Recommendations Report
The County and City of Napa, CA

Founded in 1991, **CSH** transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information, and innovation that allow our partners to use supportive housing to achieve stability, strength, and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH's team has experience in working locally at Continuums of Care; providing technical assistance to communities on system redesign and alignment; HMIS and other data systems; and community process facilitation and training.

The **National Alliance to End Homelessness** is a leading voice on the issue of homelessness. The Alliance analyzes policy and develops pragmatic, cost-effective policy solutions. The Alliance works collaboratively with the public, private, and nonprofit sectors to build state and local capacity, leading to stronger programs and policies that help communities achieve their goal of ending homelessness. We provide data and research to policymakers and elected officials in order to inform policy debates and educate the public and opinion leaders nationwide.

Scope of Work & Methodology

The County and City of Napa contracted with the **Corporation for Supportive Housing (CSH)** to provide policy and technical support on increasing supportive housing and ending homelessness in the County of Napa. CSH has thus far performed social service, health and housing system analysis, including assessing and/or leverage potential funding sources, and identifying opportunities to address the complex needs of the growing homeless population. The major deliverables for this work to date are:

- **Community stakeholder convening meetings**: CSH staff met with representatives across the social service, health, housing, criminal justice and philanthropy sectors to explore issues and opportunities in the community, and to gather input on resources managed by each sector.
- **Funding assessment meetings**: CSH met with private foundations for insight on their funding preferences and to assess the viability of foundation support for efforts to increase housing opportunities and system coordination.
- **General TA meetings**: CSH meets regularly with County and City staff to provide strategic guidance on funding, policy, and system design.
- **Homeless system data analysis**[1]: CSH performed an analysis of Napa's homeless system using Homeless Management Information System (HMIS) data and Annual Performance Reports (APR). Mapping the flow in and out of the homeless system housing programs, we created a snapshot of trends and gaps in system entries, flow and exits. CSH also reviewed 2014 and 2015 Point in Time (PIT) count data for further insights regarding homeless population demographics and needs.
- **Resource map**: CSH gathered data from community stakeholders, conducted research and reviewed the county and city (all cities in the County of Napa) budgets to catalog federal, state and local funding resources available for affordable housing.

[1] Homeless system data analysis and a visual map of system is in Exhibit A.

- **Recommendations report**: CSH drafted this report in concert with NAEH and key stakeholders from the County and City of Napa.

The County of Napa and the City of Napa contracted with the **National Alliance to End Homelessness (NAEH),** through its Center for Capacity Building (Center), to provide guidance and a plan for transitioning the Napa County shelter system to a redesigned system that uses a Housing First, low-barrier approach to access and services, aligns with national best practices, and is well-coordinated with other programs and services available in the County and City. NAEH has provided analysis and has presented recommendations regarding strategies for improving shelter practices and re-designing the current shelter system.

Issue Identification: Overall Findings & Issues

Based on information gleaned from the various stakeholder and community meetings, as well as the system data analysis and resource mapping, CSH and NAEH identified several issues to address and opportunities that Napa could pursue:

Key Issues

- **Resources and funding in the community are contained in departmental/divisional silos of funding that address only components of homelessness and housing crises.** By themselves, each departmental fund does not have the resources to tackle large-scale community issues strategically. Further, there is no large sum of money sitting untouched in either the County of Napa or cities within. Some departments have experienced funding cuts in recent years, particularly for affordable housing.

- **Within the housing intervention system, the community may not have resources aligned in a way that is most effective in addressing the complex needs of those in a housing crisis.** According to the homeless system data[2] and 2014 (234 households, 285 people) and 2015 (245 households, 293 people) Point-in-Time counts[3], there is a large subset of homeless individuals who are chronically homeless, have severe mental illness and who experience substance use disorders. There is also a large percentage of individuals entering the homeless system who come from temporary stays with friends and family, literal homelessness and institutions like jails, hospitals and detox centers. Shelters and housing that require sobriety, for example, would not serve a significant number of people who have substance use disorders. Further, most individuals that exited shelter, went back into homelessness or temporary destinations, indicating that these interventions may only be addressing the symptoms of homelessness.

- **There is a growing population of high-need vulnerable individuals in the County of Napa, according to the data.** See above. In addition, PIT data from 2011 – 2015 shows increases in percentages (with the exception of a dip in 2014) of those in the homeless system who are chronically homeless, have severe mental illness and experience substance abuse. The number of total homeless individuals counted also increased year over year from 2011-2015. Annual HMIS data indicated high percentages of mental illness (46% in 2014, 44% in 2015), substance abuse (34% in 2014, 32% in 2015), and three or more health conditions (29% in 2014, 27% in 2015)

- **There is not enough available permanent housing inventory to meet the demand for affordable and supportive housing.** Housing in Napa is very competitive with a low vacancy rate, leaving landlords few incentives to offer housing to Section 8 participants. Costs of living in the County of Napa are quite high and most low-income residents are paying up to 50% of their income on rent[4]. The multi-family vacancy rate is only 1.9-2%[5]

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[2] Please see the County of Napa's homeless system map and analysis in Exhibit A.

[3] **Point-in-time** documents for the Napa CoC can be easily accessed on the HUD Exchange website.

[4] This information comes from the Napa City Housing Authority's Annual/5-Year Plan

[5] The City of Napa Housing Authority reports a 2% vacancy rate in its Annual plan and a recent Planning Commission report indicates a 1.9% vacancy rate (as of August 2015). The City of Yountville reports an effective vacancy rate of 2%. St. Helena reports 8.0%. American Canyon reports 0.8%.

meaning that landlords can be very selective of tenants when a unit becomes available. The City of Napa Housing Authority administers landlord engagement strategies, but admits that it is difficult to convince landlords to prioritize Section 8 tenants. In terms of permanent supportive housing (PSH) stock, there are just over 100 PSH beds in the County of Napa, which is less than the number of chronically homeless individuals in the County of Napa (as of January 2015), who by and large all need supportive housing. That does not count the other vulnerable households who need it, and does not account for current PSH bed utilization. Finally, many households could be better served through Rapid Re-housing resources, since many households could successfully end their homelessness with limited-term rental assistance and services.

Opportunities

- **Napa can end chronic homelessness.** Although Napa has a relatively high percentage of chronically homeless individuals, and that percentage has increased over time, the actual number of people is not staggering – 132 (according to the 2015 PIT count). Napa has just over 100 PSH beds in its inventory, which is the intervention this population needs most. Although the supply does not meet the demand, new projects in the Napa housing pipeline could be designed to prioritize this population (rather than a few set asides), government and other funders could establish a preference to prioritize this population, and work with supportive services providers and landlords to ensure they can be housed. Housing these incredibly vulnerable individuals first will prevent them from cycling in and out of the homeless and other systems. Napa can end homelessness. The recommendations below are key steps to accomplishing this goal.

- **Philanthropic partners are interested in partnering to create systems-level change.** Private foundations in Napa do fund some affordable housing projects – particularly the Gasser Foundation. However, funding is often ad hoc, project-specific, and does not necessarily align with what the community needs most. With a shift to focus on larger-scale solutions at the systems level, philanthropic partners are open to collaborating on an initiative that has a bigger impact and implements "upstream" solutions.

- **Stakeholders across Napa communicate regularly and have a culture of transparency.** Although Napa's funding exists in silos, the Napa community appears to collaborate and communicate well across systems. Cross-sector stakeholders have been involved in many of the technical assistance planning meetings with CSH and NAEH, and were very willing to share budget information and system data. Aligning efforts across systems will be built on a strong foundation of existing, positive working relationships.

Recommendations

The following recommendations address the main issues above as well as secondary issues that are outlined in the rationale that follows each recommendation. Preliminary recommendations were presented to core staff in Napa City and County for an opportunity to ask clarifying questions and provide feedback for the final recommendations, which are detailed below. Final recommendations fall into five categories, each with its corresponding issue identification/rationale and next steps. The categories are:

I. **Breaking Silos & Leveraging Resources**
II. **Cutting Costs & Realigning Resources**
III. **Prioritizing Housing Resources**
IV. **Building Housing Capacity**
V. **Using Data**
VI. **Identifying New Funding Opportunities**

I. Breaking Silos and Leveraging Resources

Overall strategy: Integrate siloed community support services and funding, and leverage additional resources for affordable housing.

1. Create a collaborative funding structure with private and public partners.

A system-level collaboration amongst funding partners would integrate efforts to serve vulnerable individuals in the housing, health, mental health, criminal justice, child welfare and other social service systems. A collaborative funding effort could be structured around a particular community initiative or community-wide program, and would ideally bring together representatives from public agencies (housing, health, mental health, substance use, criminal justice, child welfare, workforce development, jurisdictional partners), hospitals, Federally Qualified Health Centers (FQHCs), managed care organizations and philanthropy. This could be structured as a pooled funding mechanism (see below). The goal is to create a centralized decision making body with a strategic approach to funding community services and determine where resources can align with community needs.

Rationale

Although the county of Napa appears to communicate well across systems in the County and cities, funding and resources for community services seem to fall within strict departmental and division budgets. The various social services systems across the county are serving many of the same people and each system has suffered public funding cuts in recent years. Forming a collaborative funding structure would enable partners to strategically approach how funding is administered across housing, health and services.

Getting it off the ground

Key funders within the County of Napa, both governmental and philanthropic, have expressed interest in creating a collaborative funding structure. Stakeholders will need to articulate goals, metrics of success, and internal governance and membership. Staff time will need to be dedicated to coordinating the group, including potentially building/facilitating a joint RFP, developing a dashboard to measure progress, meeting facilitation, and regular communication with members.

2. Attract and retain additional talent to make systems coordination a success.

The bulk of the systems coordination to address the housing needs of Napa's most vulnerable people will likely happen at the Continuum of Care level, with oversight by the County Health and Human Services Agency. Therefore, it is important that the CoC has sufficient staffing support in strategically designed roles to ensure that coordination and collaboration efforts will be successful.

CSH and NAEH propose adding 1.5 FTE of new staffing to support homeless systems coordination, help launch new initiatives and manage contracts.

- **Homeless Coordinator** (1 FTE): This role would serve as the coordinator of new community initiatives, such as the Funder's Collaborative, and would facilitate systems change efforts. This includes leading cross-sector community meetings, helping to set the agenda and strategy for initiatives, managing the RFP process and facilitating the creation of community-informed goals and objectives to end homelessness in Napa. The person in this role should excel in relationship and consensus building, have great communication, facilitation and influencing skills, be able to synthesize input and feedback in the moment and drive stakeholder-informed action steps. The Homeless Coordinator should bring strong strategic planning and data analysis skills as well as experience in change management. While specific content expertise in housing and homelessness is a plus, it should not be a prerequisite for consideration.
- **Contracts Analyst** (0.5 FTE): This role would provide administrative support to the Continuum of Care, the Homeless Coordinator, and by extension the Funder's Collaborative, focused primarily on contracts preparation, analysis and monitoring for those contracts related to program grants.

3. Create a Flexible Housing Subsidy Pool (FHSP) as the primary mechanism to bolster affordable and supportive housing development county-wide.

A Flexible Housing Subsidy Pool[6] (FHSP) is an innovative financing mechanism for public and private agencies to bolster the creation and operation of high-quality affordable and supportive housing. It generally starts with seed funding from multiple sources in the community, including public (across systems such as health, CoC and criminal justice) and private funds (foundations, donors), and has the flexibility to be structured in the way that best addresses the community's needs. The pool would augment housing production and leverage public and private investment to create and operate high quality supportive housing. It could also grow to accommodate additional populations or fund additional programming as needed and as funding allows per the pool's structure.

Rationale

The County of Napa and the cities within the county do not have significantly large or excessive budgets for any particular community program, especially as they relate to housing and health. Braiding funding from various divisions and programs across systems could realize administrative efficiencies, allow the money to be used where it is needed most, and could leverage additional funding, particularly from private funders. A flexible pool of funds from multiple sources has the potential for a larger system-wide impact on affordable housing, which is more attractive to private funders and possibly more attractive to other systems (health, criminal justice) within the community.

Getting it off the ground

If the City and County of Napa wish to proceed with creating a FHSP, initial and on-going funding would need to be identified and secured, and the pool would need to be designed and structured around a common purpose – whether it is affordable or supportive housing, or focusing on a particular target population. Next steps would include committing identified public funds to the pool, working with the appropriate community staff (representatives of those committing resources, staff from the agency/agencies that would manage and administer the pool, County staff and staff from each city) to design the pool, and developing and facilitating an RFP process to solicit an operator.

4. Create a Landlord or Other Risk Mitigation Pool.

A risk mitigation pool[7] is another type of pooled funding strategy to mitigate various kinds of risk to lenders, landlords, investors, etc. A landlord risk mitigation fund's purpose is to mitigating the risk of unit damage and missed rent payments – reasons landlords often choose to not rent to "risky" tenants. The purpose of this pool is to create a guaranteed bank of funds that cover damages, missed payments, and/or rental deposits, in hopes that landlords are more willing to accept tenants thought to pose specific risks, thereby increasing the supply of affordable housing. Generally, these types of funds are controlled by a legal agreement that specifies eligibility and the process for drawing on the funds. *Note: a risk mitigation pool could be included as a component of a flexible housing pool (above) or it can operate independently.*

Rationale

Most stakeholders acknowledge that the County of Napa has a shortage of affordable rental units for households of varying income levels, particularly for those with extremely low incomes. Many tenants in need of Section 8 vouchers face a closed City of Napa Housing Authority wait list and with a need that is seven times the number of available vouchers. Further, those who secure vouchers often have trouble finding an owner who will rent to them and participate in the program, especially in a competitive rental market with a low 2% vacancy rate. It is a goal of the City of Napa Housing Authority to continue to actively encourage landlords to participate in the Section 8 programs through outreach,[8] though something that minimizes certain tenant risks, such as a landlord guarantee fund, could be what entices hesitant landlords.

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[6] Please see Exhibit B for a detailed overview.

[7] For detailed examples of risk mitigation pools, please see Exhibit B.

[8] Napa City PHA Annual Plan

Getting it off the ground

As mentioned above, a pooled risk mitigation/landlord guarantee fund could be structured within another larger pooled funding mechanism such as the FHSP, or it can operate on its own. It would take an initial funding commitment, which in other communities has been a commitment of City general or housing funds. The risk mitigation pool could either focus on landlord engagement or a project-based pool to minimize project operating losses due to unit damage or rental losses. It seems as though the need is higher to engage more landlords to open their market rate units to Section 8 participants – we therefore recommend this be a focus of a risk mitigation pool should Napa decide to pursue this strategy.

II. Cutting Costs & Realigning Resources

Overall strategy: Cut unnecessary system costs and adopt a systems approach to better align resources and serve the most vulnerable, high-need individuals.

5. Engage institutional partners to implement a Frequent User System Engagement (FUSE) project.

Communities spend billions of dollars on services that bounce vulnerable people between shelters, hospitals, jails, treatment programs, foster care and the streets. Implementing a FUSE program works to solve this problem by adopting an integrated systems approach to prioritize and serve the community's most vulnerable and costly users of institutional services.

Rationale

According to Napa's HMIS data[9], a large percentage of people entering the system come from institutions (22% ES and 13% TH). This is rather high compared to other similar communities. The majority of the represented institutions are detox/substance use centers and jails/prisons for those entering shelter and psychiatric facilities and detox/substance use centers for those entering transitional housing and permanent supportive housing. Further, some of those who exit shelter and transitional housing are going back into institutions – 6% of shelter exits and 3% of transitional housing exits. This data does not indicate that all of these people are frequently using services at institutions, but does point to at least some of them cycling in and out of these institutions, particularly detox/substance abuse centers. Finally, according to Napa's 2014 PIT count, 27% of the 289 counted people are severely mentally ill and 28% experience chronic substance abuse. This is high compared to other similar communities, and in fact, has grown significantly since 2014. The 2015 PIT shows that 42% of the 293 counted people are severely mentally ill and 43% have chronic substance abuse issues. If the data are reliable, this is a significant increase.

In meetings held with community stakeholders, criminal justice partners as well as representatives of the health system noted that they serve and interact with individuals who are homeless and chronically homeless on a regular basis. In fact, the City of Napa funds a homeless program within its Special Police Operations division. According to Partnership Health Plan of California's hospital admissions data (presented at one of the community meetings), homeless patient admissions into emergency departments in Napa has nearly doubled each year from 2013-2015. Among homeless patients, each person averages 2-3 Emergency Room (ER) visits per year. This is an average of the total population and there may be a subset that frequents the ER much more often. By and large, the homeless population frequents the ER much more so than the housed population, according to the data. All of this information points to a likely FUSE population.

Getting it off the ground

The data above indicate a FUSE population, but it is not conclusive, particularly if the HMIS data is not entirely reliable. For Napa to determine if there is indeed a FUSE population, it would need to engage partners across the medical, behavioral health, substance abuse and criminal justice sectors to share data (lists of frequent ER users and their costs to EDs, substance use/detox center data and HMIS data) and determine the overlap of "frequent flyers"

[9] Please see the County of Napa's homeless system map in Exhibit A.

in the system and what it costs to serve these people by system and overall. The next step would be to determine the target population of the FUSE initiative after determining those who overlap multiple systems, and what data can be shared across systems. The target population is a subset of those who overlap systems (chronically homeless, special needs, veterans, etc.). The next step would be to build out the program, including partner roles, housing intervention opportunities and criteria, determine service interventions, create MOUs and hire any needed staff. The team would then engage the identified individuals to implement the program and connect those households to supportive housing interventions that implement best practices (e.g. Critical Time Intervention) in housing this population.

Realignment and conversion of existing intervention systems

6. Re-design Napa's emergency shelters to be part of the "front-door" to a low-barrier and housing-focused crisis response system.

Emergency shelters are a critical component of an effective crisis response system, because people experiencing a housing crisis need to always have access to a safe and decent place to stay for a brief period of time. However, communities often spend a great deal of money on emergency shelters that have many requirements which restrict entry for the most vulnerable people experiencing homelessness and do not implement a coordinated exit strategy for people to go from shelter back into permanent housing quickly. Ending homelessness means that everyone who is currently homeless is placed into housing. To be a system that truly implements the Housing First approach throughout all interventions, anyone experiencing a housing crisis should be able to enter shelter without pre-requisites and shelter services should be focused entirely on re-connecting people to housing as quickly as possible. To be able to shorten the average length of time that people spend in the shelter system and increase exits to permanent housing, it is also critical that Napa expand re-housing capacity for single adults, families, and youth.

Rationale

Napa's primary shelters for single adults and families assist people experiencing homelessness in various ways to manage their crises. However, most shelters have a serious lack of capacity to truly reduce and resolve homelessness in the community due to restrictions to entry, a lack of capacity to provide housing- focused services, and the community's lack of implementation of enough Housing First solutions to provide rapid exits from shelter. Napa's data shows that shelters exit a majority of people back into homelessness or to a temporary destination. The shelter system does not serve all people experiencing homelessness, because entry is restricted by various requirements and limited hours of operation. These barriers to shelter entry leave the most vulnerable people experiencing homelessness without access to safe and decent shelter for much of the year. The barriers to entry also leave highly vulnerable people with only having access to the Hope Center during the day because they do not have any other place to go in the community to meet their most basic needs.

Since the Winter Shelter and the Hope Center have fewer restrictions than South Napa Shelter and Samaritan Family Shelter, these sites often serve people with higher barriers and repeat episodes of homelessness, but these programs do not currently have the capacity to provide the necessary services and linkages to housing to end their homelessness. Trying to serve people with the highest barriers with the fewest services is simply ineffective. This is a missed opportunity to engage the most vulnerable homeless people in Napa and connect them to permanent housing, which is both a long-term solution and more cost-effective. Many other communities have shown that people with high vulnerability, like the people using the Hope Center and Winter Shelter, can be successfully engaged with the right types of services that are tailored to their needs and their homelessness can be ended with permanent housing interventions.

Getting it off the ground

To be an effective shelter system that contributes to reducing homelessness in Napa, relevant stakeholders and funders should engage Napa's shelters, day center, and related programs in a re-design process to transition to a low-barrier and housing-focused shelter system that reduces how long people are homeless, increases exits to permanent housing, and reduces returns to homelessness. A transition to a low-barrier system would mean that shelters would be more inclusive to all people experiencing homelessness by reducing current eligibility criteria that

restrict people from coming into shelter, including taking away rules regarding required sobriety or income at entry, and provide 24-hour access so that people can enter at any time and do not have to leave during certain hours of the day, as well as be engaged in a housing plan as soon as they enter shelter. This low-barrier and 24-hour access may also eventually eliminate the need for the Winter Shelter as the other shelters increase capacity to serve anyone seeking shelter services year-round. The shelters should provide low-barrier and housing-focused services that offer:

- Staff assistance and resources for people to self-resolve their homeless crisis;
- Staff that specialize in housing search services to help participants obtain permanent housing (rapid re-housing);
- Warm hand-offs to more intensive services and longer-term housing interventions for households with higher needs (permanent supportive housing/vouchers);
- Divert those who are able to safely stay in their current housing situation away from the shelter system.

7. Issue RFP(s) that support the systems change needed to end homelessness.

Often times housing service providers and operators are constricted by antiquated government contracting requirements or other burdensome reporting structures that do not support innovation and systems change. For example, an emphasis on service outputs and piecemeal approaches to service delivery do not necessarily produce the flexibility necessary for a contractor to focus on and deliver high-quality outcomes. Structuring contracts to support Housing First and innovation, including performance-based contracting, can be a powerful tool that benefits government and contractors alike.

Rationale

It would benefit the City and County of Napa to alter the way in which it contracts for the emergency shelter system, as Napa will likely undergo significant systems change efforts in the coming years. The way services are currently contracted will likely not facilitate success for the many changes that will happen at the shelter level in Napa in the next few years. The RFP would present an opportunity to re-craft requirements of emergency shelter services contracts and to solicit proposals for programs that align with new requirements such as implementing coordinated entry and assessment activities and adopting a Housing First approach to service delivery.

Similarly, the Flexible Housing Subsidy Pool presents a unique opportunity to restructure the way housing interventions are delivered and scaled within Napa County. CSH highly recommends pooling resources into a single RFP with unified reporting metrics that are tied to specific community goals and are resourced at levels that provide housing providers with meaningful opportunities to succeed. State and federal requirements must still be met, but contracts at the county level can be streamlined and re-focused on outcomes.

Getting it off the ground

Stakeholders would need to identify resources that can be pooled; establish goals and metrics of success; and facilitate a transparent process for selecting contractors. The RFP could serve two main purposes: 1) Change the way emergency shelter services are contracted for purposes of aligning these services with new Napa systems change efforts such as coordinated entry and the Housing First approach; 2) Solicit funder participation in Napa's Flexible Housing Subsidy Pool.

8. Consider Converting Transitional Housing to Opportunities for Permanent Housing.

Transitional housing providers across the country are increasingly converting their transitional housing projects to create additional rapid re-housing subsidies and new units of permanent housing. This has especially been the case in recent years with the HEARTH Act and HUD funding that favors permanent housing solutions that leave no households homeless for more than 30 days. Interventions like transitional housing are finding it more and more difficult to find their niche in a community's response to homelessness, as they are time-limited, are rather costly to maintain and do not always connect households to permanent solutions. Conversion of transitional housing programs to transition-in-place units, permanent supportive housing units or rapid re-housing subsidies has been a way for some communities to redirect limited housing resources to increase permanent housing opportunities. This is not to say that there is no place for transitional housing. It is recommended that communities analyze population

needs and their current transitional housing inventory to determine the cost and effectiveness of their transitional housing interventions.

Rationale

The County of Napa has about 100 transitional housing beds that are part of five housing programs. The 2015 PIT count indicates that only 59 of the 70 beds that report on HMIS were full that night. This is one small data point, though it could point towards low transitional housing utilization. If this is the case, one or more transitional housing programs in Napa may be underperforming or may be too restrictive to meet the needs of those who could benefit from it.

Data from Napa's HMIS system suggests that transitional housing programs are connecting households to permanent housing interventions such as subsidized and unsubsidized rentals; however, some households who exit transitional housing are returning to live with friends and family and 21% are exiting back into temporary situations, including homelessness.

Getting it off the ground

Analyzing the performance and cost of Napa's current transitional housing programs would shed light on the impact of these programs and whether or not they are meeting the needs of the population. For those programs that are not high performing, conversion to a high performing program (with a very short length of stay and rapid ties to permanent housing resources) or to permanent housing may be worth considering. Although transitional housing conversion is not yet a common practice, several communities across the US (Memphis, San Diego, Portland) have done this successfully, both in converting scattered site and single-site transitional housing units to permanent housing or rapid re-housing assistance funds.

III. Prioritizing Housing Resources

Overall strategy: Target housing resources to "right size" interventions based on household need and ensure the most vulnerable households are prioritized.

9. Develop a coordinated entry system.

Coordinated entry systems are designed to create a more seamless way for people experiencing a housing crisis to access appropriate housing and services. Coordinated entry requires a standardized, community-wide assessment tool(s) and process, participation by all housing providers within a community, and coordination to quickly connect households to housing and services once assessed. HUD requires communities to implement a coordinated entry system to receive funding under the HEARTH Act.

Rationale

Napa's shelters and other housing programs operate mostly independently from each other and should be better integrated into the larger crisis response system. In a well-coordinated system, there would be established criteria for who is prioritized for shelter and how people are referred to other programs. Making this shift from a program approach to a system approach will more efficiently match people with the programs that can best serve their needs. This system approach will also make it easier for people to access services.

Getting it off the ground

Napa's Continuum of Care began a process of designing the coordinated entry system by piloting a common assessment tools and drafting policies and procedures. This planning process should be part of the larger re-design of the "front door" and integrated into and aligned with the transition of the emergency shelter system.

10. Adopt a County-wide Housing First Approach.

The HEARTH Act has been a call to action for virtually every community across the nation and is transforming homeless services into crisis response systems that prevent homelessness, and rapidly return people who experience homelessness to stable housing. There is also the goal to ensure that no person or family is homeless for more than

30 days. The Housing First approach requires immediate access to housing, consumer choice and robust support services with assertive engagement, embraces harm reduction and prioritizes housing for the community's most vulnerable. Housing First has been proven to end chronic homelessness leads to better access to housing, housing retention, lower returns to homelessness and reductions in the use of crisis services.

Rationale

Housing First strategies are not a foreign concept to the City and County of Napa, though the community does not appear to utilize this approach on all levels of the homeless services system. For example, there are still rules and requirements in shelter and transitional housing programs that can serve as barriers to housing, particularly for chronically homeless and other vulnerable populations. While some communities have ended chronic homelessness in the last few years, the number of chronically homeless individuals in Napa County has increased during that same period. Many factors contribute to an increase in chronic homelessness, but lack of coordination and poor targeting of resources are key drivers.

Getting it off the ground

Implementing a county-wide Housing First approach may take some cultural shifts and big programmatic changes, but this approach aligns very well with the other changes the City and County of Napa will implement in the coming years. A first step is to designate a champion of the Housing First approach – ideally someone with decision-making power who genuinely believes in the Housing First approach. Then it would be a matter of scanning the current programs and services in the County of Napa to determine where there are "bright spots" in Housing First and where there are barriers. For example, a good first step would be to review the existing rules, policies, entry criteria and regulations of the housing programs and projects. It is very rare that funding sources specifically mandate requirements like sobriety or that a client must be enrolled in services to obtain housing. It will be important to determine where the barriers to housing are and how they can be overcome to serve the most vulnerable in as little time as possible.

It may be helpful to create a running list of housing inventory and the entrance criteria so this is transparent to everyone; this would be integrated into coordinated entry system and, by extension, the HMIS. Another step would be to communicate, to all providers in the county, a vision that aligns with Housing First and envisions what that means for the county (e.g. Napa will end chronic homelessness by 2018). Finally, services will need to align with a Housing First approach. This includes prioritizing the most vulnerable populations, incorporating motivational interviewing, coordinating referrals and navigation, frequently soliciting client feedback in program design and delivery, and educating and engaging landlords.

11. Develop the system's capacity to create rapid exits from homelessness into permanent housing interventions.

To shorten the length of time that people spend in shelters and increase exits to permanent housing, it is critical to create a range of permanent housing interventions to scale so that people may return to housing quickly and not get stuck in shelter. In other words, shelter should not be a destination but instead provide "throughput" to permanent housing, which translates to creating rapid re-housing and permanent supportive housing capacity to match the need. People experiencing chronic homelessness are best served by permanent supportive housing. Because a majority of people experiencing homelessness need rental assistance and basic move-in costs, rapid re-housing is also a powerful tool for ending the homelessness of most single adults, families, and youth. Rapid re-housing provides short-to-medium term rental assistance in private units with appropriate support services to help people sustain housing.

Rationale

Napa's data shows that there is not enough rapid re-housing or permanent supportive housing capacity to meet the need. The capacity that does exist is not properly prioritized or targeted to the people most in need of these interventions. The Flexible Housing Subsidy Pool (FHSP) can be used as a tool to scale these interventions and ensure that they are properly prioritized and targeted to maximize the effectiveness of these resources. Increasing the capacity and improving the practice of rapid re-housing and permanent supportive housing across Napa will improve the functioning of nearly every other part of the shelter system.

Getting it off the ground

The community should consider which resources can be reallocated to rapid re-housing and permanent supportive housing and strategize how to use its existing resources more effectively. It is important to note that best practices in rapid re-housing are not currently being used in Napa, which results in wasted resources such as Emergency Solutions Grant funds that are not being fully spent. Rapid re-housing programs in Napa could be greatly strengthened and house far more individuals and families by implementing the core components of rapid re-housing: housing identification, financial assistance, and case management and services. By removing restrictions to program entry that currently exist, hiring housing specialists within the programs to engage landlords and locate housing *for* participants, and by shifting case management practices to focus on obtaining and sustaining housing, Napa's rapid re-housing programs will have better outcomes. Though people experiencing homelessness in Napa face a daunting challenge because Napa has a relatively low rental vacancy rate and high housing rental costs, many other communities with similar or tighter housing markets have experienced great success with using these best practice rapid re-housing strategies.

12. Divert people from the homeless assistance system whenever possible.

Reducing entries into homelessness is one of the stated goals of the HEARTH Act and creating diversion resources and screening is an effective way to achieve this. Shelter diversion works by helping individuals and families seeking shelter find alternative housing options (such as staying with friends or family members). Diverting households, then, means fewer households will be entering homelessness.

Rationale

Napa's data showed that a significant percentage of people entering shelters were coming from housed situations. Diversion screening would identify people who are seeking emergency shelter but whose current housing situation, with a little assistance, would keep them in their housing and not bring them into the shelter system for assistance. By finding other housing options for some households, Napa can ensure that shelter beds are reserved for those households that literally have nowhere else to go. Successful diversion, therefore, can ease the demand for shelter beds and reduce the need for waitlists and overflow shelter beds.

Getting it off the ground

The coordinated entry system or the shelter access point should serve as a way to screen and divert people who may be better served remaining in their current housing situation. Diversion and connection to resources to keep people in their current housing can be implemented at other sites where people who are at-risk of homelessness may seek help. Diversion may require shelter case managers or coordinated entry staff to be skilled at problem-solving and mediating with landlords and family members, and the availability of flexible financial assistance for emergency situations such as Season of Sharing funds.

IV. Building Housing Capacity

Overall strategy: Build a pipeline for housing and serve the right people in the right way.

13. Create a managed pipeline of supportive and affordable housing.

Rationale

Increasing the supply of supportive and affordable housing in Napa is key, as demand for this housing outweighs the available supply. This will involve building more supportive and affordable housing, particularly if the vacancy rate remains so low. Finding enough funding to build affordable housing is challenging, particularly in communities like Napa where land is expensive. Affordable housing projects in the County of Napa have received Low Income Housing Tax Credits (LIHTCs) for some housing developments, though there are only a couple of projects that have been awarded 9% credits (the more valuable of the tax credit programs). Securing these tax credits for future projects will be key to ensuring affordability.

Getting it off the ground

a. **Create a small working group of key stakeholders** to meet regularly about new and existing opportunities. This work group can support projects to fruition and set standardized metrics of success and quality when local funds are used. The goal of the group is to identify and prioritize housing development opportunities on a community-wide, strategic basis rather than responding to opportunities ad hoc.

b. **Create a supportive housing loan fund** to better access LIHTC and Community Development Financial Institution (CDFI) resources. A supportive housing loan fund is a fund structured by a managing organization (generally a CDFI) and a main "seed funder" (who provides initial capitalization) such as the City housing department, County government, federal and private grant funders and private investors such as banks. The fund is established for purposes of providing critical pre-development, acquisition, and in some cases, construction loans to established developers of supportive housing according to the terms and eligibility requirements set forth by the partners who structured the fund. A supportive housing loan fund has been also used as a strategy to safeguard against stalling in the development process due to budget crises and/or frozen credit markets.

   Some supportive housing loan funds choose to implement a tiered structure where funds from various partners are housed in the different tiers, which represent loss positions. For example, a foundation may choose to provide a grant, which is placed in the top loss tier (not expecting a return), and is drawn first. On the other hand, the City partner may choose to fund less "risky" reserves funds.

   Implementing this in Napa would require bringing funding partners to the table who are interested in funding supportive housing or housing for households with extremely low incomes. Ideally, partners would include the City of Napa, a CDFI or other originator of the loans, the County of Napa and if possible, CalHFA, Fannie Mae, foundation partners and private sector partners like banks who already invest in the Napa community or in affordable housing. Partners would need to determine the structure of the loan, the purpose, eligibility criteria, the terms of the loans and any reporting or other program requirements. Given its size, Napa should consider partnering with sister counties to create a sub-regional loan fund to maximize funding and efforts.

V. Using Data

Overall strategy: Make the data work for you. Centralize the tracking of homeless system outcomes, flow, data quality, inventory and demographics into an easy-to-digest format.

14. Develop a dashboard using HMIS to track progress on system flow improvements and outcomes.

Rationale

Napa appears to have reliable data on the HMIS system whereby most community shelter and housing programs are using the software and inputting useful community data. Building in a way to easily track system flow and outcomes can only strengthen Napa's homeless system data capabilities, and would be a great snapshot for data sharing across systems. This would also be a great tool for any large-scale community initiatives to keep track of data, outcomes, needs and impact with multiple partners.

Getting it off the ground[10]

The first priority would be to incorporate emergency shelter flow and outcomes to support TA work by NAEH. The dashboard could also be a way to view real-time data related to coordinated access, system entries and exits, and then could expand to include data points related to any community initiatives such as the flexible housing

[10] For general guidance in designing and implementing this, please refer to an overview presentation by the National Human Services Data Consortium.

subsidy pool or the collaborative funding structure. Building the dashboard can happen in a number of different ways, depending on what data the community would like to analyze and how often.

15. Define goals and use data to measure outcomes.

A robust performance measurement structure will help the homeless system including emergency shelters operate more effectively. A simple and clear set of outcome measures, regular assessment of progress on those measures, and some accountability to achieve outcomes will help align the activities and incentives of providers and other stakeholders.

Rationale

There is a lack of an overarching system of policymaking, data collection, resource allocation, and accountability within the shelter system. Although shelter providers are entering data into HMIS, there is not a consistent set of outcomes that they are reporting on or working toward. Napa's shelters should develop clear and uniform standards and set performance targets and track progress on the following measures:

- Increase exits to permanent housing
- Decrease average length of stay in shelter
- Reduce returns to shelter

Getting it off the ground

To achieve this, the City of Napa and the County of Napa, as funders of the shelter system, should engage in the following activities:

- Shelter system planning, monitoring, and oversight;
- Coordinating policies across emergency programs;
- Evaluating data to identify gaps in services;
- Evaluating cost effectiveness of shelter programs;
- Working with other funders to promote consistent policies; and
- Measure performance of outcomes.

VI. Identifying New Funding Opportunities

Overall strategy: Secure new public funding opportunities: Medi-Cal.

16. Leverage new Medi-Cal opportunities

Under the Affordable Care Act (ACA) there are new opportunities to leverage federal Medicaid (called Medi-Cal in California) funds for services in supportive housing. In recent months, CSH has been advocating for two State of California proposals related to Medi-Cal coverage: 1) implementation of the Medi-Cal Health Homes Program, and 2) negotiations for approval of 1115 Waiver.[11]

Rationale

Napa is not yet poised to take advantage of these new housing-focused funding opportunities under the Affordable Care Act (ACA). Medi-Cal can cover and pay for many (although not all) of the services in supportive housing, including case management, services coordination, and rehabilitative services. With the State of California's decision to expand Medi-Cal eligibility, more people experiencing homelessness will be eligible for Medi-Cal, making Medi-Cal a viable option to cover services for many more people.

Getting it off the ground

The first step would be to develop an understanding of current County operations and new ACA opportunities. California is awaiting finalization of California Department of Health Care Services (DHCS) regulations for Health Home implementation. Estimated regulation release is June 2016. This will help frame what is possible. Napa is

[11] For more details on the 1115 Waiver and Health Homes, see Exhibit B.

currently listed in Group #1 for implementation of this program, which would occur in 2017. Napa can immediately begin exploring a Whole Person Care option under the 1115 Waiver. Both Health Home and 1115 Waiver offer mechanisms to use federal resources for case management and other housing related services.

Thank You

Napa can end homelessness, though this will require significant systems change efforts that will need resources and political commitment. We hope that this report will serve as a tool to prioritize and guide next steps. For your convenience, we have included Exhibit C: Glossary of Key Terms & Acronyms.

CSH and NAEH would like to sincerely thank everyone in the Napa community who has given their time, shared information, participated in stakeholder meetings, and provided valuable insights and feedback to this report.

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EXHIBIT A

Napa Homeless System Data Analysis & System Map

Analysis

CSH gathered and analyzed annual CoC data on the County of Napa homeless system for 2014 (at the time, 2015 data was not yet available). Using PIT count data, the Housing Inventory Chart and APR reports, CSH created a visual map of system flow into and out of the homeless system with a basic performance snapshot of emergency shelter, transitional housing, permanent supportive housing and rapid re-housing programs. Note: this data analysis is only as reliable as the data itself. Not all transitional housing and permanent supportive housing projects report on HMIS, for example. Napa does not have significant missing, unknown or refused data in HMIS, though, which is great.

Please refer to the Napa Homeless System Map that follows this analysis:

The map represents the flow into the community housing programs focusing on emergency shelter and transitional housing. Considerations when looking program entries:

- Overall, there are many people entering these programs from staying with friends and family (33% ES, 22% TH). This was the highest prior residence for emergency shelter and the second highest percentage for transitional housing. This suggests that many people are on the verge of homelessness in Napa and are doubling up to prevent falling into homelessness; however, this is not a permanent fix, so they enter the homeless system. Some of these households could have been served with diversion or prevention program assistance and in some cases, rapid re-housing assistance. It also points to the need for more affordable housing units. In Napa, the face of homelessness is familiar – literally your friends and family.
- A high percentage (22% ES, 13% TH) of people entering the homeless system come from institutions such as jail/prison, hospitals, detox centers and substance use centers – the highest number come from substance use treatment centers. This is consistent with annual HMIS data for 2014, which indicates high percentages among the homeless population of mental illness (45%), substance abuse (35%), chronic health problems (25-30%), and three or more co-occurring disorders (25-30%). It is crucial that Napa shelters have low barriers with connected and accessible behavioral health services in order to meet the complex needs of this population.
- There is a significant percentage of people entering transitional housing from emergency shelter (33%) and other transitional housing (15%). This suggests that people are exiting shelter into non-permanent interventions like transitional housing (effectively still cycling through homelessness). It further suggests that transitional housing programs are not connecting most clients to permanent interventions upon program exit.

Looking at program exits:

- Most of those exiting emergency shelter are going into temporary interventions (60%), the majority of them cycling back in with friends and family (24%) and going back to the streets (21%). It is not clear if these are voluntary or involuntary exits. Of the 40% of program exits that do connect with permanent interventions, most of them find a non-subsidized rental (25%) with some finding subsidized rental units and some moving on to live permanently with friends and family. It is interesting to see a high percentage going from shelter to non-subsidized rentals, as we know that a significant percentage of this population is high-need and vulnerable, and therefore would likely qualify for subsidized rental assistance or vouchers. If people in this population have the means to afford non-subsidized rental housing, they could have been better served through diversion or prevention programs rather than with the shelter as an access point.
- Transitional housing shows slightly better results for connections to permanent interventions, though only about half of Napa's transitional housing projects report on HMIS. Of those leaving transitional housing, 21% exit to temporary interventions, with the top destination being going back to shelter and back to the streets (in other words, back into literal homelessness). There are also a few who cycle back into institutions. Although this represents only 20% of the total exits, it is problematic that most of them are returning to literal homelessness. Of permanent destinations from transitional housing exits, the majority (62%) connected to subsidized and non-

subsidized rentals. It may be worth considering transitional housing conversions to transition-in-place, rapid re-housing assistance or another permanent intervention targeted at those who would exit back into homelessness.

This data is meant to give a high-level visual of Napa's homeless system according to HMIS data. It does not follow each person's entry, intervention and outcomes, nor does it separate data between individuals and families.

Please see attached document: EXHIBIT A: NAPA SYSTEM MAP

EXHIBIT B
Informational overview of referenced strategies and initiatives

Flexible Housing Subsidy Pool

A Flexible Housing Subsidy Pool (FHSP) is an innovative financing mechanism for public and private agencies to bolster the creation and operation of high-quality affordable and supportive housing. The FHSP was originally created as a public/private partnership between the County of Los Angeles' Department of Health Services and the Conrad N. Hilton Foundation to fund rental assistance, operating subsidy, and housing-based services funding for supportive housing targeted to frequent users of public services. The FHSP was established in 2014 with an initial $14 million investment from L.A. County and $4 million from the Hilton Foundation. In recent months, the FHSP has attracted additional public and private funding, including Probation SB678 funds, Continuum of Care funding, and other philanthropic grants to provide supportive housing as well as rapid rehousing to a wider range of vulnerable populations.

Housing developers, operators and public agency staff have credited the FHSP as one of the key financing tools that has allowed L.A. County to quickly scale supportive housing efforts across the region. By packaging housing and supportive services resources, and then having this package of funds administered by a single administrator, the FHSP has served as a streamlined financing mechanism for providers to receive and blend supportive housing and rapid rehousing resources. The "bundling" of resources across multiple funders has created administrative and operating efficiencies for the rapid expansion of housing and services interventions for vulnerable populations, in addition to the consistent delivery of high-quality housing and services.

The key element of the FHSP, as its name suggests, is its flexibility to draw on a variety of programmatic interventions to meet the needs of specific populations. For example, the FHSP initially served as a mechanism for L.A. County to target supportive housing to frequent users of the county health system. Due to the built-in flexibility of the program's design, the County Probation Department was able to invest SB678 funds into the FHSP to create a rapid rehousing program for adult offenders. Clearly, each program within the FHSP is tailored to meet the unique housing and service needs of different target populations identified by public and private funders.

During the last year and a half, the FHSP has been able to access the full range of community-based housing options including nonprofit-owned affordable and supportive housing, master leasing of buildings, scattered site housing, and private market housing. In addition to housing support, tenants are linked to physical and behavioral health services provided by on-site non-profit service agencies or by roving service teams. Additional services include crisis intervention, individualized case management, benefits assistance, and connections to educational, employment and volunteer opportunities. The FHSP also includes an evaluation component that analyzes L.A. County hospital utilization data, changes in health status, costs savings to public systems and overall effectiveness compared to traditional rental subsidy programs.

Risk Mitigation Pools

Some localities have created funds to cover specific risks and costs, using it to incentivize the creation and operation of supportive housing. These funds were capitalized with public funds and then used to pay for specific unexpected costs as they are incurred. These funds are controlled by a legal agreement that describes eligibility and establishes the process for making a claim. Two examples of these types of funds that have been created by the City of Portland, Oregon include:

Risk Mitigation Pool

The Risk Mitigation Pool (RMP) is a public fund, held and administered on behalf of the City of Portland Bureau of Housing and Community Development by a non-profit organization, the Housing Development Center. Established in 2005, the RMP was initially capitalized at $800,000 for up to 300 supportive housing units for a seven year period. The goal of the RMP was to provide risk mitigation for supportive housing developers and property managers without having to set up substantial additional reserves at each project. The RMP provides financial protection for supportive housing providers due to extraordinary operating losses, such as property damage beyond normal wear and tear and rental losses.

When the Pool was established, the City expected that the types of risks being protected through the RMP would be relatively infrequent, but at times, quite costly. The RMP established cumulative limits for claims based of the following

schedule for unit size: SRO units ($7,500), studio units ($9,000), one-bedroom units ($10,000), and two-bedroom units or larger ($14,500).

The RMP was established to support the City of Portland's 10-Year Plan to End Homelessness. As one component of the plan, the City encouraged affordable housing developers to develop supportive housing units dedicated to homeless individuals and families. The guiding principal of the RMP was to financially support housing providers who agreed to create and operate supportive housing, by offsetting potential increased financial risks associated with operating supportive housing.

Landlord Guarantee Fund

The City of Portland established the Landlord Guarantee Fund in 2009 with an initial capitalization of $150,000 from City general funds and an $18,000 grant from a private foundation. The Landlord Guarantee Fund is part of the City's Fresh Start Program that encourages landlords and property managers to agree to rent to households who would not qualify under standard tenant screening criteria. In addition to providing access to the Landlord Guarantee Fund, the program offers an assessment of the household's housing readiness and community-based services to support the household's housing stability. The goals of the program are to protect owners and landlords interests, mitigate the traditional risks associated with less stringent screening criteria, and meet the needs of persons who otherwise could not access private market housing.

The Landlord Guarantee Fund provides access to funds that will reimburse damages in excess of normal wear and tear to the unit when damages exceed the security deposit. Landlords may receive up to $2,000 for a one-bedroom unit or smaller, and up to $3,000 for a two-bedroom unit or larger. The fund will also cover one and a half months of non-payment of rent if the tenant does not vacate the housing unit in good standing.

The Landlord Guarantee Fund and the larger Fresh Start Program creates access to private market housing through a "housing first" approach that emphasizes rapid placement into housing and supportive services to maintain housing stability. The program permits households with some barriers to housing to meet screening criteria in compliance with fair housing laws. This program has proven to be a meaningful incentive for landlords to rent housing units to households who would typically be screened out of housing by alleviating two key concerns by offering access to the Landlord Guarantee Fund and providing supportive services for the household.

Medi-Cal Opportunities

Numerous studies have documented supportive housing's cost effectiveness and potential for reducing an individual's use of crisis health care services when they successfully live in the community. In recognition that supportive housing is a key solution to homelessness, particularly for people experiencing chronic homelessness, Medi-Cal can cover and pay for some of the key services in supportive housing, including case management, services coordination, and rehabilitative services. With the State of California's decision to expand Medi-Cal eligibility under the Affordable Care Act, more people experiencing homelessness will be eligible for Medi-Cal, making Medi-Cal a viable option to cover services for many more people.

In recent months, CSH has been advocating for two State of California proposals related to Medi-Cal coverage: 1) implementation of the Medi-Cal Health Homes Program, and 2) negotiations for approval of 1115 Waiver.

Medi-Cal Health Homes Program

The Health Homes Program is not housing. Instead, the Health Homes Program is a comprehensive system of care coordination for Medi-Cal beneficiaries with chronic conditions. The program is an optional Medicaid benefit created within the Affordable Care Act to assist beneficiaries to move into housing and stay stably housed. The Health Home Program would fund care management, care coordination, case management, discharge planning, outreach/engagement and housing navigation for vulnerable populations – particularly chronically homeless and frequent users of health care services. Health Home Program services must be targeted to populations with multiple chronic health conditions and/or mental illness. Therefore, the program – when implemented – would fund some key services currently provided in supportive housing.

Medi-Cal 1115 Waiver

The State of California negotiated with the federal Centers for Medicare and Medicaid Services on its 1115 Waiver which offers the State broad flexibility to explore innovations and demonstration projects in the delivery of care and to pay for

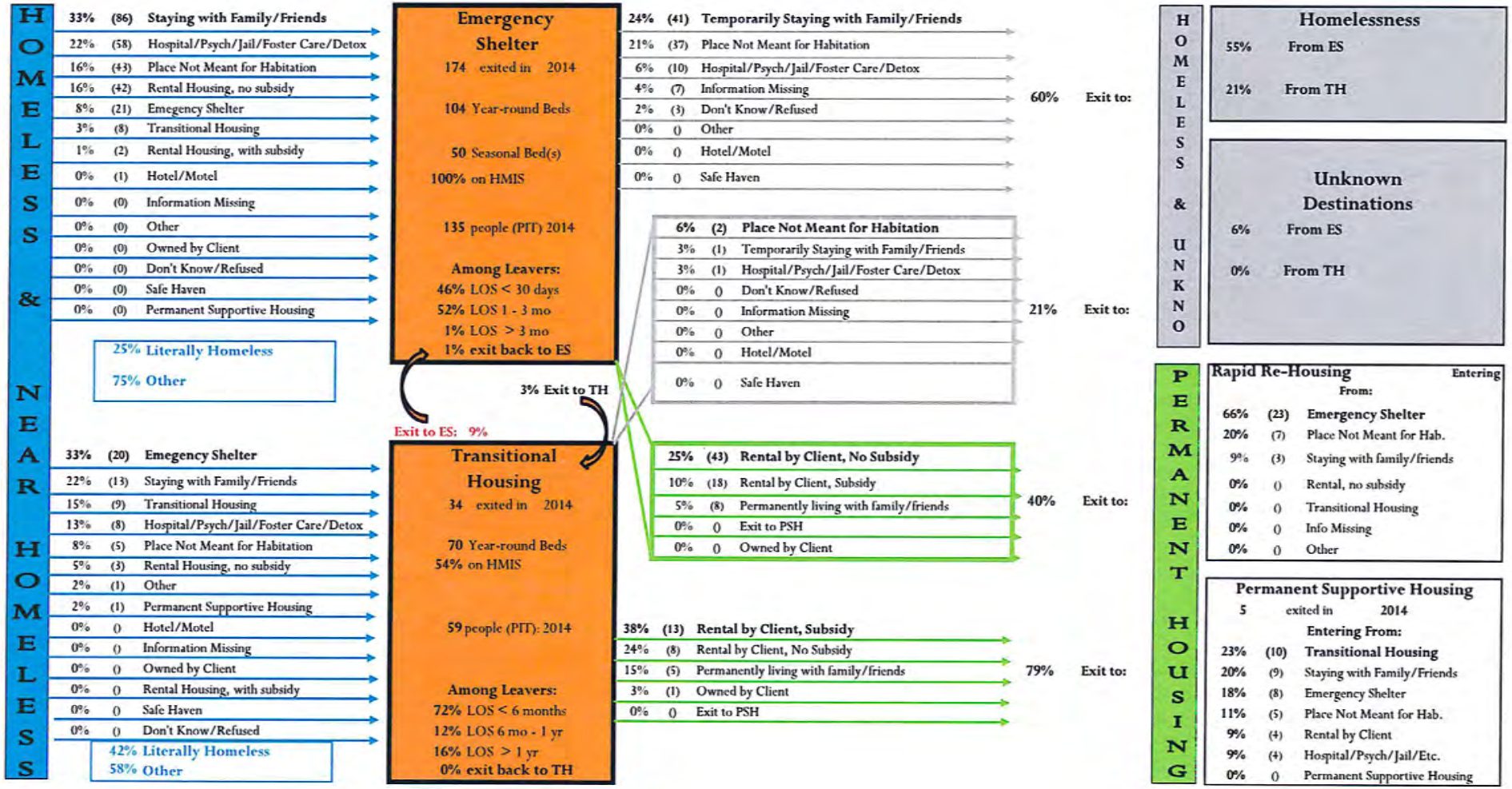
services not typically covered by the Medicaid (called Medi-Cal in the State of CA). The federal government allows these services to be covered under an 1115 Waiver as a way of testing their impact on health outcomes and costs, while ensuring that these changes are cost-neutral to the federal government. The high level of flexibility available through 1115 Waivers could allow Medicaid/Medi-Cal to pay for services in supportive housing in a variety of ways. Since states have a wide range of possibilities to consider in applying for an 1115 Waiver, the level of stakeholder engagement and decision making required is high. States must demonstrate that changes made are cost-neutral to the federal government.

As of December 2015, the State proposed the combination of its Whole Person Care proposal and its housing proposal to create an annual pot of $300 million in federal funds to provide targeted services to high-risk populations. Targeted populations would not necessarily be homeless people, but homeless people would be one potential target population. Five to ten counties in the State of CA could access these funds and match the federal dollars with their own local investment, making up the State's share of costs. Counties would have to partner with community agencies and behavioral health systems, and could partner with private entities, including managed care health plans. Health Plan participation is solely voluntary.

EXHIBIT C
Glossary of Key Terms & Acronyms

1. **Homelessness** (HUD definition): An individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
2. **Chronic homelessness**: (HUD definition): An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. *Individuals who are in transitional housing or permanent supportive housing programs are not considered chronically homeless even if they have been in the program more than a year.*
3. **Supportive housing**: Housing that combines and links permanent, affordable housing with flexible, voluntary support services designed to help the tenants stay housed and build the necessary skills to live as independently as possible.
4. **Affordable housing**: A general term applied to public- and private-sector efforts to help low- and moderate-income people purchase or lease housing. As defined by the United States Department of Housing and Urban Development, any housing accommodation for which a tenant household pays 30% or less of its income.
5. **PSH** – Permanent supportive housing: Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites. There is no definite length of stay.
6. **ES** – Emergency shelter: Any facility with overnight sleeping accommodations. The primary purpose, of which, is to provide temporary shelter for the homeless in general or for specific populations of homeless persons. The length of stay can range depending on the shelter's guidelines.
7. **TH** – Transitional housing: Transitional housing is a project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months.
8. **RRH** – Rapid re-housing: Short-term intervention for homeless families, which includes housing attainment, employment, and financial assistance services. Support is provided for up to one year.
9. **HMIS** – Homeless Management Information Systems: An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services.
10. **APR** – Annual Performance Report: Recipients of HUD funding through the homeless grant competition are required to submit an Annual Performance Report (APR) to HUD every operating year. The APR is required of projects funded with the following HUD grant programs: Supportive Housing Program (SHP), Shelter Plus Care (SPC) Program, Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program, and the Continuum of Care (CoC) Program, All data collection for the APR is aligned with the most recent version of the Homeless Management Information System (HMIS) Data Standards.
11. **PIT** – Point-in-Time: The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.
12. **HUD** – Housing & Urban Development: A federal department active in a variety of national housing programs including urban renewal and public housing.
13. **CoC** – Continuum of Care: (HUD Definition): A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.
14. **HEARTH Act** - Homeless Emergency Assistance and Rapid Transition to Housing Act: A law that amends the McKinney-Vento Act and establishes the following: • consolidates the separate homeless assistance programs carried out under Title IV of McKinney-Vento (consisting of the supporting housing program and related programs, the safe havens

program, the section 8 assistance program for single-room occupancy dwellings, and the shelter plus care program)into a single program with specific eligible activities; • codifies the continuum of care planning process as a required and integral local function necessary to generate the local strategies for ending homelessness; • establishes a federal goal of ensuring that individuals and families who become homeless return to *permanent housing within 30 days*.

15. **ER/ED**: Emergency room/emergency department
16. **FQHC** – Federally Qualified Health Center (HRSA definition): Community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. FQHCs must meet stringent requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.
17. **ACA** – Affordable Care Act (HRSA definition): Act signed into law on March 23, 2010, that increases access to health insurance coverage and health services for all Americans.
18. **LIHTC** – Low-Income Housing Tax Credit: A congressionally created tax credit (Internal Revenue Code Section 42) available to investors in low-income housing designed to encourage investment that helps finance construction and rehabilitation of housing for low-income renters.
19. **CDFI** – Community Development Financial Institution: financial institution that provides credit and financial services to underserved markets and populations. CSFIs can be banks, loan funds, credit unions or community development corporations.
20. **CalHFA** – California Housing Finance Agency: Independent California state agency within the California Department of Housing and Community Development that makes low-rate housing loans through the sale of taxable and tax-exempt bonds.
21. **TA** – Technical assistance: assistance provided through contracts or government grants to communities, counties, cities, or other jurisdictions, provided by a person or organization with relevant expertise. The TA provider can facilitate meetings and dialogue, deliver trainings, perform data analysis, support change management and perform other activities that bring communities closer to reaching goals like ending homelessness.

Napa County Homeless System Map