

Message from the Board President

It is time to celebrate a success story.

Thanks to the leadership of the St. Vincent de Paul Society of Marin some of our most vulnerable neighbors are getting the help they need to get off the street and improve their lives. The Homeless Outreach Team is breaking new ground and truly revolutionizing the delivery of support and care to those who are most in need and often the most challenging to help.

I am very proud of the work our staff has done to make this success possible. Please see the 5-month report below from the City of San Rafael. There is always more to do, of course, but I think we need to take a moment to celebrate success and just say “Congratulations, job well done”.

Best,

Rich Gallagher
President
Board of Directors



Homeless Initiatives Newsletter:

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During Its Five-Month Pilot, Results Are Heating up for the HOT Program

Even though we know we shouldn't attribute the characteristics of a minority to the overall group, we do that all the time with homeless people. **Communities that are ending homelessness have understood that individualization is the key to success.** When we do this, new insights emerge, and we begin to see that there is a small group of individuals causing a significantly disproportionate impact in our community.

Tier 1

50%
Episodic

The Invisible
Homeless

- **Causes:** Job loss, evictions, health issues, family crisis
- **Duration:** A few weeks to months
- **Interventions:** Prevent with rental assistance; rapid re-housing

Tier 2

35-40%
Repeat
Episodic

Streets Team
Members

- **Causes:** Disabilities, mental health, addiction, background in foster care
- **Durations:** A few months to many years
- **Interventions:** Case management, supportive housing

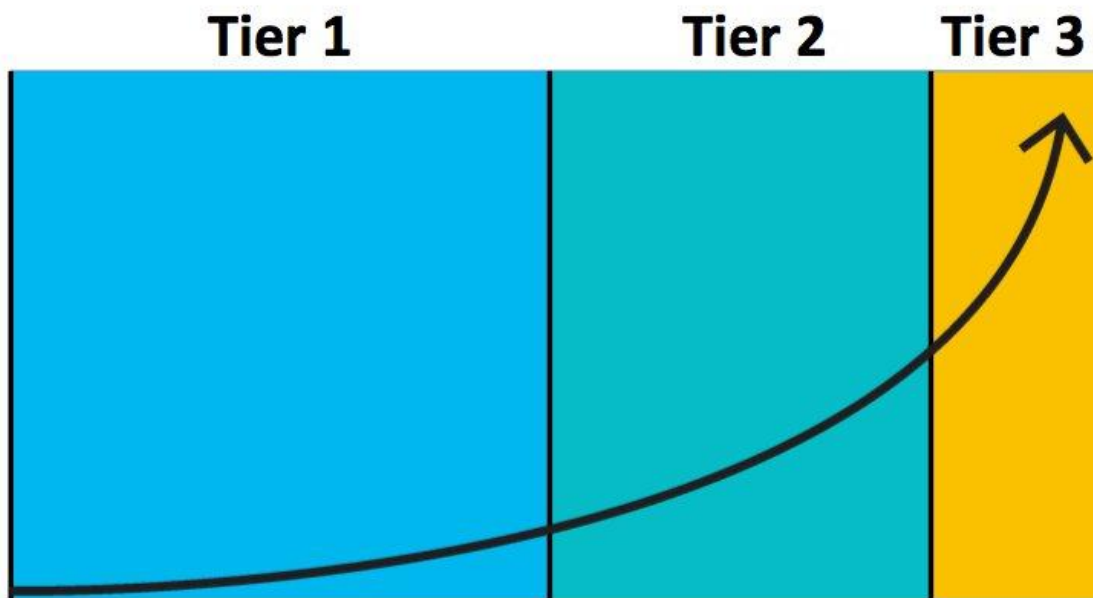
Tier 3

- **Causes:** Severe and persistent addiction and/or mental illness, any other gravely disabling conditions
- **Duration:** Many years to decades
- **Intervention:** Permanent supportive housing, intensive wraparound services

10%

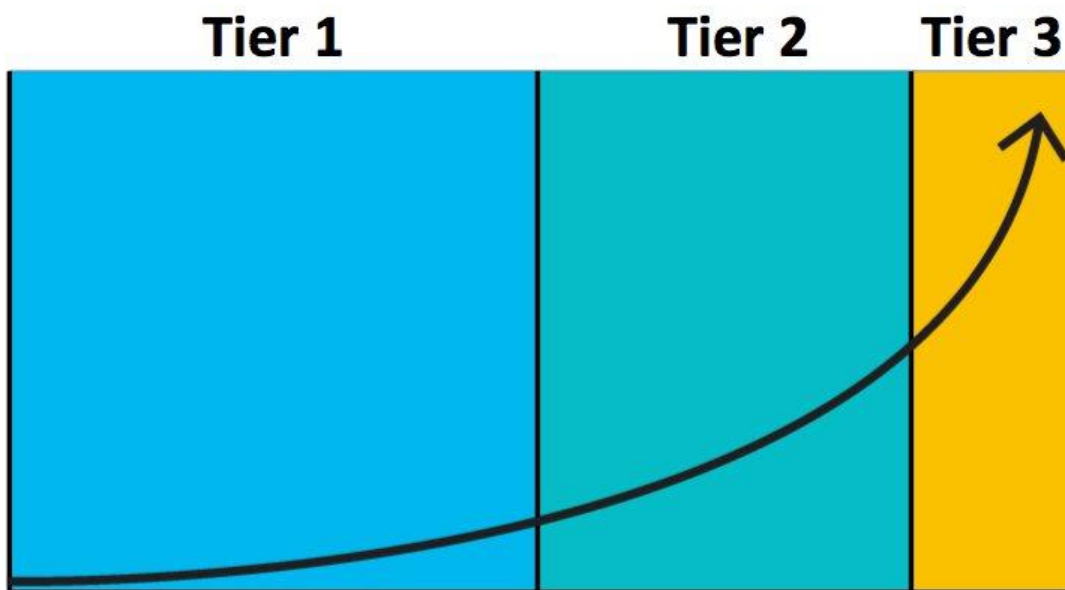
The stereotypical homeless person

Community Complaints



People in “Tier 3” are generally referred to as the “chronically homeless.” And just as visibility is skewed towards the chronically homeless, so are costs. Using data from Santa Clara County, in 2015 [the Economic Roundtable conducted the most comprehensive cost study on homelessness in the country](#). Our neighbors in the South Bay spend a staggering \$520 Million a year on homelessness. Perhaps more shocking than the total itself is how the money is actually spent. Social service agencies (think Ritter, St. Vincent’s, Homeward Bound) only account for 13% of that total. The remaining ~ 90% is divided among healthcare, mental health, and criminal justice (all County systems in Marin). The vast majority of these resources go to revolving door interventions for the chronically homeless.

Per Capita Costs



A New Approach ...

If chronically homeless people are the most in need, then why have we completely failed to help them? There are a whole host of reasons, but I'll stick with three:

1. **It's Hard** – Ok, that sounds circular, but really, without the right methodology, it's extremely hard to help these folks. Moreover, nonprofits and the agencies that fund them want

results. We absolutely have to help people in Tier 1, Tier 2, and Tier 3 at the same time, but if we create programmatic structures and hurdles to assist people in Tier 1 and Tier 2, we have to make sure we're not simultaneously undermining access for Tier 3.

2. **Silos** – Unlike individuals in Tier 1 or 2, people in Tier 3 have multi-dimensional issues (the technical term is co-occurring disorders). Like other cities and counties across the country, for these hardest-to-serve individuals, our continuum of care has done a bad job coordinating across agencies.

3. **Generalizing** – Just like society's overall tendency to stereotype the homeless, our continuum of care has historically generalized Tier 3. The reality is that even though they're a relatively small group, each person is still an individual with unique problems. We have to triage each person.



Earlier this year, largely thanks to the leadership of St. Vincent's Executive Director **Christine Paquette** and Housing Director **Howard Schwartz** (pictured above), our community began piloting a new approach called **HOT (Homeless Outreach Team)**. Our version of HOT was pioneered in San Mateo, which was facing a similar crisis from chronic homelessness in their downtown a few years ago (it is now dramatically improved). The HOT process is relatively simple:

1. Create your HOT list, which is a list of the most challenging and hard-to-serve individuals in your community. We based our list on feedback from the Fire Department, Police Department, and downtown outreach workers. When the pilot list was finalized, there was a lot of "Wow, good luck."
2. Bring together every provider that might be able to help (St. Vincent's, Ritter, the City of San Rafael, Health and Human Services, County Mental Health, Probation, Marin Housing

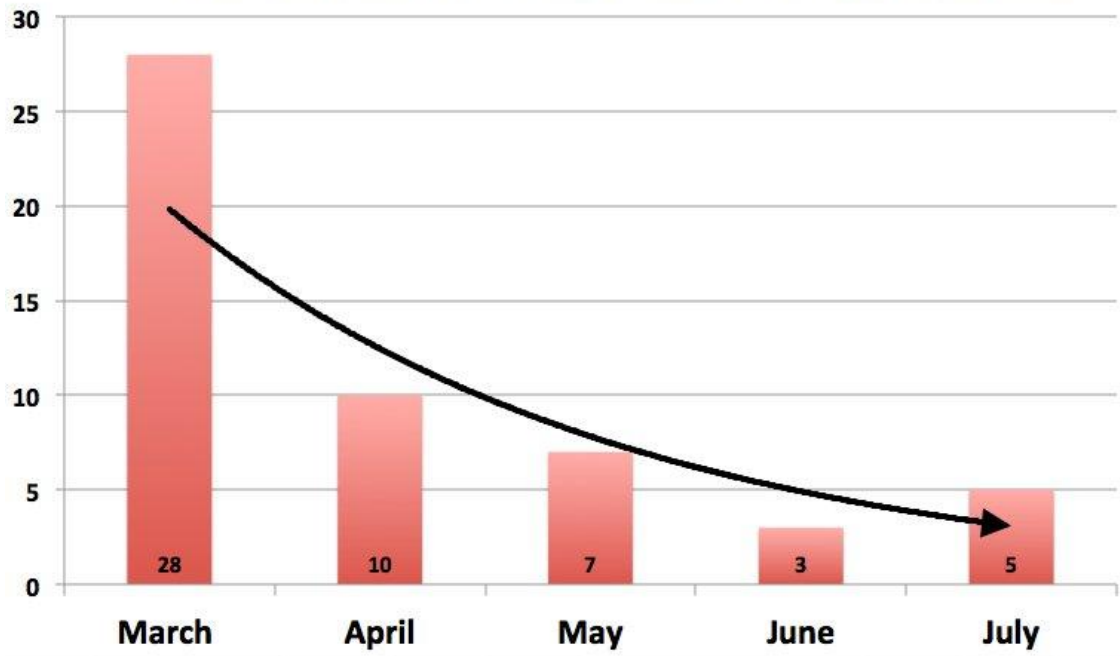
Authority, the District Attorney's Office, Homeward Bound) create and implement a customized housing plan for each person on the HOT list. Between meetings, each provider will be accountable for completing action items that help each person progress towards housing

3. Make sure front-line and senior staff are included, so that in the process of helping individuals, we can also address system gaps that stifle effective service provision. Absolutely vital to this process has been Health and Human Service's Chief Assistant Director Heather Ravani and Marin Housing Authority's Deputy Director Kimberly Carroll. Success is measured by permanence, and we need to redesign our service systems to prevent people from returning to the street.

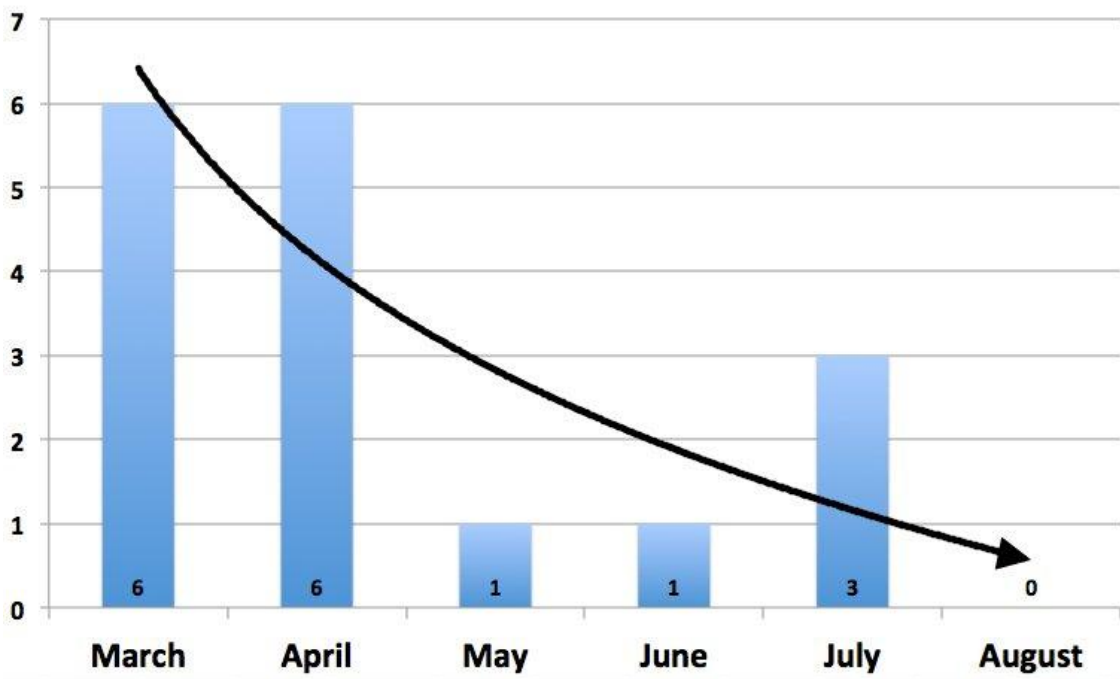
The Impact ...

We started the HOT pilot five months ago with the 12 hardest-to-serve individuals in downtown San Rafael. 11 of these individuals are currently off the streets. 4 people are in a residential alcohol treatment program, 3 people are in mental health programs, 1 person has been connected with medical respite care, and 3 are currently in custody as we make arrangements for treatment options once they are discharged. In terms of the numbers:

Police Contacts for 12 Hardest-to-Serve in San Rafael



Medical Transports for Highest Utilizer



Each visit to the hospital can cost over \$10,000.

Help Us Spread the Word ...

Please help us spread the word about the HOT Program's early success by forwarding this newsletter, sharing it on social media, or [by encouraging others to join this mailing list!](#)



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