they are not using local shelters, and what shelter accommodations they would be willing to use, and report to Housing Committee by September 2018.
 - The Housing Committee will research the need for alternative shelter beds for homeless people reluctant or unwilling to use local mass shelters and make recommendations to Governing Board by December 2018.
3. Create a hotel/motel shelter voucher network for rural outreach workers to use to temporarily shelter homeless people found in communities outside Bakersfield.

Action Steps:

- The KCHC will help the rural outreach provider identify a funding source(s) to create shelter vouchers in areas outside Bakersfield by December 2019.
- The outreach provider will recruit local motel/hotels willing to accept vouchers.
- The Housing Committee will define conditions for use of vouchers

- The HMIS Lead Agency and HMIS/Data Quality Committee will incorporate Vouchered Shelter into HMIS database.

○ **Goal 3: Increase the number of bridge housing beds.**

Strategies:

1. Develop 25 new bridge housing beds for homeless people who are awaiting placement in permanent housing.

Action Steps:

- Reserve a portion of any new ESG, CoC or other new funding sources for bridge housing, until desired number of beds is met.
- Flood Bakersfield Ministries and Clinica Sierra Vista, with support from the Collaborative Applicant and Governing Board, will negotiate with local managed care systems and hospitals to help fund additional bridge and respite care housing beds for homeless patients released from hospitals who are too ill or otherwise unable to use existing congregate shelters, beginning in September 2018.
- The HMIS Lead Agency and HMIS/Data Quality Committee will incorporate Bridge Housing into the HMIS database, by July 2018.

Objective #5: Increase the affordable housing inventory for homeless individuals and families by 10,470 new beds.

Ending homelessness ultimately depends on correcting the affordable housing shortage in Kern County. This will require both a significant increase in the availability of rental subsidies, and the creation of numerous new housing units affordable to low- and very low-income households. Led by the Housing Authority, and done in partnership with other housing providers including the California Veterans Assistance Foundation, the KCHC will undertake an ambitious effort to increase permanent housing resources.

Creation of new permanent supportive housing beds will also require an increase in case management services, as previously discussed. Outreach efforts targeting chronically homeless people, vulnerable unsheltered people, and special subpopulations, such as unaccompanied youth, will also have to be expanded to ensure that priority subpopulations obtain housing. Additional rapid re-housing beds will also be needed to help recently homeless families regain and stabilize their housing situations.

The KCHC will use all available resources in housing the homeless population, including: landlord outreach; helping people remain in housing with family or friends, as appropriate; and use of alternative housing placements such as room-and-board, private room rentals, or shared housing. Consistent with HUD's new emphasis, it will also support efforts to help formerly homeless people transition from subsidized to free market housing, including home ownership.

- **Goal 1. Increase the number of Permanent Supportive Housing (PSH) beds for homeless people by 8,591 new beds, including: 1,550 beds for Chronically Homeless people; 1,141 beds for Veterans; 754 Youth (18-24) beds; and 5,146 beds for other populations.**

The projected number of new housing beds to be developed, broken down by sub-population, are significantly higher than the original 10-year plan but reflect better data on the actual number of people who will need housing over a 10-year period to achieve the goal of effectively ending homelessness. The 10-year housing goals were calculated using HMIS, PIT Count, Housing Inventory Count, and VI-SPDAT data to determine the current number of homeless people, the projected number of people entering homelessness over the next 10 years, the number of people needing housing assistance, the type of housing assistance needed, and the currently available housing resources.

Strategies:

1. KCHC housing providers will apply for at least 859 new beds annually.

Action Steps:

- The Housing Authority will continue to apply annually for new HUD CoC PSH vouchers.
 - The Housing Authority will continue to apply for and designate a portion of Housing Choice Vouchers for PSH, including for No Place Like Home housing units when they are built.
 - The California Veterans Assistance Foundation (CVAF) will continue to apply for additional Veteran's Affairs supportive housing beds.
2. Advocate with the US Veterans Administration about more timely contracts for case management to coincide with and avoid underutilization of available VASH vouchers.

Action Steps:

- The Housing Authority will contact and negotiate with VA or elected officials as appropriate until problem is resolved.
 - CVAF will continue to work with the California Association of Veteran Service Agencies until problem is resolved.
3. Increase the number of outreach teams in Bakersfield and rural communities to target unsheltered chronically homeless people, veterans and youth, and coordinate outreach activities between agency teams.

Action Steps:

- Flood Bakersfield Ministries will obtain funds to increase its outreach staff by 5.00 FTE outreach workers, from the existing 3.00 FTE to 8.00 FTE staff, to provide two teams each in Metro Bakersfield and in rural communities by September 2018.
- Two CVAF staff will continue to provide outreach targeted to veterans.
- KernBHRS will expand its REACH Program to cover all areas of Kern County with additional internal and contracted outreach teams.
- A KCHC member agency as yet to be determined will find funds to create a 2.00 FTE outreach pilot project targeting unaccompanied youth and minors, by July 2019.
- The existing Flood and Mission street outreach programs will coordinate services with each other, the expanded KernBHRS REACH Program, and any faith-based or other entities providing street outreach, to avoid duplication of services and maximize efforts to reduce the unsheltered homeless population.

- **Goal 2. Increase the number of Rapid Re-Housing (RRH) beds by 1,879 new beds in 10 years, including: 271 beds for CH; 233 beds for Veterans; 494 beds for Youth; and 888 beds for other populations.**

Strategies:

1. KCHC agencies will generate a combined total of 188 new RRH beds annually.

Action Steps:

- KCHC agencies will continue to apply for new CoC Program, local and state ESG, CalWORKS, and VA-funded RRH beds.

- **Goal 3. Acquire, construct and/or renovate 600 new affordable permanent housing beds for homeless families and individuals.**

Strategies:

1. Obtain all possible available federal, state and local capital funds to develop new PH units.

Action Steps:

- The Housing Authority will apply for California Housing and Community Development (HCD) funds to leverage with other funding sources, and track legislation providing incentive or new funding for development of affordable housing.
- The KCHC will coordinate with the entitlement cities of Bakersfield and Delano and County of Kern to allocate federal HOME Investments Partnerships Program and state Senate Bill 2 (SB-2), the Building Homes and Jobs Act, funds for creation of PSH beds beginning in 2019.

- **Goal 4. Acquire, construct and/or renovate an as yet to be determined number of new No Place Like Home-funded permanent supportive housing beds for people with behavioral health issues who are chronically homeless or at risk of chronic homelessness.**

Strategies:

1. Apply to California State Housing and Community Development (HCD) Department for NPLH Non-Competitive Allocation funds in 2018.

Action Steps:

- KernBHRS, in partnership with the Housing Authority, will locate sites, plan housing projects and apply for HCD NPLH funds by Fall 2018.

2. Apply to California HCD for successive round of NPLH Competitive Allocation funds.

Action Steps:

- Kern BHRS, in partnership with Housing Authority, will continue to apply for successive rounds of NPLH competitive funds, between 2019 and 2024.

- **Goal 5. Decrease the length of time people remain homeless from point of access until placed in permanent housing to 90 days or less.**

Strategies:

1. Minimize barriers to housing access or preconditions of housing readiness.

Action Steps:

- CES will facilitate access, assessment and prioritization of clients as quickly as possible regardless of barriers or preconditions. (See Objective I, Goal 1)

2. Streamline the housing application and placement process.

Action Steps:

- The Housing Authority will match clients to vouchers while housing application documents are pending.
- The Housing Authority will continue to pre-inspect potential rental units and train case managers from other agencies to do the same and have inventory list available for case managers and their clients. (Ongoing)
- The Housing Authority will continue to utilize the Risk Mitigation Fund as an incentive to recruit landlords willing to rent to homeless people.

- **Goal 6. Promote alternative permanent housing placement options, including diversion services, affordable to homeless individuals with SSI/SSDI benefits or equivalent income sources.**

Strategies:

1. Provide diversion services to people requesting shelter who may be able to stay in their current housing situation, including people temporarily residing with family or friends.

Action Steps:

- CES assessment staff will assist clients with maintaining existing housing or securing temporary assistance from family or friends, as requested and appropriate.

2. When appropriate, and on a voluntary basis, utilize a range of other than PH housing resources to house people.

Action Steps:

- CES will maintain up-to-date list of alternative housing options such as room-and-board, rooming house, and private room rentals by December 2018, contingent on funding for a housing resource developer.
3. Increase efforts to recruit landlords willing to rent to homeless people, including landlords who will accept shared housing voucher.

Action Steps:

- The Housing Authority will expand its Landlord Liaison Program to outreach and engage additional landlords, and implement shared housing vouchers, by July 2019.

4. Expand HMIS to track and report alternative housing placements.

Action Steps:

- HMIS Lead Agency will negotiate with software developer to include capacity to track clients placed in diversion or alternative housing programs.

- **Goal 7. Support development of new affordable housing units for low- and very low-income households.**

Strategies:

1. The KCHC will participate in newly formed Kern County Affordable Housing Coalition.

Action Steps:

- The Housing Authority and Golden Empire Affordable Housing will represent, and report back to KCHC, on progress and activities of Kern Affordable Housing Coalition.
2. Advocate with developers for set-aside of new affordable apartment units for homeless households.

Action Steps:

- The Housing Authority will negotiate with for profit and non-profit low-income housing providers.
- **Goal 8. Help 120 formerly homeless households transition from subsidized to unsubsidized housing.**

Strategies:

1. Help 100 formerly homeless households transition from subsidized to free market rental housing.

Action Steps:

- The Housing Authority will increase financial stability for 10 formerly homeless clients each year totaling 100 clients in ten years through the Wise Investments Now Program, which focuses on one-to-one guidance in how to access credit, build a strong credit history, and establish bank accounts.
2. Partner with Habitat for Humanity Homeownership Program to build 10 new homes using sweat equity for formerly homeless families.

Action Steps:

- KCHC Housing service providers will refer formerly homeless clients who are in a position to purchase their own home to Habitat.
- KCHC Housing service providers will enroll prospective homeowners in Housing Authority Family Self-Sufficiency and United Way Financial Independence Starts Here (FISH) programs to help prepare formerly homeless families for home ownership.

Objective 6: Broaden and strengthen community support for ending homelessness.

Thanks to support from the Collaborative Applicant, the KCHC has done an effective job of informing the public about homelessness and publicizing homeless events and activities, through press releases, interviews, and social networks. While the KCHC will continue these efforts, it also plans to engage state and local elected officials and key agency heads in an ongoing dialogue about ending homelessness. This will ensure that these

officials have the most accurate and complete information available about the extent and impact of homelessness to factor into their legislative, policy, ordinance and financial decision-making processes.

- **Goal 1: Utilize client data from KCHC HMIS, Built for Zero and Functional Zero initiatives, and from other agencies to produce an annual report to inform decision makers of progress in reducing homelessness and mitigating the impact and cost of homelessness to the community.**

As previously discussed, data from annual PIT counts does not provide a complete picture of the extent or impact of homelessness in the community. The KCHC plans to expand HMIS to report on the numbers and characteristics of the homeless clientele served annually by its member agencies; and to also request that other key agencies and public resources track homelessness in their databases, if they do not already do so. Having this information will allow the KCHC to prepare a more comprehensive annual report on homelessness for community leaders and the public, and also measure the ongoing success of efforts to reduce homelessness and its costs to the community.

Strategies:

1. Compile aggregate client and cost data from law enforcement, hospitals, healthcare, and emergency care providers on an annual basis to track impact of homelessness on local institutions.

Action Steps:

- The Collaborative Applicant will request that the Bakersfield Police Department, Kern County Sheriff's Office, Kern Probation Department, Kern Public Health Services, Kern Behavioral Health and Recovery Services, and local managed care providers and hospitals create a field for and track homelessness in their existing respective databases, if they haven't already done so, and share aggregate homeless clients data with the KCHC on an annual basis.
2. Adapt HMIS to report the number and characteristics of homeless people served annually by the CoC.

Action Steps:

- The HMIS Lead agency will negotiate with the KCHC's software provider to include this capacity in its database by December 2018.
3. Continue to use USICH Functional Zero and Community Solutions Built for Zero methods to track success in ending chronic and veteran's homelessness.

Action Steps:

- The CES Committee Built for Zero Working Group will report to the Governing Board on a monthly and annual basis on progress in placing chronically homeless people and homeless veterans into housing.
- **Goal 2: Engage decision-making bodies in ongoing dialogue about solving homelessness, including: the Board of Supervisors, the Kern Council of Gov-**

ernments (Kern COG), City Councils, the Chambers of Commerce, the Community Corrections Partnership, and other key boards, commissions and community coalitions.

The KCHC is the HUD-recognized, community-based coalition of agencies charged with planning, implementing and providing and/or coordinating the continuum of care for homeless people in Bakersfield and Kern County. As such, it has an obligation, and is best equipped, to inform and advise key local decision-makers about the nature and extent of homelessness locally, gaps in the service system, and constructive policies and solutions to the homeless problem. Ending homelessness will necessarily require the commitment and involvement of these entities. This will include providing additional support for underfunded services, such as street outreach, that directly benefits these jurisdictions by relocating unsheltered people from the streets into housing.

Strategies:

1. Inform decision makers about the extent and costs of homelessness and efforts to solve it and discuss issues on which greater cooperation and coordination is needed between government, business and the KCHC.

Action Steps:

- The Collaborative Applicant will schedule time with these entities for the KCHC to present an annual homeless report, beginning in July 2018, and occurring every year thereafter.
 - KCHC representatives will meet separately with these entities to make the case for local public or private funds to help reduce the impact and cost of homelessness to the community, including funds for prevention, street outreach, and housing assistance.
 - KCHC representatives will also broach the possibility with the County of creating a homeless adult and family multidisciplinary team (MDT) to facilitate identification, assessment and linkage of homeless people to housing and supportive services, under California's new AB 210, Homeless Multidisciplinary Personnel Team.
- o **Goal 3: Produce professional non-profit public service announcements (PSAs) to inform public of progress being made towards ending homelessness.**

The KCHC will resume providing public service announcements on local television and radio as the most effective means of raising awareness of and influencing public attitudes about homelessness. PSAs will be produced in both English and Spanish, in partnership with CSUB or another communications group. They will include the message that homelessness is a solvable problem, and contain examples of formerly homeless people who have successfully reestablished themselves in the community.

Strategies:

- 1) Partner with Communications Department at California State University, Bakersfield, to produce television and radio spots for local media.

Action Steps:

- Collaborative Applicant will negotiate with CSUB or another communications agency, if necessary, to produce PSAs (ongoing).

- Collaborative Applicant, in concert with KCHC member agencies, will recruit local celebrities, media personalities and formerly homeless people, to participate in PSAs.

VI. IMPLEMENTING THE PLAN

Implementation of the updated 10-Year Plan and ending homelessness are two separate but interrelated matters. To the extent that the Plan is executed and has the desired effects, there should be a noticeable decrease in homelessness from year to year. This cannot account for, and may be affected by, any major unforeseen events, such as another economic recession or change in public funding or policies, as occurred during the original 10-Year Plan.

Implementation

The Collaborative Applicant will have primary responsibility for monitoring and reporting on progress in implementing the update 10-Year Plan, under oversight of the KCHC Governing Board.

1. Committee Participation. Following adoption of the Plan by the Governing Board, the Collaborative Applicant will meet separately with KCHC committees to brief members on and answer questions about their respective roles in implementing components of the objectives and goals, and what actions and outcomes are expected from them.
2. Monthly Briefings. The Collaborative Applicant will brief the Governing Board on a monthly basis about any significant steps taken recently in implementing one or more objectives of the Plan, or any events or occurrences that may affect the Plan.
3. Annual Progress Reports. The Collaborative Applicant will prepare a brief (4 to 5 page) written annual report for the Governing Board every February, summarizing accomplishments and outcomes achieved in implementing the objectives and goals of the Plan during the preceding year.
4. Amendments or Updates to the Plan. In the event of any major unforeseen changes in federal or state funding, policies or recommended practices affecting homelessness, such as occurred after the 2009 HEARTH Act, the KCHC may find it advisable or necessary to alter, adapt or add to the objectives and goals contained in the Plan. Any such changes should be presented in the form of an amendment to the Plan, subject to Governing Board approval.

Ending Homelessness

The KCHC believes that it is possible to end homelessness in Kern County, by which it means eliminating a broad social problem that traps poorer people in an ongoing state of housing instability or prolonged periods of homelessness. Ultimately, this will require that there is a sufficient stock of affordable housing in the community, and that emergency services are in place to prevent evictions or rapidly re-house people, with supportive services for those who need them to maintain stability. When this occurs, homelessness will be a rare, brief and non-recurring event.

Traditionally, the KCHC has relied on the annual PIT count to assess progress in reducing homelessness, but this method has its limitations, chief among which is that it does not reflect the annual homeless population, as previously discussed. Implementation of the Coordinated Entry System will allow the KCHC to track the number of homeless people

who request services on a continuing basis, and provide detailed demographic and sub-population information on them. It will also provide the first ever comprehensive information available locally on the number of at-risk people presenting annually.

If successful, KCHC's efforts to end homelessness should become evident to other public agencies as well, both in terms of numbers and costs. For example, there should be a decrease in the number of people arrested or jailed annually for crimes related to homelessness. Hospital emergency room visits and in-patient stays, ambulance usage, and mental health crisis admissions should also be positively impacted.

Since 2014, the KCHC has participated in two initiatives designed to help communities measure progress in ending chronic and veteran's homelessness: the USICH Functional Zero and the Community Solutions Built for Zero campaigns. Both methods use continuously updated, by-name client lists and regular case conferencing to navigate homeless clients into appropriate housing as quickly as possible.

The Community Solutions Built for Zero method measures performance by monthly and annual housing placement rates for these subpopulations. When, at any point in time, the number of homeless veterans on the active homeless list is no greater than the monthly housing placement rate, the veteran's subpopulation is said to have reached Functional Zero and is declining. For the chronically homeless population, Community Solutions requires that every CH person be housed, and that no one is allowed to age into chronicity, before a community can say that it has ended homelessness for this subpopulation.

The KCHC is confident that it has identified and enlisted most of the self-reported CH people (182 people) and homeless veterans (91 people) currently present in the community. It has yet to reach functional zero for either subpopulation, however, largely due to a lack of housing resources, but this could occur in the next several years, effectively ending homeless for these two subpopulations.

The USICH method measures a community's progress towards meeting federal criteria and benchmarks that define when CH or veteran's homelessness has been ended and a system is in place to quickly respond to future occurrences. Although these tools are technical and perhaps too complex to use to report on homelessness to the community, they offer the KCHC ways to continuously track performance and to integrate housing and services through use of a by-name list and case conferencing.

APPENDICES

- A. Glossary of Terms
- B. KCHC Membership
- C. KCHC Committee Structure
- D. Kern County Homeless Resources Chart
- E. PIT Count Results Table 2007-2018
- F. Objectives and Goals Summary Chart

APPENDIX A GLOSSARY OF TERMS

Affordable Housing

Any type of housing (rental/home ownership, permanent/temporary, for-profit/non-profit) that costs less than 30% of a household's pre-tax income.

At-Risk of Homelessness

Generally, people at-risk of homelessness are people who are living in a precarious or unstable housing situation who do not have sufficient resources or support to prevent them from becoming homeless within 21 days.

Bridge Housing

Bridge housing is a temporary or interim housing arrangement for homeless clients who have been approved for but are unable to move immediately into a permanent housing unit.

Chronically Homeless (Statutory Definition)

Chronically homeless is defined as an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven or in an emergency shelter, and has been homeless and residing in such a place for at least one year or on at least four separate occasions in the last three years. The definition also requires that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

Collaborative Applicant.

The Collaborative Applicant is the eligible applicant agency designated by the local CoC, and authorized by HUD, to collect and submit the required HUD CoC Program Application information for all projects the CoC has selected for funding; and, to apply for CoC planning funds on behalf of the local CoC. The CoC may assign additional responsibilities to the Collaborative Applicant, as documented in its governance charter.

Continuum of Care (CoC)

CoCs are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state. Components include prevention, street outreach, a coordinated entry system, emergency shelter, transitional housing and permanent housing placement through rapid rehousing and permanent supportive housing. CoCs serve as an area's applicant for federal McKinney-Vento Homeless Assistance Grants through the U.S. Department of Housing and Urban Development (HUD.)

Coordinated Entry System (CES)

Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, prioritized, referred and connected to housing and assistance based on their needs. The Coordinated Entry System allows resources to be better matched with individuals' needs.

Dual Diagnosis

Refers to a diagnosis of more than one of the following: emotional/behavioral disorder, substance use disorder or physical disability.

Emergency Shelter (ES)

Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. (HUD definition)

HOME Investment Partnership Program

HOME is the largest Federal block grant to State and local governments designed exclusively to create affordable housing for low-income households. Each year it allocates more than \$1 billion to the States and hundreds of localities nationwide. HOME provides formula grants that communities use to: construct, acquire, and/or rehabilitate affordable housing for rent or homeownership; or, provide direct rental assistance to low-income people.

Homeless Management Information System (HMIS)

HMIS is a computer software system used to collect client-level data and information on the provisions of housing and services to homeless individuals and families and people at risk of homelessness. HUD requires CoC and ESG funded programs to participate in order to track bed and unit occupancy, service utilization, submit performance and outcomes reports semi-annually. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management and reporting standards.

Homelessness

Homelessness is the condition of people without a permanent dwelling, such as a house or apartment.

Homeless Individuals

Homeless people who are not part of a family with children. They are homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

Homeless Person

Per the HUD definition, adopted under the 2009 HEARTH Act, homeless people include: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Housing First

Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

Housing Inventory Count (HIC)

HUD required report that provides an annual inventory of beds that assist people in the CoC who ^{SEP}are experiencing homelessness or leaving homelessness.

Mainstream Services and Benefits

Publicly funded programs that provide housing, food, health care, transportation and job training designed to help low-income people, whether they are homeless or not, achieve or retain economic independence and self-sufficiency. They include programs providing

welfare, employment assistance, health care, mental health care, substance abuse treatment, and veteran's assistance.

Other Permanent Housing (OPH)

Housing with or without services that is specifically for formerly homeless people, but that does not require people to have a disability.

Permanent Supportive Housing (PSH)

PSH is permanent housing combined with supportive services provided on a long-term basis for formerly homeless people who have disabilities.

Point-in-Time (PIT) Count^[1]_{SEP}

Unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The one-night counts are conducted by Continuums of Care nationwide and occur during the last ten days in January of each year.

Rapid Rehousing (RRH)^[1]_{SEP}

A housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

Sheltered vs. Unsheltered Homeless People

Sheltered homeless people are people who are sleeping in emergency shelters, transitional housing, or bridge housing programs. Unsheltered homeless people are people who are sleeping in places not meant for human habitation, such as the streets, abandoned buildings, vehicles, or parks.

Street Outreach

Street outreach involves moving outside the walls of the agency to engage people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless people as well.

Unaccompanied Youth

People between the ages of 18 and 24 years old who are not part of a family with children during their episode of homelessness, and who are not accompanied by their parent or guardian.

Transitional Housing (TH)

Homeless shelters that provide people a place to stay combined with supportive services for up to 24 months in order to help them overcome barriers to moving into and retaining permanent housing.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Acuity tool used within the Coordinated Entry System to target available resources to those in the greatest need, including those with frequent use of emergency medical services and those with dual diagnosis and tri-morbidity profiles. The VI-SPDAT defines tri-morbidity as co-occurring psychiatric, substance use disorder and chronic medical conditions.

APPENDIX B

KERN COUNTY HOMELESS COLLABORATIVE MEMBERSHIP

Membership is open to all organizations and individuals who support the mission of the Kern County Homeless Collaborative. There are two categories of KCHC members: 1) voting members, and 2) community partners. Voting members are dues paying participants who can vote and hold offices on the Governing Board or KCHC committees, and may also participate in HUD CoC and/or ESG Program funding opportunities. Community partners are non-dues paying members who may participate in KCHC activities, including participating in committees, but cannot vote or hold office.

KCHC VOTING MEMBERS

Voting Members	Description	Contact
Alliance Against Family Violence and Sexual Assault (AAFVSA)	Provides 24-hour crisis intervention, emergency shelter, transitional housing, and supportive services to domestic violence victims and their families. www.kernalliance.org	1921 19 th St. Bakersfield CA 93301 661 322-0931 Barbara Vadnais
Bakersfield College Student Life Office	Public community college offering Associate degrees and certificate programs. Homeless students receive assistance from Student Life Office.	1801 Panorama Dr. Bakersfield CA 05 661 706-2066 Nicky Damania
Bakersfield Homeless Center (BHC)	Full-service homeless shelter and service center, offering meals, family shelter, and women and men's dormitories, child care, case management, rapid re-housing, and job development programs. www.bakhc.org	1600 E. Truxtun Av. Bakersfield CA 05 661 322-9294 Louis Gill
California Veteran's Assistance Foundation (CVAF)	Provides transitional and permanent housing for homeless and at-risk veterans and their families who are homeless. Services are case management based, including employment and training, and assistance with local, state and federal benefits. www.cavaf.org	3509 Union Ave. Bakersfield, CA 05 661 323 5637 Deb Johnson
Catholic Charities	Provides low-income families with emergency food, rental and utility assistance and other services. www.ccdof.org	809 Chester Ave. Bakersfield, CA 01 661 281-2130
City of Bakersfield	Oversees federal and state ESG grants specifically slated for homelessness efforts, and collaborates with KCHC in a number of other ways.	1715 Chester Av. Bakersfield, CA 01 661 852-7534 Nina Carter
Clinica Sierra Vista Homeless Health Services	Provides outpatient and mobile medical clinics and social services to homeless adults and children. clinica sierra vista.org	1015 Baker St. Bakersfield, CA 05 661 328-4283 Margarita Rosson
Community Action Partnership of Kern 2-1-1 Kern	2-1-1 Kern is an information-and-referral service available by phone and on-line. www.211kerncounty.org	300 19 th St. Bakersfield, CA 01 2-1-1, 800 273-2275 Jeremy Tobias

Corporation for Better Housing	California non-profit housing developer/manager offering several multi-family housing projects in Kern County for low- to moderate-income people. www.corpforbetterhousing.com/	818 905-2430
Covenant Community Services	Provides a variety of services to foster youth and former foster youth, including case management, transitional housing, and employment. www.covenantcs.net	1700 N. Chester Av. Bakersfield, CA 08 661 829-6999 Randy Martin
Flood Bakersfield Ministries (Flood)	Provides street outreach, housing placement, and case management for homeless people. www.floodbako.com	3509 Union Ave. Bakersfield, CA 05 661 323-5663 Diane Contreras
Golden Empire Affordable Housing (GEAHI)	Non-profit low-income housing developer affiliated with the Housing Authority of the County of Kern. https://www.kernha.org	601 24 th St., Ste. B Bakersfield, CA 01 661 633-1533 Stephen Pelz
Golden Empire Transit (GET)	GET is an independent transit agency operating mass transit in Metro Bakersfield. www.getbus.org	1830 Golden State Bakersfield CA 01 661 869-6341 Albert Garza
Greater Bakersfield Legal Assistance (GBLA) Community Homeless Law Center Project	Provides civil legal assistance to HUD-eligible homeless people to eliminate legal barriers, and obtain and maintain permanent housing and income. Clients also have access to a Community Homeless Court, an actual Kern County Superior Court misdemeanor and traffic session. http://www.gbla.org	615 California Ave. Bakersfield, CA 04 661 325-5943 Ana Vigil
Harvey L. Hall, Owner, Hall Ambulance,	Former Bakersfield Mayor Harvey Hall was a leader of local efforts to help homeless people for many years, and introduced Kern County's 2008 10-Year Plan to End Chronic Homelessness. hallamb.com/	1001 21 st St. Bakersfield, CA 01 (661) 334-5419 Holly Arnold
Housing Authority of the County of Kern (HACK)	The Housing Authority is the leading provider of affordable housing and permanent supportive housing for homeless people in Kern County. Referral is required by partner agencies that provide placement and supportive services to residents. https://kernha.org	601 24 th St. Bakersfield, CA 01 661 631 8500 Stephen Pelz
Independent Living Center of Kern County (ILCKC)	ILCKC is a non-residential non-profit, empowering people with disabilities to live as independently as they are able by providing programs and services. ilcofkerncounty.org/	5251 Office Park Dr. Bakersfield, CA 09 661 325-1063 Jan Lemucchi
Kern Around the Clock Foundation, Payee Program	Provides account management through a payee service for claimants who receive Social Security benefits, and private pay claimants. Case management, caregiver services and nursing are also provided. http://bakersfieldcare.com/	5251 Office Park Dr. Bakersfield CA 09 661 324-3221 Sonja Snordon

Kern County Behavioral Health and Recovery Services (KernBHRS)	County department responsible for providing or administering the behavioral health system in Kern County. Provides crisis, mental health and substance abuse treatment, and case management services to homeless people including transition age youth. Provides placement and support for clients in permanent supportive housing, in partnership with Housing Authority. Serves as Lead Agency responsible for operating the Homeless Management Information System (HMIS). https://www.kernbhrrs.org	2001 28 th St., Bakersfield CA 01 661 868-6600 Rhonda Barnhard Special Projects Office
Kern County Department of Human Services (DHS)	County agency that administers public assistance programs, including housing, nutrition and medical coverage benefits. Its mission is to ensure safe, protected and permanent homes for children; and actively assists individuals preparing for employment. www.co.kern.ca.us/dhs/	100 E. California Av. Bakersfield, CA 07 661 631-6819 Mark McAlister
Kern County Superintendent of Schools	Provides consulting support and fiscal-monitoring services to Kern's 47 school districts. Ensures that homeless students are afforded all of the McKinney-Vento Act educational rights and services. kern.org/cia/categoricalprograms	1300 17 th St. Bakersfield, CA 01 661 636-4623 Jason Hodgson
St. Vincent de Paul Center	Provides food, clothing, bathroom and shower facilities, and day center to homeless and low-income people. http://www.st-vincent-depaul.com/home.html	320 Baker St. Bakersfield CA 05 661 323-7340 Joann Borter
Stewards Inc.	Stewards Inc. provides financial management payee services, primarily to the elderly and disabled individuals. https://www.stewardsinc.org	2211 H St. Bakersfield, CA 01 661 631-1258 Lauren Hunter
The Mission at Kern County	Provides emergency overnight shelter for men ages 18 and up; one-year discipleship and recovery programs for men and women ages 18 and up; and a one-year transitional housing program for those who graduate from the one-year programs. www.themissionkc.org	821 E 21 st St. Bakersfield CA 05 661 325-0863 Carlos Baldovinos
United Way of Kern County (UWKC)	UWKC serves as the Collaborative Applicant and Fiscal Sponsor of the Kern County Homeless Collaborative. www.UWKern.org	5405 Stockdale Hwy Bakersfield CA 09 661 834-2734 Jessica Janssen
Women's Center – High Desert, Inc. (WCHD)	Provides 24-hour crisis intervention, emergency shelter, and supportive services for domestic violence victims and their families. http://womenscenterhighdesert.org	134 S China Lake Bl. Ridgecrest 93555 760 371-1969 Carol Beecroft, E.D.

APPENDIX B, Continued
KCHD COMMUNITY PARTNER AGENCIES

Agency	Description	Location
AEGIS	Outpatient substance abuse treatment center.	Bakersfield
ALPHA House	Domestic violence shelter.	Taft
Bakersfield Burrito Project	Prepare and distribute burritos and other foods to homeless population.	Bakersfield
Daughter's Project	Non-profit shelter for young women, including un-accompanied minors and women escaping from sex trafficking.	Bakersfield
Employers Training Resource	County department responsible for training and assisting job seekers.	Bakersfield
Garden Pathways	Non-profit offering a range of mentoring programs to children, youth and adults.	Bakersfield
Kern County Network for Children, Dream Center	Resource center for former foster youth, operated by the Kern County Network for Children.	Bakersfield
Kern High School District	Provides McKinney-Vento services to homeless students.	Bakersfield
Kern Family Health Care	MediCal managed care provider.	Bakersfield
Kern County Planning Department, Community Development Division	County department that administers the HUD ESG, CDBG and HOME program grants, prepares County Consolidated Plan.	Bakersfield
Kern County Public Health Services	County department responsible for providing a wide range of health and preventive health services to residents	Bakersfield
Legacy Village	Provides outpatient substance use recovery services, residential treatment and sober living programs.	Bakersfield
Planned Parenthood, Bakersfield Health Center	Outpatient clinic providing sexual and reproductive health care.	Bakersfield
New Life Residential and Training Center	Provides job skills development and construction training opportunities for at-risk males 18 to 25 from a residential setting.	Bakersfield

APPENDIX C

KCHC COMMITTEE STRUCTURE

Governing Board

The Governing Board is authorized by the Voting Members to maintain and conduct the work and structure defined in the *Governance Charter*, thereby serving the homeless and at-risk populations, with the mission of ending homelessness. The 16-member Board directs the Kern County Homeless Collaborative, conducts hands-on work, and facilitates committees and task groups necessary for the proper and efficient functioning of the KCHC, and the HUD Continuum of Care and Emergency Solutions Grant programs. Meets: Last Tuesday of every month (except for July and December) at 9:30 a.m., Baker Street Village Community Center, 1015 Baker St.

CoC Planning and Performance Committee

The CoC Planning and Performance Committee Encourages participation of the County of Kern and City of Bakersfield offices in ongoing CoC efforts, monitors outcomes of projects funded under both the ESG and CoC programs, as required by The HEARTH Act, and participates in preparation of yearly consolidated and action plans.

The CoC Committee also coordinates with the HMIS Committee to:

- Ensure reporting of quality data in the APRs and the AHAR; and
- Reviews (in addition to the Housing Committee) the required HMIS policy documentation review for KCHC members including but not limited to: HMIS Policies and procedures, MOU, Interagency Agreement, Client Consent, and End User Agreement.

Additionally, the CoC Committee Coordinates with the Collaborative Applicant (United Way) to:

- Conduct a CoC-wide need gaps analysis;
- Coordinate agency Corrective Action Plan letters and responses for APR improvements;
- Coordinate the HUD ranking and application process for HUD CoC funding.

Meets: Last Wednesday of every month, 10 a.m., AAFVSA, 1921 19th St.

Coordinated Entry and Assessment Committee

The Coordinated Entry and Assessment Committee plans, implements, facilitates, and monitors the countywide Coordinated Entry System, in compliance with HUD CoC requirements. It is responsible for annually reviewing the KCHC *CES Plan* for Governing Board approval. Meets: Third Thursday each month, 10 a.m., Housing Authority of the County of Kern, 601 24th Street, Bakersfield, CA 93301.

The CES Committee's Ready for Zero Group builds and maintains standardized By-Name lists for Veterans and Chronically Homeless people to ensure up-to-date information from outreach, shelters, and homeless service providers is available to maximize Housing First connections.

HMIS/Data Quality Committee

The HMIS Committee coordinates the KCHC Homeless Management Information System (HMIS) processes; facilitates staff training; prioritizes technical support issues; ensures that data collection processes and quality are in accordance with HUD standards; reviews HMIS policies and documents twice annually for compliance with HUD and the Governance; and recommends best practices on data quality collection, reporting, HIPAA Compliance, and security. Meets: Second Tuesday each month, 9 a.m., at varying member agency sites.

Homeless Outreach Committee

Provides regular outreach events for people who are homeless or at-risk at various locations in Bakersfield; participates in community events attended by homeless people; and conducts outreach events in rural areas on a quarterly basis. The Committee builds partnerships and coordinates networking opportunities to serve as many homeless people as possible through outreach; and distributes annual consumer surveys at each standing site to help providers improve the scope of service delivery and identify service gaps, needs, trends and strengths to maximize resources within the community. Meets: Second Tuesday each month, 9 a.m., at alternating member agency sites.

Housing Committee

The Housing Committee researches best practices, recommends housing solutions, and implements HUD prioritization standards, including time sensitive placement of homeless people. It offers data collection/technical assistance to service providers in completing the CoC Housing Inventory Chart [HIC], and engages potential private/public stakeholders in developing housing projects based on community needs. In the area of chronic homelessness, the Committee:

- Identifies, monitors and champions “Housing First” initiatives, including implementation and monitoring of the 10-Year Plan to End Homelessness;
- Oversees the chronically homeless registry; and
- Monitors development of Housing Choice Vouchers and “Housing First” projects.

Meets: Third Monday of each month at 1:30 p.m., at the Housing Authority, 601 24th St.

The Housing Committee's Housing Prioritization Working Group maintains an interactive prioritization list for permanent supportive housing and placement tracking of chronically homeless people and veterans for reporting to Community Solutions.

Homeless Prevention and Discharge Planning Committee

The Homeless Prevention and Discharge Committee builds relationships with local homeless stakeholders and the community to prevent discharge into homelessness from medical, mental health, incarceration, foster care, and temporary housing. The Committee recommends policies to improve outcomes, maximize resources, and identify gaps and duplication of services. Meets quarterly on the last Tuesday of the month at 9 a.m., at the Mission at Kern, 816 18th St. The Committee sponsors several working groups that meet regularly, including: Medical/Mental Health Discharge, Law Enforcement, Homeless Youth Prevention and Foster Youth Discharge, and Homeless Prevention groups.

Point-in-Time Count Committee

The PIT Count Committee plans, designs and conducts the annual Homeless Point-in-Time Count. The Committee recruits service providers and volunteers; develops and provides training to PIT Count workers; compiles the PIT report to HUD in concert with the HMIS Lead agency; and works with the Collaborative Applicant to disseminate results to the community, media and local policy makers. Meets: Second Tuesday of month, May through March, and every Tuesday in November and January, at 3 p.m., at the Housing Authority, 601 24th St. (Does not meet in April.)

SOAR Committee

The SOAR Committee directs and evaluates the work of COC-wide linkage to SSI/SSDI benefits for people who are homeless or at-risk for becoming homeless, using the SOAR method (SSI/SSDI Outreach, Access and Recovery). Arranges SOAR trainings, and analyzes and reports outcomes to the Governing Board, with a focus on improving access to benefits and promoting the SOAR process. Meets 3rd Wednesday each month, 10 a.m., GBLA, 615 California Avenue.

Resource Development Committee

Resource Development researches and makes KCHC member agencies aware of potential new public and private funding sources to address gaps in services or enhance existing services. Committee is currently inactive.

Ad Hoc Committees: Nominating, Ranking Panel, Appeal Panel, Governance Charter, and Annual Action Plan committees.

APPENDIX D
KEY KERN COUNTY RESOURCES FOR HOMELESS PEOPLE

	Housing				Prevention			Supportive Services										Basic Services			Admin.		
Organizations	Perm. Sup. Hous.	Rapid Re-Housing	Bridge Housing	ES/TH	Rental/Utility Assistance	Advocacy/Counsel	Legal Assistance	Street Outreach	Domestic Violence	Housing Placement /Support	Case Management	Money Mngmnt.	Mental Health Tx	Substance Abuse	Health Care	Education	Employment	Child Care	Transportation	Food/Clothing	Hygiene Facilities	HMIS	CoC Coordination
AA/NA														X									
Alliance Against Family Violence & Sexual Assault				X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X	X	
ALPHA House (Taft)				X	X	X			X									X		X	X		
Bakersfield Adult School																X							
Bakersfield Homeless Center		X		X	X	X				X	X	X				X	X	X	X	X	X	X	
Bakersfield Vet Center (VA)													X		X								
California Veterans Assist. Foundation (CVAF)	X	X	X	X	X	X		X		X	X	X					X		X	X	X	X	
Career Services Center/ Employers Training Resource																X	X						
Catholic Charities					X											X				X			
Clinica Sierra Vista	X					X				X	X			X	X				X			X	
Community Action Partnership of Kern 2-1-1											X							X		X			
Community Connection for Childcare																		X					
Daughters' Project				X																X	X		
Flood Bakersfield Ministries								X		X	X								X			X	
Food Pantry (Lake Isabella)																				X			
Delano DV Shelter				X		X			X	X	X		X					X	X	X	X	X	
Golden Empire Affordable Housing (GEAHI)	X																						
Golden Empire Transit (GET)																			X				
Greater Bakersfield Legal Assistance (GBLA)						X	X	X	X	X	X					X						X	
Housing Authority of the County of Kern	X		X							X												X	
Independent Living Center of Kern County (ILCKC)					X	X				X	X					X			X			X	

APPENDIX D, Continued
KEY KERN COUNTY RESOURCES FOR HOMELESS PEOPLE

Organizations	Housing				Prevention			Supportive Services										Basic Services			Admin.		
	Perm. Sup. Hous.	Rapid Re-Housing	Bridge Housing	ES/TH	Rental/Utility Assistance	Advocacy/Counsel	Legal Assistance	Street Outreach	Domestic Violence	Housing Placement /Support	Case Management	Money Mngmt.	Mental Health Tx	Substance Abuse	Health Care	Education	Employment	Child Care	Transportation	Food/Clothing	Hygiene Facilities	HMIS	CoC Coordination
Jesus Shack								X												X			
Kern Around the Clock Foundation											X	X											
Kern Co. Behavioral Health & Recovery Services			X					X		X	X		X	X					X			X	
Kern High School District, McKinney-Vento Program						X										X			X	X			
K.C. Human Services Dept.		X			X					X	X						X			X		X	
Kern Medical													X		X								
K.C. Public Health Services Department			X												X	X							
K.C. Superintendent Schools McKinney-Vento Program						X										X			X	X			
N.E.E.D.S. Center (TAFT)					X															X			
Salvation Army (Bakersfield, Ridgecrest, Delano)					X									X			X			X			
Stewards Inc.											X	X											
St. Vincent de Paul																				X			
The Mission at Kern County				X		X		X			X					X	X	X		X	X	X	
United Way of Kern County																						X	X
Women's Center-High Desert				X	X	X	X		X	X	X							X	X	X	X	X	

APPENDIX E
Bakersfield/Kern County Homeless Point-In-Time (PIT) Counts, 2007-2018

Category	2007	2009	2011	2013	2014	2015	2016	2017	2018
Total Homeless Counted	1,537	1,499	1,439	1,152	992	954	1,067	810	885
Sheltered	905	667	606	547	577	545	561	541	515
Unsheltered	632	832	833	605	415	409	506	269	370
Metro Bakersfield Count	1,442	1,321	1,324	1,018	856	806	964	731	807
Sheltered	905	649	592	532	550	524	539	520	498
Unsheltered	537	672	718	486	306	282	425	211	309
Rural Count	95	178	126	134	136	144	103	79	78
Sheltered	0	42	11	15	29	17	22	21	17
Unsheltered	95	136	115	119	107	127	81	58	61
Individuals Counted	1,248	1,251	1,236	924	725	733	875	623	715
Sheltered	646	464	447	373	350	344	381	366	353
Unsheltered	602	789	789	551	375	389	494	257	362
Family Members Counted	289	248	203	228	267	221	192	187	170
Sheltered	259	203	159	174	227	201	180	175	162
Unsheltered	30	45	44	54	40	20	12	12	8
Children in Families	192	160	140	149	178	150	121	115	107
Sheltered	173	125	107	95	157	139	115	109	104
Unsheltered	19	35	33	54	21	11	6	6	3
Ratio Adult/Child	1:2.0	1:1.8	1:1.8	1:1.9	1:2	1:2.1	1:1.7	1:1.9	1:1.6
Gender	(1,240)		(1,439)	(1,152)	(992)	(954)	(1,067)	(810)	(885)
Female	268		374	288	372	294	283	244	275
Male	972		1,065	864	620	660	783	564	608
Transgender				0	0	0	1	2	2
Chronically Homeless	316	258	441	286	178	173	272	289	133
CH Sheltered	69	39	48	41	31	42	65	123	35
CH Unsheltered	247	219	393	245	147	131	207	166	98
CH Individuals	316	258	372	261	168	162	254	234	124
Sheltered	69	39	40	36	29	30	53	75	29
Unsheltered	247	219	332	225	139	131	201	159	95
CH in Families			69	25	10	6	18	55	9
Sheltered			8	5	2	6	12	48	4
Unsheltered			61	20	8	0	6	7	5
Homeless Veterans	123	169	173	135	87	92	99	89	80
Sheltered	123	70	79	70	66	61	65	62	72
Unsheltered	0	99	94	65	21	31	34	27	18

APPENDIX E, Continued

Category	2007	2009	2011	2013	2014	2015	2016	2017	2018
Total Homeless Counted	1,537	1,499	1,439	1,152	992	954	1,067	810	885
Severely mentally ill	211	173	364	234	165	177	174	194	202
Sheltered	211	66	130	99	74	72	36	92	80
Unsheltered	--	107	234	135	91	105	138	102	122
Substance Abusers	182	210	639	568	436	401	542	379	261
Sheltered		168	241	223	203	173	210	213	71
Unsheltered		42	398	345	233	228	332	166	190
People with HIV/AIDS	13	6	9	14	10	2	2	2	4
Domestic Violence Victims	148	162	110	99	75	71	106	67	66
Sheltered	99	54	47	47	49	38	56	44	43
Unsheltered	49	108	63	52	26	33	50	23	23
Unaccompanied Youth (18-25)				48	77	52	89	53	56
Sheltered				22	37	22	31	31	29
Unsheltered				26	40	32	58	22	27
Unaccompanied Minor (<18)	4	1	1	0	0	0	0	0	0

Notes: Appendix D is a record of nine point-in-time (PIT) countywide homeless counts done by the Kern County Homeless Collaborative between January 2007 and January 2018. There have been several changes in methodology used to survey the homeless during this time that affected the count: 1) The shelter numbers counted in 2007 included homeless people residing in sober living homes and other residential programs. This was not done in subsequent years, which explains the 26% drop in the shelter number between 2007 and 2009. 2) The switch to a dusk-to-dawn overnight count described in Section III resulted in a dramatic decrease in the number of unsheltered homeless people counted between 2016 and 2017. 3) The use of HMIS to report shelter occupancy beginning in 2018 has also resulted in a significant undercount of people with substance use disorders.

APPENDIX F
OBJECTIVES AND GOALS SUMMARY CHART
HOME AT LAST! KERN COUNTY'S PLAN TO END HOMELESSNESS BY 2028

OBJECTIVE I. ESTABLISH A COORDINATED ENTRY, ASSESSMENT AND REFERRAL SYSTEM TO STREAMLINE AND PRIORITIZE ACCESS TO HOUSING AND SERVICES FOR PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS.

GOAL 1. Implement all service components of the Coordinated Entry System, as described in the CES Policies and Procedures Manual adopted by the KCHC Governing Board on January 11, 2018.

Strategies:

- 1) Effectively implement Phase I (Access) of the CES Assessment process, to be conducted by Access Points utilizing the Quick Referral Tool (QRT) screening and referral instrument, to connect homeless and at-risk people to the appropriate Assessment Point. **Action Steps:**
 - Collaborative Applicant will enlist agencies that regularly encounter at-risk and homeless people to serve as CES Access Points in all geographic areas of Kern County and train them in use of the Quick Referral Tool (QRT), from April to September 2018, and as needed thereafter.
 - Incorporate State NPLH Program into Phase I of the CES system, by training street outreach workers and agencies acting as Access points about the NPLH target population definition, including the new classification of “at risk of chronic homelessness.”
- 2) Effectively implement Phase II (Assessment, Prioritization and Referral) of the CES Assessment process, to be conducted by designated KCHC member agencies using the VI-SPDAT tool, as the basis for prioritizing and quickly referring people to the appropriate permanent housing and supportive services. **Action Steps:**
 - Housing Authority will assume responsibility for assessing, prioritizing and referring people at risk of homelessness by April 2018.
 - Flood Bakersfield Ministries outreach teams, Mission at Kern County (rural only), and Bakersfield Homeless Center will assess, prioritize and refer homeless individuals and families for housing and supportive services by April 2018.
 - Flood will maintain Housing Prioritization Waiting List for homeless people, which CES Committee will use to authorize housing placements, by April 2018.
 - Housing Authority will maintain Housing Prioritization Waiting List for At-Risk People, which CES Committee will use to authorize housing placements, by April 2018.
 - California Veterans Assistance Foundation will assess all homeless and at-risk veterans, by April 2018.
 - Domestic violence shelters will work with designated Assessment points through use of QRT to ensure their clientele is assessed and placed on the prioritized list for housing, by April 2018.

- The Dream Center, operated by the Kern County Network for Children, will assess youth exiting the Foster Care and Juvenile Justice systems.
- CES Committee will incorporate new NPLH classification of “at-risk of chronic homelessness” into assessment process for assessing, prioritizing and referring NPLH target population members for placement into NPLH housing, when it becomes available.

GOAL 2. Conduct countywide marketing campaign to reach out to at-risk and homeless people in Kern County and inform service agencies and the community at large about the CES and how to access help.

Strategies:

- 1) Inform community of new service through print and electronic media, including press releases, email announcements, and social networks. **Actions steps:**
 - Collaborative Applicant will prepare countywide press release announcing the availability of CES resource, email announcement to key agencies, and post information on the KCHC website and social media by June 2018.
 - KCHC member agencies will post identical announcements on their websites, and link to KCHC website.

GOAL 3. Implement evaluation and data management components of CES.

Strategies:

- 1) Expand HMIS to record and track CES client service data, including QRT, VI-SPDAT and referral match data. **Action Steps:**
 - HMIS Lead agency will negotiate with software provider to expand system capacity to record and track CES data.
- 2) Evaluate and update the CES policies and processes on at least an annual basis, as needed. **Action steps:**
 - CES participants will conduct client satisfaction surveys, which will be compiled and reviewed by CES Committee on a quarterly and annual basis (ongoing).
 - CES Committee members will discuss and evaluate provider experience at monthly meetings (ongoing), and assess needs to update the system as they arise and at a designated annual meeting (ongoing).

GOAL 4. Support continued financial operation and expansion of the CES, in lieu of agencies having to permanently assume staffing costs with no designated source of funding.

Strategies:

- 1) Apply for HUD CoC Program or other public grant funds to sustain CES. **Action Steps:**
 - CES Committee will identify staffing and operational costs, including costs of housing navigators and housing resource specialists by December 2018.
 - KCHC Governing Board will select lead agency to be applicant and “hub” agency responsible for assessing, prioritizing and referring at risk and homeless clients.

OBJECTIVE II. PREVENT HOMELESSNESS AND REPEATED HOMELESSNESS WHENEVER POSSIBLE.

GOAL 1. Reduce the number of people who return to homelessness after having been placed in permanent housing.

Strategies:

- 1) Provide aftercare, monitoring and intervention services to prevent repeated homelessness. **Action Steps:**
 - Supportive housing service providers will continue to monitor formerly homeless people in permanent supportive housing for up to three years or longer, if needed (ongoing).
 - Upon discharge from case management programs, service providers will inform formerly homeless clients of how and when to access CES services for people at risk of homelessness, and will prioritize them for prevention assistance (ongoing).
- 2) Help formerly homeless people become more self-sufficient. **Action Steps:**
 - Continue to provide or link clients with money management, domestic and life skills training to increase self-reliance and independence, as well as education, job skills training and employment (ongoing).

GOAL 2. Reduce the number of people who become homeless for the first time.

Strategies:

- 1) Promote CES system countywide for people at risk of homelessness. **Action Steps:**
 - By training agencies countywide in use of Quick Referral Tool. (See Objective I)
- 2) Secure additional prevention funds, including funds for rental and utility assistance. **Action Steps:**
 - KCHC service providers will apply for all available prevention funds, and approach local jurisdictions for additional non-traditional sources of funds for homeless services. (See Objective VI, Goal 2)

GOAL 3. Reduce the number of prison or jail inmates who are discharged into homelessness.

Strategies:

- 1) Prevent inmates who are at risk of homelessness from becoming homeless upon discharge from jail. **Action Steps:**
 - Discharge and Prevention Committee will negotiate with Sheriff's Office to allow regular outreach visits with at risk inmates on-site at the jail, by September 2018.
 - Collaborative Applicant will train correctional staff and KernBHRS Jail Team staff and VA Justice Outreach staff in use of Quick Referral Tool, by December 2018.
 - KCHC member agency outreach teams will meet with inmates to develop re-entry plans, including housing options, prior to discharge.
- 2) Create MOU or protocol to prevent institutional discharge of inmates directly to the streets. **Action Steps:**
 - Discharge and Prevention Committee will meet with Kern County Sheriff's Office and Probation Department representatives to formalize process and protocols for outreaching at risk inmates.
- 3) Continue Homeless Court and advocate with court system for jail diversion programs for homeless people charged with minor crimes. **Action Steps:**

- Greater Bakersfield Legal Assistance will continue to collaborate with the Kern County Superior Court to provide at least bi-monthly Homeless Court sessions, and advocate for diversion in lieu of jail for lesser crimes where treatment, housing or supportive services are indicated.

GOAL 4. Reduce the number of hospital patients who are discharged into homelessness.

Strategies:

- 1) Improve collaboration between KCHC service providers and local hospitals on behalf of homeless or at-risk patients.

Action Steps:

- Collaborative Applicant will train discharge nurses and medical caseworkers in use of the QRT screening tool by September 2018, and as needed thereafter.
 - Have outreach team members respond to referrals from hospitals, if needed, by meeting with patients on-site prior to discharge to arrange for housing resources.
 - Partner with hospitals and insurers to expand respite care beds for patients who are not appropriate for local shelters.
- 2) Create MOU or protocol to prevent institutional discharge of patients directly to the streets or inappropriate shelter situations. **Action Steps:**
 - Discharge and Prevention Committee will meet with MediCal managed care agencies and local hospitals to create MOU, within two to three years.

GOAL 5. Reduce the number of youth who become homeless upon discharge from the juvenile justice and foster care systems.

Strategies:

- 1) Ensure that at risk and homeless youth are referred for housing and supportive services. **Action Steps:**
 - Train child probation officers, child protective service staff, foster parents, McKinney-Vento liaisons and school counselors in use of the QRT, by September 2018.
 - As yet-to-be-determined agency will create outreach pilot program to locate and assist homeless and runaway youth, by July 2019.
- 2) Obtain federal Health and Human Services competitive grant funds for outreach, housing and services targeted to runaway and homeless youth. **Action Steps:**
 - KCHC will identify agency(s) willing and able to apply for nationally competitive federal funds by December 2019.

OBJECTIVE III. IMPROVE ECONOMIC SECURITY, HEALTH AND STABILITY OF HOMELESS AND AT-RISK PEOPLE.

GOAL 1. Increase the amount of income received by at-risk, homeless and formerly homeless people from public benefits for which they are eligible.

Strategies:

- 1) Enhance benefits counseling skills of KCHC member and partner agency case managers. **Action Steps:**
 - Continue to offer SOAR Training to KCHC member and partner agencies countywide through SOAR Committee (ongoing).
 - SOAR Committee will create SOAR-like training to cover other mainstream benefit systems by January 2020.

GOAL 2. Increase the amount of employment income earned by at-risk, homeless and formerly homeless people.

Strategies:

- 1) Create additional joint “bridge employment” programs to provide job training skills and temporary employment to homeless people. **Action Steps:**
 - The Bakersfield Homeless Center will advocate with City, County and private businesses to utilize homeless people in a job placement program (ongoing).

GOAL 3. Ensure that all homeless clients have medical insurance coverage and have access to primary health and dental care.

Strategies:

- 1) Collaborate with Kern Medical Whole Person Care (WPC) state pilot project to provide better integrated, coordinated and more effective services to homeless MediCal recipients who are frequent users of the health care system. **Action Steps:**
 - Housing Authority will refer eligible homeless people to Kern Medical for inclusion in the WPC state pilot project, by April 2018.
- 2) Ensure that all homeless clients have and are encouraged to use a primary health care provider, in lieu of over utilizing emergency health care services. **Action Steps:**
 - KCHC member agency case managers will continue to enroll clients in MediCal or state health insurance, and help them to access regular health care services, based on having a thorough physical (ongoing).

GOAL 4. Ensure that mental health and substance abuse treatment services are readily available to eligible homeless people.

Strategies:

- 1) Increase proximity, access to, and timeliness of low-barrier services for homeless people needing mental health and/or substance abuse treatment. **Action Steps:**
 - KCHC will collaborate with KernBHRS to make behavioral health services more accessible to the homeless population, including by co-locating services at the major emergency shelters, creating walk-in satellite clinics near major concentration centers of unsheltered homeless people, or providing outreach treatment services.
 - KCHC will collaborate with KernBHRS to create no-charge recovery home beds for eligible homeless people.
- 2) Collaborate closely with KernBHRS Recovery Station staff to ensure that homeless clients are connected to housing services upon discharge. **Action Steps:**
 - Collaborative Applicant will train Recovery Stations staff in use of QRT to ensure that homeless people with mental health and substance use disorders are linked to CES upon discharge, by November 2018.

GOAL 5. Enhance case management services needed to provide the most effective housing placement, supportive and after-care services to people in permanent supportive housing and rapid re-housing.

Strategies:

- 1) Provide shared case management training to member agency case managers, housing navigators and outreach workers. **Action Steps:**
 - Collaborative Applicant in concert with CoC Planning and Performance Committee will research potential case management curricula and certification options geared to homeless case management.
 - CoC Planning and Performance Committee will create common professional standard of practice for KCHC programs for Governing Board approval.
 - Collaborative Applicant will seek funding to provide case management training.
- 2) Increase the combined number of KCHC case managers to provide housing placement, supportive services and after-care services by 15 to 20 new case manager positions, from the existing 40 positions to 55 or 60 positions. **Action Steps:**
 - Service providers will identify new funding sources to ensure sufficient numbers of new case managers to adequately meet the needs of people placed in new PSH beds, with a ratio of no more than one case manager per 40 households.
- 3) Expand use of mainstream services to provide supportive services, including case management and aftercare, for clients in permanent supportive housing. **Action Steps:**
 - Homeless service providers will collaborate with KernBHRS to ensure timely transition of eligible behavioral health clients to KernBHRS case managers for continuing care.

GOAL 6. Ensure that homeless and formerly homeless people are represented in the KCHC, and that their opinions and observations are available to the KCHC.

Strategies:

- 1) Ensure that Governing Board and a majority of Standing Committee have voting members who are homeless or formerly homeless people. **Action Steps:**
 - Collaborative Applicant, in cooperation with KCHC service providers, will recruit consumers to serve on the board and Committees, and replace them with new representatives whenever vacancies occur (ongoing).
- 2) Ensure that KCHC receives regular input from homeless people about their conditions and needs, and the services they receive. **Action Steps:**
 - Outreach Committee will design and conduct surveys of homeless people at its outreach events and provide aggregate reports to the KCHC membership on a quarterly and annual basis, beginning in September 2018 (ongoing).

OBJECTIVE IV. ENSURE THAT EMERGENCY SHELTER, TRANSITIONAL HOUSING AND INTERIM HOUSING BEDS ARE ADEQUATE TO MEET CURRENT AND FUTURE DEMANDS.

GOAL 1. Publicly support and assist Bethany Services in transitioning the Bakersfield Homeless Center to a new location where it will offer expanded services to homeless families and single women, in response to the California High Speed Rail Authority's Bullet Train project.

Strategies:

- 1) Obtain political, financial and public support for relocating the expanded Bakersfield Homeless Center in a smooth and timely manner. **Action Steps:**
 - KCHC will advocate on behalf of the BHC move with federal, state and local elected officials, as needed (ongoing).
 - KCHC will encourage both private and public funders to direct necessary resources to the project (ongoing).

GOAL 2. Ensure that there are sufficient emergency shelter beds to meet the needs of homeless individuals and families, and that beds are effectively utilized.

Strategies:

- 1) Track bed occupancy trends of Metro Bakersfield and Kern County emergency shelters on a quarterly basis and address any significant bed shortages as well as underutilization of shelter services. **Action Steps:**
 - HMIS Lead agency will provide quarterly shelter occupancy reports to CoC Planning and Performance Committee.
 - CoC Committee will review occupancy reports and recommend solutions to address shortages or underutilization of beds.
- 2) Create low-barrier emergency shelter beds for homeless people who cannot or are unwilling to use existing shelters. **Action Steps:**
 - Outreach Committee will survey unsheltered people to determine why they are not using local shelters, and what shelter accommodations they would be willing to use, and report to Housing Committee by September 2018.
 - Housing Committee will research need for shelter alternatives for homeless people reluctant or unwilling to use local shelters and make recommendations to Governing Board by December 2018.
- 3) Create hotel/motel shelter voucher network for rural outreach workers to use to temporarily shelter homeless people found in communities outside Bakersfield. **Action Steps:**
 - KCHC will help outreach provider identify a funding source(s) to create shelter vouchers in rural areas by December 2019.
 - Outreach provider will recruit local motel/hotels willing to accept vouchers.
 - Housing Committee will define conditions for use of vouchers
 - HMIS Lead Agency and HMIS/Data Quality Committee will incorporate Vouchered Shelter into HMIS database.

GOAL 3. Increase the number of bridge housing beds.

Strategies:

- 1) Develop 25 new bridge housing beds for homeless people who are awaiting placement in permanent housing. **Action Steps:**
 - Reserve a portion of any new ESG, CoC or other new funds for bridge housing (ongoing, until target number is met).
 - Flood Bakersfield Ministries and Clinica Sierra Vista, with support from the Collaborative Applicant and Governing Board, will negotiate with local managed health care systems and hospitals to help fund additional bridge and respite care housing beds for homeless patients released from hospitals who are too ill or otherwise unable to use existing congregate shelters, beginning in September 2018.
 - HMIS Lead Agency and HMIS/Data Quality Committee will incorporate Bridge Housing into HMIS database, by July 2018.

OBJECTIVE V. INCREASE THE AFFORDABLE HOUSING INVENTORY FOR HOMELESS INDIVIDUALS AND FAMILIES BY 10,470 NEW BEDS IN 10 YEARS, BETWEEN 2018-2027.

GOAL 1. Increase the number of Permanent Supportive Housing (PSH) beds for homeless people by 8,591 new beds, including: 1,550 beds for Chronically Homeless people; 1,141 beds for Veterans; 754 Youth (18-24) beds; and 5,146 beds for other populations.

Strategies:

- 1) KCHC housing providers will apply for at least 859 new beds annually. **Action Steps:**
 - Housing Authority (HA) will continue to apply annually for new HUD CoC permanent supportive housing vouchers (ongoing).
 - HA will continue to apply for and designate a portion of Housing Choice Vouchers for PSH, including for No Place Like Home housing units (ongoing).
 - California Veterans Assistance Foundation (CVAF) will continue to apply for additional Veteran's Affairs supportive housing beds (ongoing).
- 2) Advocate with US Veterans Administration about more timely contracts for case management to coincide with and avoid underutilization of available VASH vouchers. **Action Steps:**
 - Housing Authority will contact and negotiate with VA or elected officials as appropriate, until problem is resolved.
 - CVAF will continue to work with California Association of Veteran Service Agencies until problem is resolved.
- 3) Increase the number of outreach teams in Bakersfield and rural communities to target unsheltered chronically homeless people, veterans and youth, and coordinate outreach activities between agency teams. **Action Steps:**
 - Flood Bakersfield Ministries will obtain funds to increase its outreach staff by 5.00 FTE outreach workers, from the existing 3.00 FTE to 8.00 FTE staff, to provide two teams each in Metro Bakersfield and in rural communities by September 2018.
 - Two CVAF staff will continue to provide outreach targeted to veterans.

- KernBHRS will expand its REACH Program to cover all areas of Kern County with additional internal and contracted outreach teams.
- A KCHC member agency as yet to be determined will find funds to create a 2.00 FTE outreach pilot project targeting unaccompanied youth and minors, by July 2019.
- The existing Flood and Mission street outreach programs will coordinate services with each other, the expanded KernBHRS REACH Program, and any faith-based or other entities providing street outreach, to avoid duplication of services and maximize efforts to reduce the unsheltered homeless population.

GOAL 2. Increase the number of Rapid Re-Housing (RRH) beds by 1,879 new beds in 10 years, including: 271 beds for CH; 233 Veteran's beds; 494 Youth beds; and 880 beds for other populations.

Strategy:

- 1) KCHC agencies will generate a combined total of 188 new RRH beds annually. **Action Steps:**
 - Continuing to apply for new CoC-Program, local and state ESG, CalWORKS, and VA-funded RRH beds.

GOAL 3. Acquire, construct and/or renovate 600 new permanent housing beds for homeless families and individuals.

Strategies:

- 1) Obtain all possible available federal, state and local capital funds to develop new PH units. **Action Steps:**
 - Housing Authority will apply for California Housing and Community Development (HCD) funds to leverage with other funding sources, and track legislation providing incentive or new funding for development of affordable housing.
 - KCHC will coordinate with the entitlement cities of Bakersfield and Delano and County of Kern to allocate federal HOME Investments Partnerships Program and state Senate Bill 2 (SB-2), the Building Homes and Jobs Act, funds for creation of PSH beds beginning in 2019.

GOAL 4. Acquire, construct and/or renovate an as yet-to-be-determined number of new No Place Like Home-funded permanent supportive housing beds for people with behavioral health issues who are chronically homeless or at risk of chronic homelessness.

Strategies:

- 1) Apply to California State Housing and Community Development (HCD) Department for NPLH Non-Competitive Allocation funds in 2018. **Action Steps:**
 - KernBHRS, in partnership with Housing Authority, will locate sites, plan housing projects and apply for HCD NPLH funds by Fall 2018.
- 2) Apply to California HCD for successive rounds of NPLH Competitive Allocation funds. **Action Steps:**
 - Kern BHRS, in partnership with Housing Authority, will continue to apply for successive rounds of NPLH competitive funds.

GOAL 5. Decrease the length of time people remain homeless from point of access until placed in permanent housing to 90 days or less.

Strategies:

- 1) Minimize barriers to housing access or preconditions of housing readiness. **Action Steps:**
 - CES will facilitate access, assessment and prioritization of homeless clients as quickly as possible regardless of barriers or preconditions. (See Objective I, Goal 1) (Ongoing)
- 2) Streamline the housing application and placement process. **Action Steps:**
 - Housing Authority will match clients to vouchers while housing application documents are pending.
 - Housing Authority will continue to pre-inspect potential rental units and train case managers from other agencies to do the same and have inventory list available for case managers and their clients. (Ongoing)
 - Housing Authority will continue to utilize Risk Mitigation Fund as an incentive to recruit landlords willing to rent to homeless people.

GOAL 6. Promote alternative permanent housing placement options, including diversion services, affordable to homeless individuals with SSI/SSDI benefits or equivalent income sources.

Strategies:

- 1) Provide diversion services to people requesting shelter who may be able to stay in their current housing situation, including people temporarily residing with family or friends. **Action Steps:**
 - CES assessment staff will assist clients with maintaining existing housing or securing temporary assistance from family or friends, as requested and appropriate (ongoing).
- 2) When appropriate, and on a voluntary basis, utilize a range of other than PH housing resources to house people. **Action Steps:**
 - CES will maintain up-to-date list of alternative housing options such as room-and-board, rooming house, and private room rentals by December 2018, contingent on funding for a housing resource developer.
- 3) Increase efforts to recruit landlords willing to rent to homeless people, including landlords who will accept shared housing vouchers. **Action Steps:**
 - Housing Authority will expand Landlord Liaison Program to outreach and engage additional landlords, and implement shared housing vouchers, by July 2019.
- 4) Expand HMIS to track and report alternative housing placements. **Action Steps:**
 - HMIS Lead Agency will negotiate with software developer to include capacity to track clients placed in diversion or alternative housing programs.

GOAL 7. Support development of new affordable housing units for low- and very low-income households.

Strategies:

- 1) Participate in newly formed Kern County Affordable Housing Coalition. **Action Steps:**
 - Housing Authority and Golden Empire Affordable Housing will represent, and report back to KCHC, on progress and activities of Kern Affordable Housing Coalition (ongoing).
- 2) Advocate with developers for set-aside of new affordable apartment units for homeless households. **Action Steps:**
 - Housing Authority will negotiate with for profit and non-profit low-income housing providers (ongoing).

GOAL 8. Help 120 formerly homeless households transition from subsidized to unsubsidized housing.

Strategies:

- 1) Help 110 formerly homeless households transition from subsidized to free market rental housing. **Action Steps:**
 - The Housing Authority will increase financial stability for 10 formerly homeless clients each year totaling 110 clients in ten years through the Wise Investments Now Program, which focuses on one-to-one guidance in how to access credit, build a strong credit history, and establish bank accounts.
- 2) Partner with Habitat for Humanity Homeownership Program to build 10 new homes using sweat equity for formerly homeless families. **Action Steps:**
 - Housing service providers will refer formerly homeless clients who are in a position to purchase their own home to Habitat (ongoing).
 - Housing service providers will enroll prospective homeowners in Housing Authority Family Self-Sufficiency and United Way Financial Independence Starts Here (FISH) programs to help prepare formerly homeless families for home ownership (ongoing).

OBJECTIVE VI. BROADEN AND STRENGTHEN COMMUNITY SUPPORT FOR ENDING HOMELESSNESS.

GOAL 1. Utilize client data from HMIS and other agencies to produce an annual report to inform decision makers of progress in reducing homelessness and mitigating the impact and cost of homelessness to the community.

Strategies:

1. Compile aggregate client and cost data and from law enforcement, hospitals and emergency care providers on an annual basis to track impact of homelessness on local institutions. **Action Steps:**
 - Collaborative Applicant will request that the Bakersfield Police Department, Kern County Sheriff's Office, Kern Probation Department, Kern Public Health Services, KernBHRS, and local MediCal managed care providers and hospitals create a field for and track homelessness in their existing respective client databases, if they haven't already done so, and share aggregate homeless client data with the KCHC on an annual basis.
2. Adapt HMIS to report the number and characteristics of homeless people served annually by the CoC. **Action Steps:**
 - HMIS Lead Agency will negotiate with software provider to include this capacity in database by December 2018.

GOAL 2. Engage key decision-making bodies in ongoing dialogue about solving homelessness, including: the Board of Supervisors, the Kern Council of Governments (Kern COG), City Councils, Chambers of Commerce, the Community Corrections Partnership, and other key boards, commissions and community coalitions.

Strategies:

1. Inform decision makers about the extent and costs of homelessness and efforts to solve it and discuss issues on which greater cooperation and coordination is needed between government, business and the KCHC. **Action Steps:**
 - Collaborative Applicant will schedule time with these entities to present KCHC's annual homeless report, beginning in July 2018 (annually).
 - KCHC representatives will meet separately with these entities to make the case for local public or private funds to help reduce the impact and cost of homelessness to the community, including funds for prevention, street outreach, and housing assistance.
 - KCHC representatives will also broach the possibility with the County of creating a homeless adult and family multidisciplinary team (MDT) to facilitate identification, assessment and linkage of homeless people to housing and supportive services, under California's new AB 210, Homeless Multidisciplinary Personnel Team.

GOAL 3. Produce professional non-profit public service announcements (PSAs) to inform public of progress being made towards ending homelessness, with underlying message that solving homelessness is beneficial and less costly to the community.

Strategies:

- 1) Partner with Communications Department at California State University, Bakersfield, to produce television and radio spots for local media. **Action Steps:**
 - Collaborative Applicant will negotiate with CSUB or another communications agency, if necessary, to produce PSAs (ongoing).
 - Collaborative Applicant, in concert with KCHC member agencies, will recruit local celebrities, media personalities and formerly homeless people, to participate in PSAs.

ADDENDUM: NO PLACE LIKE HOME PROGRAM COUNTY HOMELESS PLAN CHECKLIST

On May 29, 2018, the KCHC Governing Board approved *Home At Last*, Kern County's updated 10-year plan to end homelessness. The following day, on May 30, the California Department of Housing and Community Development (HCD) released new

guidance and instructions on county homeless plan requirements for the No Place Like Home (NPLH) Program.¹⁶ In response, the Kern County Homeless Collaborative (KCHC) has prepared this addendum to provide additional information specific to the NPLH plan requirements not already addressed or covered completely in *Home At Last*. The addendum follows the step-by-step checklist provided by HCD for county homeless plans.

Step I: Plan Development

As discussed in the Preface and Section I of the 10-Year Plan narrative, the KCHC (aka Bakersfield/Kern County Continuum of Care CA-604) is the community coalition responsible for ending homelessness in Kern County, California, and is the area applicant for annual HUD Homeless Assistance Program grants. Begun in 1998, the KCHC is a full-service CoC that provides countywide street outreach and engagement; emergency shelter, transitional housing and bridge housing; a wide range of supportive services; and affordable and permanent supportive housing resources. It adopted the Housing First approach in 2009; uses a common Homeless Management Information System (HMIS) to track client services; and has implemented a countywide Coordinated Entry System (CES) for individuals and families who are homeless or at risk of homelessness.

Like the original 10-year plan, *Home At Last* was developed through a collaborative process with the input and participation of KCHC members, partner agencies and other contributors. These included: Kern County representatives; housing and homeless service providers; health care providers; the public housing authority; and representatives of family care givers and homeless consumers living with serious mental illness.

Step II: Plan Elements

1. Description of Plan. Section V of *Home At Last* provides a detailed description of the County's objectives, goals, strategies and activities, both in process and to be initiated, to prevent and end homelessness in Kern County. Included in the action steps are identification of the responsible parties and the timeframe for achieving them. The means of implementing, reviewing and updating the Plan are discussed in Section VI. Strategies and activities for implementing the NPLH Program are also spelled out in Section V of the Plan, including inclusion of the program in the CES, as well as strategies for improving access to mental health and substance abuse services more generally.
2. Description of Homelessness. Section III contains an extensive, detailed description of homelessness countywide, including the estimated numbers of residents experiencing homelessness and chronic homelessness among adults, families, and unaccompanied youth. This is based on the KCHC January 25-26, 2018 Point-in-Time (PIT) Count, and takes into consideration homeless trends based on previous PIT Counts. It also includes information as to the number of homeless people with mental health and substance use disorders. An estimate of the number of people at risk of chronic homelessness is not possible at this point using the PIT Count survey.

¹⁶ No Place Like Home Program, Summary of County Plan Requirements, State of California Housing and Community Development Department, May 30, 2018.

As covered in Section III, almost 26% (202 people) of homeless adults (778 people) disclosed histories of mental illness during the PIT Count, and 34% reported histories of substance use problems. Of the mentally ill homeless people surveyed, 48% were unsheltered; only one-half were currently undergoing treatment; only 26% were receiving SSI or other benefits; 16% were veterans; and 38% had been released from jail or prison in the past year. Of 133 chronically homeless people surveyed, 61% (81 people) had a history of mental illness, and 81% (108 people) reported substance use problems.

Unfortunately, the PIT Count survey does not collect information about serious emotional disturbances of children or adolescents. Some service data on the numbers and ages of homeless children and adolescents with serious emotional disturbances is available from KernBHRS client records, however, as reported in Table 15, below. On average, about 2.0% of all children and youth under 18 years old were homeless when their cases were opened in 2017, as reported by the Department's Cerner/Anasazi management database system.

**Table 15. Children with Serious Emotional Disturbances
Opened to KernBHRS During Calendar Year 2017**

Ages	Unduplicated Clients	Unique Homeless Clients	Percent Who Are Homeless
0 to 5 years	832	25	3.0%
6 to 13 years	3,693	68	1.8%
14-17 years	3,032	61	2.0%
Total (0 to 17 Years)	7,457	150	2.0%

3. Special Challenges or Barriers to Serving NPLH Target Population Members. Homeless people with a serious mental illness, such as schizophrenia, major depression, schizoaffective disorder or bi-polar disorder are among the most difficult homeless subpopulations to engage and assist. In addition to facing obstacles common to all homeless people, mentally ill people experience debilitating emotional, mental or behavioral symptoms that make it extremely difficult for them to manage basic needs for food, shelter or hygiene, let alone compete for housing or access mainstream supportive services. Many are suspicious or guarded, and are unable or unwilling to use congregate shelters. Many lack basic life skills such as self-care, budgeting, household management, or relationship building needed to live independently. The presence of a secondary substance use disorder and/or other disability or poor physical health can further exacerbate these problems.

Typically these individuals will have been underserved by traditional mainstream services, and will have histories of hospitalization, incarceration and over-reliance on crisis services. They will also typically have a record of evictions or poor credit histories, little or no work experience, and weakened family or social supports. Those returning to the community after long stays in prisons or jails face an inordinate number of obstacles including difficulty accessing housing, employment or benefits, fractured support systems, and social stigma. Without intervention, many of these individuals are caught in a revolving door between homelessness and incarceration.

Youth who are experiencing mental illness and who are leaving home or exiting the foster care or juvenile justice systems have a high likelihood of becoming homeless. Many have experienced extreme family conflicts; have a history of housing instability or frequent moves; did not finish school, have no job skills, credit history or income; and are poorly prepared for independent living. A large number of these youths have experienced traumatic upbringings and are vulnerable to sexual exploitation or trafficking and socially transmitted diseases. Homeless youth often suffer from substance use disorders, poor health and nutrition, and post-traumatic stress.

Homelessness severely impacts the health and well-being children, who are in fair or poor health twice as often as other children, and have higher rates of developmental delays, emotional disturbances or behavioral problems, such as anxiety, depression, and withdrawal, or acting out. School-age homeless children face multiple barriers to enrolling and attending school on a consistent basis, or establishing on-going relations with other children of their age. Homelessness may cause the break up of their families or cause children to be separated from their parents.

4. County Resources Applied to Address Homelessness. A number of County agencies are impacted by or involved in addressing homelessness.
 - *Planning Department.* The Kern County Planning and Natural Resources Department administers several HUD block grant programs that fund supportive service, emergency shelter, rapid re-housing, permanent housing and infrastructure for homeless, at-risk, and low-income residents, including: the Emergency Solutions Grant (ESG), Home Investment Partnerships (HOME), and Community Development Block Grant (CDBG) programs. Homelessness is also addressed in the County's Consolidated Plan, using information from the KCHC PIT Counts and 10-Year Plan.
 - *KernBHRS.* Kern Behavioral Health and Recovery Services (KernBHRS) is a founding member of the KCHC, having sponsored its first meeting in 1998, and is also the administrator of the HMIS, through its Information Technology Division. KernBHRS representatives sit on the KCHC Governing Board, attend Standing Committee meetings, and participate in activities such as the Annual Point-in-Time (PIT) Count. KernBHRS provided technical assistance to United Way of Kern County and KCHC in preparation of the updated 10-Year Plan to ensure inclusion of NPLH requirements. KernBHRS provides supportive housing and treatment services to formerly homeless residents of three permanent supportive housing programs. These include: two MHSA-funded programs, Haven Cottages (adults) and the Residences at West Columbus (Transition Age Youth); and a HUD-funded Single Room Occupancy Program (Green Gardens Apartments).
 - *Human Services Department.* The Department of Human Services (DHS) administers several TANF/CaWORKs-funded homeless assistance programs that provide hotel/motel vouchers, rental assistance, deposits, utilities assistance and supportive services to families who are homeless or at risk of homelessness. DHS is also a voting member of the KCHC.

- *Other County Agencies.* Other Kern County Departments or divisions that serve and/or are financially impacted by homelessness include: the Sheriff's Office and Lerdo Jail; Probation; Superior Court; Public Health; Veterans Service; Aging and Adult Services; Code Enforcement; Library; and Parks and Recreation.
 - *Homeless Coordinator.* In June 2018, the Kern County Board of Supervisors created the new, full-time position of Homeless Coordinator to better coordinate efforts of County agencies to end homelessness, and to provide support to the KCHC in implementing the updated 10-Year Plan. The position reports to the County Administrative Officer.
5. Efforts to Prevent Criminalization of Homelessness. Several programs are in place in Kern County to prevent criminalization of activities related to homelessness, including a homeless court, and street outreach and engagement teams. Other programs provided by KernBHRS that serve many homeless people among their target population include mobile evaluation teams, and recovery stations. KernBHRS also provides on-site treatment of mental health and substance use disorders in the county jail, and discharge planning and transition services for inmates reentering the community.
- *Kern County Community Homeless Court.* Begun in 1999, the Community Homeless Court is a bi-monthly special session of the Kern County Superior Court held at local shelters where homeless defendants can address outstanding misdemeanor offenses and warrants. Greater Bakersfield Legal Assistance (GBLA) coordinates the Homeless Court, in collaboration with the District Attorney and Public Defender. Defendants are able to resolve legal issues that can preclude them from accessing critically needed services such as employment, housing, public assistance and treatment programs. Alternative sentencing allows defendants to avoid jail time and remove fines in return for participation in rehabilitation programs and/or community services.
 - *Street Outreach and Engagement.* As previously discussed, several agencies provide street outreach in Metro Bakersfield and rural communities to engage and refer unsheltered people to community resources and housing programs. In Bakersfield, outreach workers respond to referrals from the police department and local businesses, and also assist homeless people encamped along the river who are subject to city code enforcement cleanups.
 - *Mobile Evaluation Team.* The KernBHRS Mobile Evaluation Team (MET) is dispatched by law enforcement to respond to mental health-related incidents in the community. MET provides crisis intervention, voluntary and involuntary assessment for psychiatric hospitalization, and linkages to mental health and community resources for both minors and adults who might otherwise be arrested.
 - *Recovery Stations.* KernBHRS has plans to open two MHSA-funded Recovery Stations in 2018, one in Bakersfield and another in Ridgecrest, as previously discussed. These will be peer-led, 24/7 programs where intoxicated adults, including homeless people, can be brought by law enforcement to sober up in a safe, supervised setting for up to 8 to 10

hours. Assessment and linkage to services will also be offered at the sites. The sobering stations will serve as an alternative to taking publically intoxicated people to jail or emergency rooms.

6. Outline of Partners in Ending Homelessness. A listing of KCHC member and partner agencies involved in ending homelessness with brief descriptions is included in Appendix B. Appendix D contains a chart showing key Kern County homeless resources by type of service offered.
7. Proposed Solutions to Reduce and End Homelessness. Section V of *Home At Last* provides a detailed strategic plan describing Kern County's proposed solutions to prevent, reduce and end homelessness.
8. Data Collection and Reporting. The County of Kern, through KernBHRS, will apply for NPLH funding jointly with the Housing Authority of the County of Kern, the details and conditions of which are delineated in a Memorandum of Understanding (MOU), signed by the County Board of Supervisors on June 20, 2017.¹⁷ Under this MOU, KernBHRS will be the primary applicant for NPLH funds and will also be responsible for providing or overseeing supportive services to tenants; the Housing Authority will be the developer and property manager for the NPLH housing projects. Both agencies have demonstrated the capacity, and have systems in place, to satisfy the reporting requirements outlined in Section 214 of the NPLH Guidelines.

As the project developer and property manager, the Housing Authority will be responsible for submitting annual audits and compliance reports to HCD within the required deadlines. KernBHRS, in collaboration with the Housing Authority, will be responsible for compiling and reporting the occupancy and tenant data specified in Section 214 (e) of the Guidelines by each September 30th for the previous State fiscal year (July 1- June 30).

- *Audits and Compliance Reports*. Created in 1939, the Housing Authority has been audited annually by an independent Certified Public Accountancy (CPA) firm for 78 years, and also receives regular program audits from various of its funding sources including HUD, the USDA, the State of California HCD, the City of Bakersfield, County of Kern, and private lenders. Currently, the Housing Authority undergoes two comprehensive, external audits annually corresponding to the different budget cycles of its various funding sources, one for the Fiscal Year (July through June) and another for the Calendar Year (January through December). The Housing Authority also has experience submitting a variety of annual compliance reports to various funding sources, including the California HCD.
- *Property Management Data*. The Housing Authority will use its existing property management database to keep track of the project specific information and individual and household occupancy data for NPLH Assisted Units, as outlined in Section 214(e) items (1) through (10) of the Guidelines.

¹⁷ Memorandum of Understanding, Kern Behavioral Health and Recovery Services and the Housing Authority of the County of Kern, AB 1618 No Place Like Home Act Program Funds for the Development of Housing Units in Kern County, Agreement # 329-2017, June 20, 2017.

- *Tenant HMIS Data.* The KCHC has selected a new HMIS vendor whose HMIS software system will record, track and report client service data on all homeless and at-risk people referred for housing and services through the countywide Coordinated Entry System (CES). All of the proposed NPLH housing units will be accessed through the CES. The vendor indicates that the new system will be able to collect and aggregately report on the status, characteristics and disposition of all NPLH tenants, as outline in items (12) through (19) of Section 214(e) of the Guidelines.
 - *Other Outcome Data.* Although not available through the HMIS system, KernBHRS will be able to collect and report the aggregated pre-housing and post-housing data on NPLH tenants outlined in Section 214(g) of the Guidelines, to include: emergency room visits; hospital and psychiatric admissions and inpatient days; and number of arrests and returns to jail or prison. Case managers will conduct brief surveys with tenants upon admission to NPLH, asking them about this data for the previous year, then asking them again the same questions after they have been housed for one year.
9. Coordinated Entry System. The first of six major objectives contained in the updated 10-Year Plan is to establish a county-wide Coordinated Entry System accessible to all people who are homeless or at risk of homelessness, as discussed in Section V, and detailed in KCHC's CES Policies and Procedures Manual. CES is the portal through which at-risk and homeless people, including NPLH target population members, can access housing and services appropriate to their needs. The CES is a low-barrier, non-discriminatory, equal access system readily accessible from all communities in Kern County.
- *At Risk of Chronic Homelessness.* The KCHC first adopted a CES in 2014 that was targeted to chronically homeless people and veterans. In 2018, the CES was expanded to include all homeless people as well as people at risk of homelessness. The strategies and action steps involved in implementing all service components of the CES are outlined under Objective 1, Goal 1 of Section V of the updated 10-Year Plan. This includes incorporation of the NPLH Program and its new classification of "At Risk of Chronic Homelessness" into the existing CES. Homeless and chronically homeless people with mental illness are already being referred, assessed and prioritized for housing under the CES. Sometime before the NPLH units become available, these people as well as people "at risk of chronic homelessness" will also be prioritized and placed on a By Name waiting list for the NPLH Program, if they haven't already obtained housing.

The NPLH definition of "at risk of chronic homelessness" is a new classification of homelessness that overlaps but does not coincide completely with the HUD definition of homeless, in that: 1) it sets no limit on institutional stays; and 2) expands the list of institutions a previously homeless person may exit from. Those people at risk of chronic homelessness who fall within the HUD definition of homeless will be assessed and prioritized for placement on the NPLH By-Name list, and also be placed on the KCHC's main housing waiting list. Those NPLH target population members, including youth, whose institutional stays exceed 90 days will be assessed and prioritized for available NPLH housing units only, as they are not eligible for HUD-assisted units. However, they should be eligible for prevention services targeted to people who are at risk of homelessness.

Step III: Post and Update

Home At Last is a public document that can be readily accessed at multiple locations, including the KCHC website (<http://end-kernhomeless.org>) and KernBHRS website (<https://www.kernbhrs.org>). *Home At Last* is less than one year old.