City of Columbia

701 East Broadway, Columbia, Missouri 65201

Department Source: Public Health and Human Services
To: City Council
From: City Manager & Staff
Council Meeting Date: June 20, 2016
Re: Chronic Homelessness

Executive Summary

This report is provided in response to the Council's request for information regarding the solutions to chronic homelessness (Project Tracker #4086).

Discussion

Definitions
Homelessness is generally categorized in three types:

1. Chronic homelessness
2. Transitional homelessness
3. Episodic homelessness

This report will focus on chronic homelessness, as defined by HUD:
"Chronically homeless means: (1) A ''homeless individual with a disability,'' as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless." (https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf)

There are also three recognized conditions of homeless:

1. Unsheltered- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping

accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. (https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf)

2. Sheltered- Persons residing in emergency or transitional shelters.
3. Doubled Up- Persons living in a residence that is not their own.

Chronically homeless persons can experience any one or more of these conditions during an episode of homelessness.

When discussing chronic homelessness, it is important to note that a majority of the strategies and services utilized in addressing homelessness are applicable to all types of homelessness. Therefore, unless indicated as specifically being targeted to persons experiencing chronic homelessness, the information contained in this report, by necessity, applies broadly to all types of homelessness.

Background

The U.S. Department of Housing and Urban development (HUD) requires communities to be a part of a continuum of care in order to receive a variety of HUD funding sources, as outlined later in this report under "Funding and Resources." A continuum of care entails a variety of health, human, educational, and housing services which lead to and support a singular goal of permanent, affordable housing. Homelessness is viewed to be an issue that falls along a continuum from unsheltered individuals and families living on the streets to persons housed in affordable, permanent housing.

The City of Columbia, through the Columbia/Boone County Department of Public Health and Human Services' Division of Human Services (DHS), has provided backbone support for the community's homeless continuum of care, since our adoption of this coordinated approach to the issue. Our community (defined by HUD as Boone County) is part of the Missouri Balance of State Continuum of Care (MO BoS CoC). At a local level, DHS provides backbone support to the Columbia/Boone County Basic Needs Coalition (BNC) (http://www.basicneedscoalition.org), which serves our community's local continuum of care, within the MO BoS CoC.

In this role, the BNC has served as the local coordinating entity for our community's efforts to address homelessness. As the backbone, DHS provides in-kind financial management, web site hosting, and other in-kind staff support to the BNC. DHS also functions as a community liaison to the MO BoS CoC and the Missouri Housing Development Commission, the oversight body of the MO BoS CoC. The BNC provides opportunities for community input in the City's planning efforts around the issue of homelessness, including social services funding allocation and the City's Consolidated Plan. The BNC also coordinates our community's annual Project Homelessness Connect event and has sub-committees to perform targeted tasks such as the Community Homeless Outreach Team and the Functional Zero Task Force (each described under "Current Goals and Strategies").

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The Issue
HUD describes the issue of chronic homelessness as follows:
"Among people who experience homelessness, there is a subset of individuals with disabling health conditions who remain homeless for long periods of time — some for years or decades. These men and women experiencing chronic homelessness commonly have a combination of mental health problems, substance use disorders, and medical conditions that worsen over time and too often lead to an early death. Without connections to the right types of care, they cycle in and out of hospital emergency departments and inpatient beds, detox programs, jails, prisons, and psychiatric institutions, all at high public expense. Some studies have found that leaving a person to remain chronically homeless costs taxpayers as much as $30,000 to $50,000 per year." (https://www.usich.gov/goals/chronic)

Scope of the Issue
To understand the scope of the problem, one must first understand the system by which the number of chronically homeless persons is estimated. HUD requires communities receiving Continuum of Care funding to conduct at least semi-annual Point in Time Counts (PITC) of persons experiencing homelessness, on a day in January determined by HUD. As part of the MO BoS CoC, the Columbia/Boone County PITC is conducted annually in January. The burden of this unfunded mandate from HUD generally falls on local communities. In Columbia and Boone County, the annual PITC is led by DHS staff and voluntarily conducted by the local continuum of care and other community partners.

PITCs include counts of both unsheltered and sheltered persons. Sheltered counts are conducted using Homeless Management Information Systems (HMIS) required to be used by shelter providers receiving HUD funds and surveys of non-HMIS shelter providers. The sheltered count is generally considered to be an accurate count of sheltered homeless persons.

Unsheltered persons are counted utilizing two approaches. A "street count" entails community providers literally canvassing the streets, parks, trails, and homeless camps to survey homeless persons. DHS also coordinates a "service-based count" in which persons are surveyed as they receive services from health and human services providers, educational institutions, law enforcement, etc.

The follow chart indicates the number of sheltered and unsheltered persons experiencing homelessness in Boone County since 2008.

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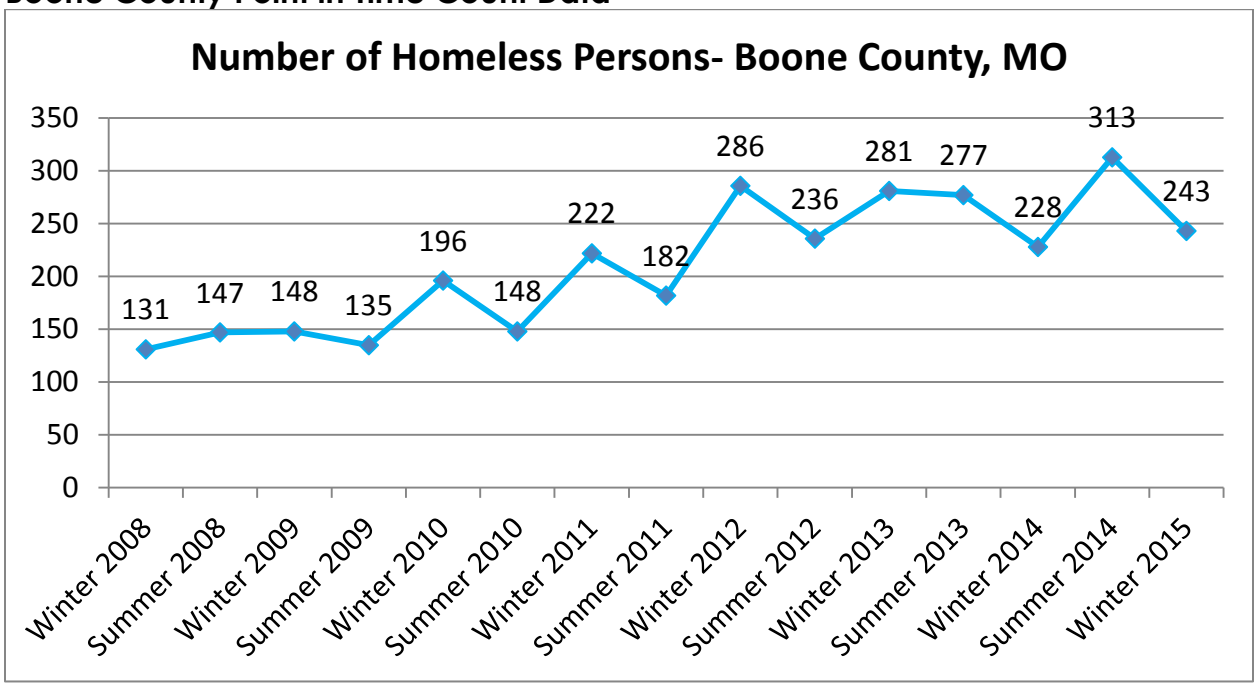
Boone County Point in Time Count Data



The fluctuation in the counts reflects the issues inherent to the current approach to measuring homelessness. Participation is highly variable among providers as participation is largely voluntary. Also, attempting to identify unsheltered homeless persons is incredibly challenging. Therefore, the results of the PITCs should be assumed to be gross undercounts of the actual number of persons experiencing homelessness.

Demographics and sub-populations, such as chronically homeless and veterans, are captured as part of the PITCs. These data are rolled up into regional reports provided by the BoS CoC. In the winter 2015 PITC, approximately 16% of sheltered homeless persons counted in the Region 5 were chronically homeless (http://media.wix.com/ugd/8ff70b_9523c0f9411f4899b107870fa2133ad7.pdf).

Persons who are doubled-up are not included in the official HUD PITC process, although this likely represents the largest number of persons experiencing homelessness and housing instability. Our community does attempt to capture the number of persons doubled-up in our local PITC; however, identifying persons who are doubled up is very challenging. Mainly these persons are identified through the service-based count.

Public schools are required by the McKinney-Vento Act to identify and serve students experiencing homelessness. The following chart indicates the number of homeless students identified by Columbia Public Schools since 2007-2008.

Columbia Public Schools Homeless Student Data

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Doubled Up as Unaccompanied Youth - No Grant Fund (DN)								1
Doubled Up (DU)	79	140	181	157	130	95	145	128
Hotel/Motel (HM)	10	14	12	21	34	47	40	25
Sheltered (SH)	30	42	45	32	18	19	23	27
Unsheltered (US)	1	2	2				3	1
Doubled up Unaccompanied Youth - (DY)						2		
Total	**120**	**198**	**240**	**210**	**182**	**163**	**211**	**182**

Source: Columbia Public Schools

It is critical to note that the data provided by the schools is cumulative by school year, rather than a snapshot of homelessness on one day/year, like the PITC. Also, the school data is assumed to be duplicative, to some degree, of the PITC data. So, the PITC and school counts cannot be simply added for a total count.

In summary, the entire scope of the problem is unknown. While the PITCs conducted in Boone County are recognized by the MO BoS CoC as among the most comprehensive, the methodology is inherently flawed and is exacerbated by a total lack of resources provided by HUD to conduct the PITCs. However, other methodologies to better understand the issue, such as by-name registries, are emerging and are outlined under "Current Goals and Strategies."

Causes

The primary causes of homelessness are poverty and a lack of affordable housing (http://nationalhomeless.org/about-homelessness/). Poverty rates are steadily increasing in Columbia and affordable housing is a significant and growing challenge in our community. HUD's most current Comprehensive Housing Affordability Strategy (CHAS) Data (2008-2012) indicates 7,230 renter and 1,300 owner households are housing cost burdened by greater than 50% (https://www.huduser.gov/portal/datasets/cp/CHAS/data_querytool_chas.html). These households expend greater than 50% of their monthly income on gross housing costs and are at greatest risk of housing instability.

Behavioral health issues, including mental health and addiction, combined with a lack of affordable health care, are a primary cause of chronic homelessness. This root cause is challenging to address in Missouri due to a lack of Medicaid availability for adults.

Solutions
Prevention of homelessness is the obvious best and first solution to homelessness. Typical prevention strategies include affordable housing, rent/mortgage assistance, access to affordable healthcare, and supportive services.

For persons experiencing chronic homelessness, the widely recognized solution is permanent supported housing, which provides supportive services such as case management and healthcare along with affordable housing (https://www.usich.gov/goals/chronic). This "Housing First" approach has been officially adopted by HUD and is the approach our community is utilizing to address homelessness.

Funding and Resources
As with most health, human, housing, and education services, funding for programming to address homelessness is provided by a complex combination of local, state, and federal funding sources, private foundations and support organizations (e.g., United Way's), faith-based organizations, and direct support for non-profit providers.

In 1980, the City's investment in social services was the equivalent of $851,483 in today's dollars, or a rate of $47 per low income resident. In 2016, the City will invest $893,556, a rate of $21 per low income resident. The City is currently contracting for a total of $68,200 in homeless services.

It is important to note that with the passage of the Boone County Children's Services Tax, the County of Boone now has significant resources to address issues related to children and youth ages 19 and younger, and their families, including youth homelessness. The Heart of Missouri United Way also purchases a significant number of safety net services in the community. The City of Columbia, Boone County, and the United Way work very closely together to coordinate the provision and purchase of health, human, and housing services.

The state of Missouri provides very limited funding for homeless services and housing through the Missouri Housing Development Trust Fund.

Federal funding for homeless services includes:

- HUD McKinney-Vento Homeless Assistance Act funding (Continuum of Care)
- Public Housing and Housing Choice Vouchers
- Emergency Solutions Grant Program
- Emergency Food and Shelter Program
- Community Development Block Grant Funding
- HOME Funding
- Public housing and Housing Choice Vouchers
- Veteran's Administration
- Community Services Block Grant

Our community has done an excellent job of accessing, maximizing, and coordinating these federal resources. For example, Boone County is the largest recipient of Continuum of Care and Emergency Solutions grant funding among counties in the Mo BoS CoC. This is in part a result of our local continuum of care opting to dissolve and join the MO BoS CoC in 2006, as our pro rata share of Continuum of Care funds was relatively low. By joining the Mo BoS CoC, the amount of funding for which we could compete was roughly doubled. In a recent analysis of this approach, we have determined that we continue to access over twice as much Continuum of Care funding as our pro rata share would be. However, in doing so, we sacrifice administrative funds for our local continuum of care so the burden of coordination and administration has fallen on the City of Columbia.

Goals and Strategies

The United States Interagency Council on Homelessness has a strategic plan to "end homelessness," which is defined as:

"Every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness;
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system;
- When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing." (https://www.usich.gov/opening-doors)

The issue of homelessness is primarily addressed by DHS and the City of Columbia through the Community Development Department's Office of Neighborhood Services Federal Housing Programs, which coordinate to plan, implement, and evaluate the City's efforts to address homelessness. The City of Columbia Consolidated Plan guides the CDBG and HOME funded activities. Current goals include increasing the amount of affordable housing for low and moderate income families and providing funding for community facilities for homeless services. Through DHS, the City provides and purchases a variety of health, human, and housing services which are intended to both prevent and address homelessness. These include emergency shelter, transitional shelter, homeless drop-in center services, and coordination of the community's warming and cooling center program. DHS also secures and administers state and federal funding for homeless services. Finally, DHS provides in-kind backbone support for the local continuum of care, thereby ensuring a coordinated community approach to the issue of homelessness.

Our community provides a variety of services to both prevent and address homelessness:

- Emergency and Transitional Shelters
- Transitional Housing
- Affordable permanent housing
- Basic needs assistance (rent, utilities, food, clothing)
- Health services (including mental health and substance abuse services)
- Case management and supportive services
- Day Center

The United States Interagency Council on Homelessness' strategic plan includes a goal of ending chronic homelessness by 2017, utilizing the following strategies:

1. Leverage existing targeted homeless programs and mainstream housing and health care resources to expand permanent supportive housing.
2. Ensure that communities are prioritizing their new and existing permanent supportive housing to people experiencing chronic homelessness with the most severe challenges.
3. Connect permanent supportive housing to street outreach, shelter, and institutional "in-reach" that can identify and engage people experiencing chronic homelessness.
4. Lower barriers to housing entry through community-wide adoption of Housing First.
5. Seek additional resources from Congress to create 25,500 new units of permanent supportive housing.

As mentioned earlier, our local continuum of care has adopted the Housing First approach to addressing chronic homelessness. Due to lack of resources, particularly affordable housing, we have adopted a goal of reaching a functional zero level of chronic and veteran's homelessness. This means that when chronically homeless persons and homeless veterans are ready to move into housing, our community has affordable, permanent housing available.

The United States Interagency Council on Homelessness recommends ten community strategies to end chronic homelessness. The following is a summary of those strategies and our community's implementation of each.

1. *"Start at the Top: Get State and Local Leaders to Publicly Commit to and Coordinate Efforts on Ending Chronic Homelessness"*
   This is the primary solution to chronic homelessness which can be addressed by the City Council. Policies and funding which support affordable housing and health and human services allow strategies to address homelessness to be implemented at scale. This could include funding to further support the local continuum of care.

2. *"Identify and Be Accountable to All People Experiencing Chronic Homelessness, including People Cycling through Institutional Settings"*
   Our local continuum of care has implemented a by-name registry of homeless persons in order to better identify and understand the population. We are also working with the MO BoS CoC to integrate the by-name registry in the MO BoS CoC Homeless Management Information System.

3. *"Ramp up Outreach, In-reach, and Engagement Efforts"*
   DHS initiated the development of the Columbia Homeless Outreach Team in the summer of 2015. The team is comprised of local homeless services provider organizations, including:
   - Phoenix Health Programs (team lead)
   - Harry S. Truman Memorial Veteran's Hospital
   - New Horizons (PATH grant recipient)
   - Burrell Behavioral Health (Missouri Department of Mental Health-contracted regional behavioral health provider)
   - Rainbow House (homeless youth outreach)

   The outreach team conducts ongoing outreach efforts to homeless camps, on the streets, in parks, at the library, and to service providers, with the objective of building trust and rapport in order to achieve the goal of ending chronic homelessness by helping homeless persons obtain shelter, housing, and supportive services. The outreach team populates the by-name registry with the persons they are reaching. In doing so, they are utilizing an evidence-informed assessment of the acuity of each individual's level of homelessness called the VI-SPDAT. The Columbia Police Department has been engaged in these efforts and is accompanying the outreach team when conducting visits to homeless camps. DHS is also leading discussions with the Downtown and Business Loop CIDs, the local continuum of care, and the Heart of Missouri United Way regarding joint homeless outreach and awareness efforts.

   Boone County government officials are leading a collaborative effort to reduce the impact of behavioral health on law enforcement and the Boone County jail through the Stepping Up Initiative. The City is a participating partner in this collaboration. One of the issues being addressed is the cycling of chronically homeless persons in and out of the Boone County jail.

4. *"Implement a Housing-First System Orientation and Response"*
   Again, our local continuum of care has adopted a Housing First approach to addressing homelessness. Several providers, such as Phoenix Health Programs, Burrell Behavioral Health, and the Harry S. Truman Memorial Veteran's Hospital, have developed affordable, permanent, supportive housing. The Columbia Housing Authority (CHA) continues to be our community's largest provider of affordable housing and CHA has greatly increased the number of Shelter Plus Care Housing Choice Vouchers available in

our community. However, we simply lack enough affordable housing (outlined under "Causes.")

In order to increase access to emergency shelter as a first step toward obtaining permanent, supportive housing, DHS will be working with community partners to discuss the need for a low-threshold emergency shelter open to chronically homeless persons year-round. Our community's current general population emergency shelter serves families with children and, therefore, has a very high threshold for eligibility. As a result, chronically homeless persons with criminal histories are unable to be sheltered at this facility. This has resulted in the implementation of the Room at the Inn winter emergency shelter. Rather than operating two emergency shelters, DHS will be leading community discussions regarding a goal of immediately placing families with children in transitional or permanent housing, thereby allowing the existing, permanent shelter to provide emergency shelter to chronically homeless persons.

5. "*Set and Hold Partners Accountable to Ambitious Short-Term Housing Placement Goals*"
   Under the leadership of staff from the Harry S. Truman Memorial Veteran's Hospital, our local continuum of care established the Functional Zero Task Force in 2015. This task force of housing and service providers meets bi-monthly in order to prioritize housing for homeless individuals based on the acuity determined from the VI-SPADT score.

6. "*Prioritize People Experiencing Chronic Homelessness in Existing Supportive Housing*"
   As outlined above, the Functional Zero Task Force is implementing this strategy. Our local continuum of care is also working with the MO BoS CoC to develop a coordinated entry system through which all shelter and housing services will be provided through prioritization based on the VI-SPDAT.

7. "*Project the Need for Additional Supportive Housing and Reallocate Funding to Take It to the Scale Needed*"
   This strategy is addressed by the City's Consolidated Plan process, which clearly indicates a shortage of permanent, supportive housing.

8. "*Engage and Support Public Housing Agencies and Multifamily Affordable Housing Operators to Increase Supportive Housing through Limited Preferences and Project-Based Vouchers*"
   CHA is highly engaged in the local continuum of care and hosts the Functional Zero Task Force meetings. Again, CHA is securing and providing a significant number of Shelter Plus Care Housing Choice Vouchers which provide permanent, supportive housing options for chronically homeless persons who would otherwise have few housing option; but, again, the demand far exceeds the resources available.

9. "*Leverage Medicaid and Behavioral Health Funding to Pay for Services in Supportive Housing*"

This is a very challenging strategy to implement in Missouri due to a lack of Medicaid expansion under the Affordable Care Act. This results in very few adults being eligible for Medicaid in Missouri. One strategy being utilized by service providers is the Substance Abuse and Mental Health Services Administration's (SAMHSA) Supplemental Security Income/Social Security Disability (SSI/SSDI) Outreach, Access, and Recovery (SOAR) program which seeks to expedite SSI/SSDI applications for persons with disabilities, often resulting in access to healthcare through Medicare and Medicaid.

10. *"Help People Increase Their Income through Employment Opportunities and Connections to Mainstream Benefits and Income Supports"*
    This strategy is being implemented by providing street outreach and case management services to chronically homeless persons and by ending and preventing their homelessness through supportive, permanent housing. These efforts also include utilizing SOAR, as outlined in strategy 9.

Fiscal Impact

Short-Term Impact: $0
Long-Term Impact: $0

Vision & Strategic Plan Impact

Vision Impacts:
Primary Impact: Health, Social Services & Affordable Housing, Secondary Impact: Not Applicable, Tertiary Impact: Not Applicable

Strategic Plan Impacts:
Primary Impact: Social Equity, Secondary Impact: Not Applicable, Tertiary Impact: Not Applicable

Comprehensive Plan Impacts:
Primary Impact: Not Applicable, Secondary Impact: Not applicable, Tertiary Impact: Not Applicable

Legislative History

Date	Action
N/A	N/A

Suggested Council Action

This is for informational purposes.