

50. 22-1174

Recommendation to receive and file a presentation from Project Dignity.

COUNCILWOMAN SUELY SARO, SIXTH DISTRICT

Office or Department:

Suggested Action: Approve recommendation

Supplemental Resources

The Way Home

Coordinated Access



Houston Master Plan



System Operations Manual*

*June 2022 – Currently being updated

TX – 700 Continuum of Care



<https://www.homelesshouston.org/>

San Francisco
Road map




Appendix



Housing Prioritization Tool

		Answer	Score
1a	Chronic?	Yes/No/Logic	25
1b	Where did you sleep last night? (only show if chronic = no)	Streets/Logic	4
1c		Shelter/Logic	2
1d	Have you been homeless before? (only show if chronic = no)	Yes	2
1e	How many times have you been homeless in the past 3 years? (only show if chronic = no)	>4	2
2	Frequent yes/no from dashboard (don't ask)	Yes	2
3	Do you or anyone in your household have a disabling condition? (only show if chronic = no)	Yes/Logic	4
4	How many times in the past 6 months have you accessed medical services in the ER?	1/Logic	1
		2	2
		3	3
		4	4
		5+	5
5a	Do you have a serious physical health condition that requires frequent medical care? (Examples: symptomatic AIDS, cancer, tracheotomy, colostomy, open wounds with instructions to keep clean, end-stage renal disease, end-stage liver disease, amyotrophic lateral sclerosis (ALS or Lou Gherig's disease) terminal illness, or in hospice)	Yes/No/Logic	3
5b	Observation: Assessor, do you observe signs or symptoms of a serious physical health condition?	Yes	5
6a	Has a doctor or professional ever recommended mental health services?	Yes/No/Logic	2
6b	Observation: Assessor, do you observe signs or symptoms of a mental health condition?	Yes	2
7a	In the past year, have your drugs or alcohol usage had a negative impact on your life?	Yes/No/Logic	2
7b	Observation: Assessor, do you observe signs or symptoms of drugs or alcohol use?	Yes	2
8	How many times in the past year have you been arrested or been in jail/prison/juvenile detention?	1/Logic	1
		2	2
		3	3
		4	4
		5+	5
9	Have you experienced domestic violence in the past 60 days?	Yes	2
10a	Has someone asked (or forced) you to have sex or sell anything in exchange for something?	Yes	1
10b	Is someone threatening to harm you or your family if you don't do what they ask?	Yes	1
11	Do you have income?	No/Logic	1
		Chronic Max:	51
		Non-chronic Max:	38
<p>PSH: 28+ Non C: 27-18 RRH: 17-10 Income: 9 & below</p>			

	Coalition for the Homeless of Houston/Harris County Subject: Service Delivery <i>Applies to: The Way Home</i>	Housing Prioritization <i>Effective: 10/1/2020</i>
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PURPOSE:

To ensure that homeless individuals and families assessed through Coordinated Access receive services in the most expedient way possible and that access to homeless assistance prioritizes those with the greatest needs who are least likely to end their homelessness in the absence of CoC support.

POLICY:

It is the policy of The Way Home that individuals and families with the most severe service needs and the longest lengths of time homeless are prioritized for housing.

PROCEDURE:

The Harris, Montgomery, and Fort Bend County Continuum of Care and The Way Home, with the input from area homeless providers, have established guidelines that outline the order of priority for housing homeless individuals and families. All current and newly developed Permanent Supportive Housing beds have been dedicated to individuals and families that are chronically homeless. All Permanent Supportive Housing turn-over beds have been prioritized for individuals and families that are chronically homeless. All Rapid Rehousing beds have been dedicated to literally homeless individuals and families. The goal of this policy is to ensure that those individuals and families who have spent the longest times in places not meant for human habitation or in emergency shelters, and who have the most severe service needs are prioritized for housing. Severity of service needs refers to individuals or families who have a history of high utilization of crisis services such as emergency rooms, jails, and psychiatric facilities and significant health or behavioral challenges such as substance use disorders or functional impairments.

ORDER OF PRIORITY IN CoC PROGRAM FUNDED PERMANENT SUPPORTIVE HOUSING

1. **First Priority – Chronically homeless individuals and families with a disability with the longest history of homelessness and the most severe service needs.**
 - a. The chronically homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 28-51, with 51 being the most severe service needs.

2. **Second Priority – Literally homeless individuals and families with a disability and the most severe service needs.**
 - a. The literally homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 18-27, with 27 being the most severe service needs; and
 - i. the CoC has not identified any chronically homeless individuals, families, or youth who meets all of the criteria for housing under the first priority.

3. **Third Priority – Literally homeless individuals and families with the most severe service needs.**
 - a. The literally homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 18-27, with 27 being the most severe service needs; and
 - i. the CoC has not identified any chronically homeless individuals, families, or youth who meets all of the criteria for housing under the first priority.

ORDER OF PRIORITY IN CoC AND ESG PROGRAM FUNDED RAPID REHOUSING

1. **Priority – Literally homeless individuals and families**
 - a. The literally homeless individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 10-17, with 17 being the most vulnerable.

ORDER OF PRIORITY IN CoC, ESG, & HOME PROGRAM FUNDED HOMELESS PREVENTION & DIVERSION

1. **Priority – Imminent or at-risk of homelessness or literally homeless**
 - a. The imminently or at-risk of homelessness individual, head of household of a family, or youth, when assessed through Coordinated Access, will be assigned a vulnerability score between 0-9, with 9 being the most vulnerable.

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THE PECC PROPOSAL

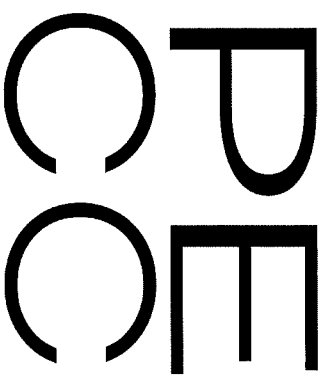
Long Beach Peer Education Community Center

Pam Chotiswatdi, MPH
Angela Lockhart
Ishqa Hillman



Contact Pam
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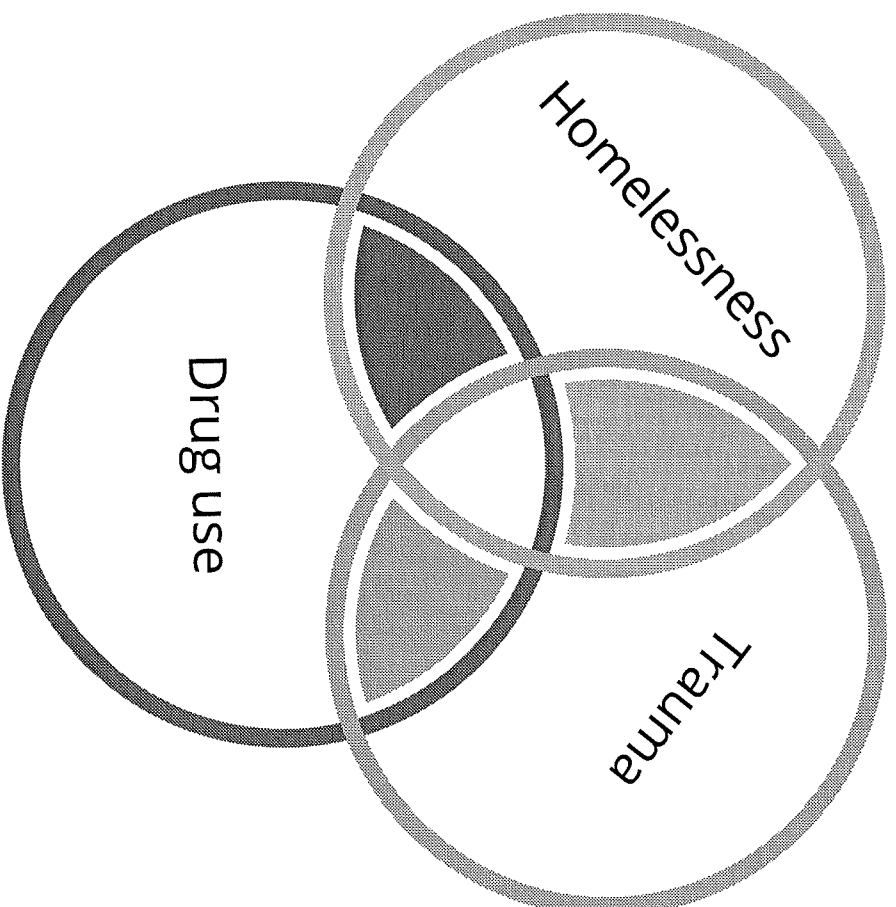
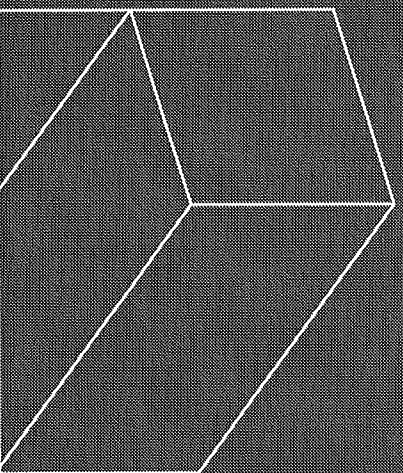


PEER EDUCATION
Community Center

About

Peer Education Community Center is a working 501(c)3 community-based nonprofit focused on peer-to-peer education and support groups, systemic navigation, industry and community connections, and alternative wellness clinics & harm reduction spaces advocating for community-led programs, social justice, and systemic and social change.

INTERSECTIONS OF
HOMELESSNESS,
DRUG USE, &
MENTAL ILLNESS



According to a 2020 count of homeless people required by the U.S. Department of Housing and Urban Development, unhoused residents.

161,000

estimated unhoused persons in California

Nationally, the figure was just over 20% of an estimated 580,000.

Laura's Law, a program for people with severe and persistent mental illness who may pose a risk to themselves or others and Newsome new proposal. But where do they go & what are the treatments?

40K+

of unhoused persons have a severe mental illness

<https://www.pbs.org/newshour/nation/gov-gavin-newsom-proposes-court-ordered-mental-health-treatment-for-homeless-people0%20unhoused%20residents>.

It costs an average of about \$106,000 per year to incarcerate an inmate in prison in California. About three-quarters of these costs are for security and inmate health care.

\$106,000

per year to incarcerate one person in California

Since 2010-11, the average annual cost has increased by about \$57,000 or about 117 percent.

https://cao.ca.gov/policy/areas/cj/6_cj_inmatecost#:-:text=It%20costs%20an%20average%20of,%2457%2C000%20or%20about%20117%20percent.

According to Drughelpline.org, rehab costs can range between:

\$250-\$80K

- Medical detox costs from \$250 to \$800 per day
- Intensive outpatient treatment can be anywhere from \$3,000 to \$10,000
- Outpatient rehab typically ranges between \$1,400 and \$10,000
- Residential addiction treatment is the most expensive, from \$5,000 to \$80,000 or more

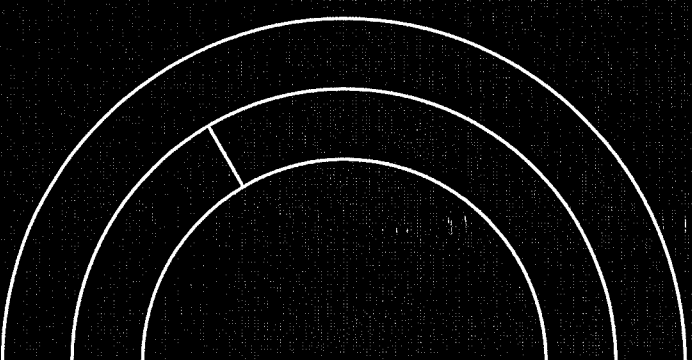
According to Senior Living.org, assisted-living costs:

\$35-\$84K

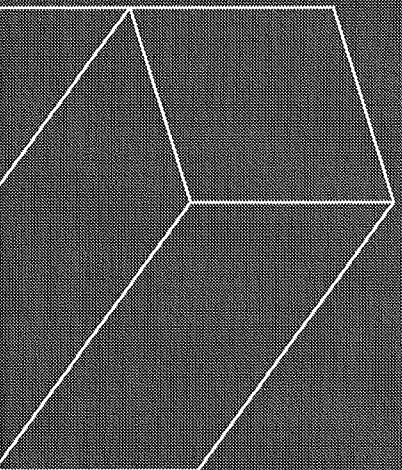
Yearly for residential care and assistance

<https://www.seniorliving.org/assisted-living/costs/>
<https://drughelpline.org/>

EXPERIENCING
HOMELESSNESS
IS TRAUMATIC
IN ITSELF



HOW Did We Get Here?



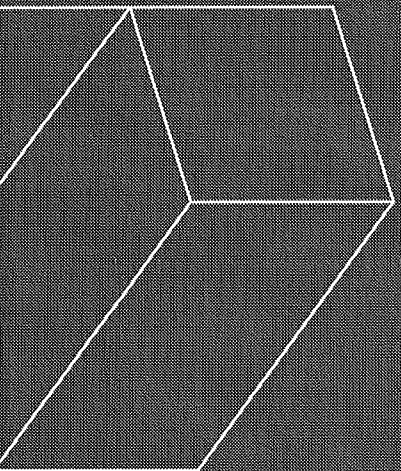
1963 Community Mental Health Act

With good intentions of providing people with disabilities and mental illness humane care and shutting the doors of horrific asylums, the Community Health Act also created a gap in care. Families and communities were not equipped to handle or develop the type of programming needed to care for people with mental illness or disability

1967 California

1967 Ronald Reagan is elected governor of California. At this point, the number of patients in state hospitals had fallen to 22,000, and the Reagan administration uses the decline as a reason to make cuts to the Department of Mental Hygiene. They cut 2,600 jobs and 10 percent of the budget despite reports showing that hospitals were already below recommended staffing levels. Reagan signs the Lanterman-Petris-Short Act and ends the practice of institutionalizing patients against their will, or for indefinite amounts of time. This law is regarded by some as a "patient's bill of rights". Sadly, the care outside state hospitals was inadequate. The year after the law goes into effect, a study shows the number of mentally ill people entering San Mateo's criminal justice system doubles.

HOW Did We Get Here?



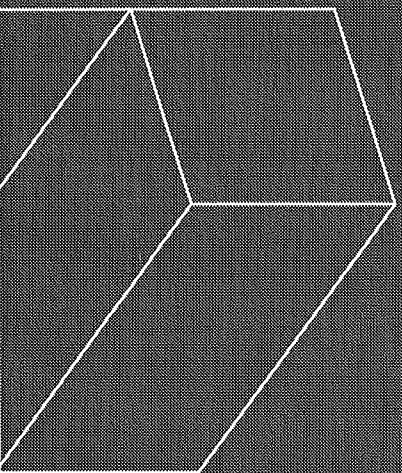
From Stanford's Institute for Economic Policy Research (SIEPR) May 2022 Publication Homelessness in California: Causes and Policy Considerations

Key Takeaways

- California's homeless crisis is associated with high housing costs, inadequate shelter spaces, deinstitutionalization, and changes in the criminal justice system.
- To improve housing affordability, California needs to streamline and accelerate housing production and reexamine the regulations that have hindered new housing development.
- To reduce the unsheltered homeless population, more shelter capacity and increased investment in cost-effective housing are needed.
- A large share of the chronically homeless suffers from drug addiction and mental health problems. More treatment facilities and lower barriers for treatment are needed.

<https://siepr.stanford.edu/publications/policy-brief/homelessness-california-causes-and-policy-considerations#:~:text=A%20dearth%20of%20shelters,emergency%20shelters%20and%20transitional%20housing.>

HOW Did We Get Here?



Access to Mental Health Services

The Kaiser Family Foundation reported in May 2022 that "Many Medi-Cal (40%) and private insurance (45%) enrollees with mental health or substance use needs did not receive treatment. Large shares of insured adults who did not receive treatment cited concerns about costs (54% of Medi-Cal enrollees and 49% of private insurance enrollees) and difficulties scheduling an appointment (30% of Medi-Cal enrollees and 20% of private insurance enrollees) as barriers."

Table 1. Among Nonelderly Adults with Any Mental Health or Substance Use Needs, Access and Utilization of Services in the Past Year, by Insurance Type, 2020

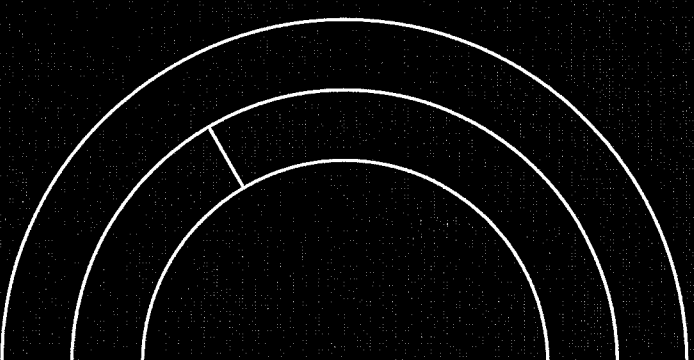
	All Nonelderly Adults	Medi-Cal Enrollees	Private Insurance Enrollees
Share of Nonelderly Adults with Mental Health or Substance Use Needs	24.3%	23.2%	23.8%
Share that Received Treatment	53.8%	59.6%	54.8%
Average Number of Visits to a Professional	13	18*	11*
Share that Did Not Receive Treatment	46.2%	40.4%	45.2%
Did Not Receive Care Due to Concerns About Costs ^a	57.2%	53.9%	49.1%
Did Not Receive Care Due to Difficulty Scheduling an Appointment ^b	23.0%	30.2%	19.9%

*Indicates statistically significant difference between Medi-Cal and private insurance enrollees.

^aRespondents were able to select from multiple reasons regarding not accessing needed mental health or substance use services.
^bNOTES: Nonelderly adults refers to adults ages 18 to 64. Medi-Cal enrollees refers to enrollees with only Medi-Cal coverage for the past 12 months. Private insurance enrollees refers to enrollees with only private insurance (through employer plans or privately purchased) for the past 12 months.
 SOURCE: KFF analysis of California Health Interview Survey (CHIS) Adult Data Files, 2020.

<https://www.kff.org/coronavirus-covid-19/issue-brief/a-snapshot-of-mental-health-and-access-to-care-among-nonelderly-adults-in-california/#:~:text=Nearly%20nine%20in%20ten%20nonelderly,care%2C%20including%20mental%20health%20services.>

When the system
stops working,
we need to change
the system





Trauma, Mental Illness, SUD, & Homelessness

The truth is no one wakes up one day and chooses trauma, mental illness, substance use disorder, or homelessness. We all experience childhood trauma in one way or another, whether from our own families or people or situations we are exposed to. Depending on our own mental capacity, those experiences direct our outcomes.

No matter what the trauma, if we cannot use tools to process and heal, we might need to find another way to feel, we often find that 'other feeling' in a substance. If healing tools are not developed, we may find comfort in a substance.

That substance may create the distraction we need to survive. Because of the illegality of accessing most substances, it leads to criminal activity and more self-harm. Because of the lack of a safe supply, often there are potential unintended consequences and overdose.

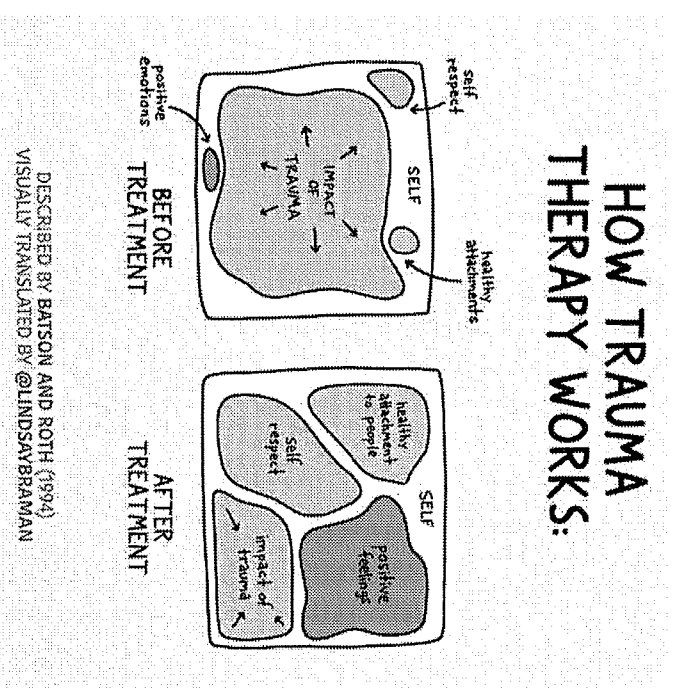
If we have untreated mental illness with no intervention or care, perhaps we look to self-medicate, which may lead to SUD (substance use disorder) which may or may not exacerbate the illness into psychosis that may be irreversible and long-term care maybe needed. If we are suffering in all this and then end up in jail or prison, our quality of care is immediately gone.

We all have trauma — we all need some form of therapy and mental care and choices to fit what works for individuals - we all need to heal.

We all need a place, the space, and the time to heal that is not jail or the streets.

We need to be met at a place of no judgement.

We all need a working system that is easy to navigate not fragmented in silos.



Why Tough Love Does Not Work

As we evolve as a society, we discovered that corporal punishment is inhumane to our children and that fear-based education and discipline are not effective. In a 2020 article, Dismantling the Myth of Tough Love, Veronika Tait Ph.D. breaks down four common situations where tough love are not working in society. She defines tough love as "as actions toward another that are cold, withdrawn, or punitive with the intent to improve behavior."

She begins in childhood, "Typically, children who are victims of spanking or other harsh punishments have more problem behaviors." She continues, "Researchers have even found that teens who were sent to juvenile detention centers were more likely to commit crimes later compared to similar teens who were not."

She reports on the prison system: "There are tens of thousands of people in solitary confinement in prisons across the United States, yet research shows that using SC as a punishment for inmate violence does not decrease the probability of future violence."

She concludes: "Just as spanking models problem solving with violence, some theorists propose that the use of capital punishment demonstrates killing as an appropriate response to those who have wronged us. Adding to the problem is that black offenders are disproportionately sent to boot camps, juvenile detention centers, and SC, and more likely to receive the death penalty when compared to white offenders. Evidence suggests that while black and white offenders are equally likely to commit prison rule violations, black convicts are more likely to be written up for them, leading to more punishments such as SC. Not only are these programs failing their purposes to help rehabilitate and deter future crime, but they are also increasing the racial disparities we see today."

<https://www.psychologytoday.com/us/blog/pulling-through/202007/dismantling-the-myth-tough-love>

Trauma Healing and Addiction Treatments are Not One-Size Fits All

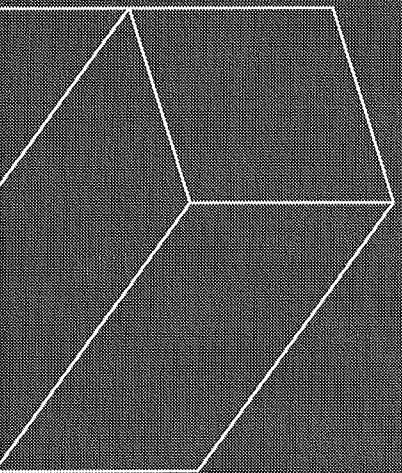
Despite the status quo perception of drug use, not all people who use drugs suffer from addictions or trauma. In a society that is constantly moving and encourages its participants to create and produce at superhuman speeds, many people seek drug use to escape for a few hours of the continuous and intense motion of participating in society. This may look like a weekend at a music festival or a trip into nature or an altered state in the comfort of home. This could be a form of self-psychedelic or self-prescribed therapy.

Some people experience trauma that they cannot escape unless in a continuous altered state. Altered states range in various effects and are dependent on what 'feeling' the person is seeking, sometimes not knowing what it is, until they feel it for the first time. Substances can also be internal such as adrenaline, dopamine, and serotonin uptakes, we can learn certain activities that increase production uptakes just as easily as taking an outside substance.

When the substance overuse becomes too much, people are encouraged to seek 'rehabilitation' or find a Alcoholics or Narcotics Anonymous program, which helps approximately 50% of the people who attempt that path. Many recovery centers are religious-based which deters anyone who experienced religious trauma. Another consideration is trauma from mental health or holistic therapies, where people develop an aversion to certain types of therapy.

<https://www.psychologytoday.com/us/blog/mind-matters-menninger/202003/why-addiction-treatment-isn-t-one-size-fits-all>
<https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>

What is happening right now



Tiny Homes (Torrance & Banning)

Restrooms, laundry facilities and daily meals, along with wraparound services in the form of case management and housing navigation.

Motels into Transitional Housing

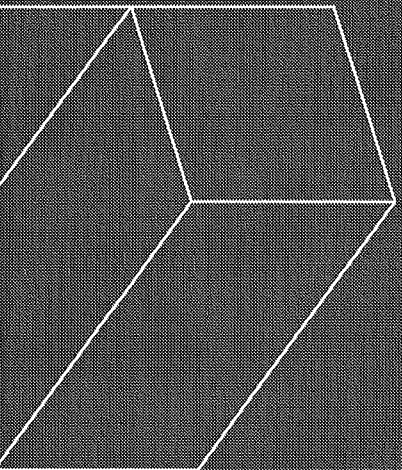
Motel amenities with daily meals, along with wraparound services in the form of case management and housing navigation.

Community Outreach Organizing

On-the-ground grass-roots organizing, varies from established and new groups providing mutual aid, harm reduction supplies, hygienic recourses like mobile showers, laundry, mental and physical care services, vet services, and navigation and connection to government or larger organizations.

Some groups reunite families with people experiencing homelessness, however, trauma sometimes comes from a person's own family; and sometimes families do not have the skills or financial or navigational resources to provide the needs of that person.

What is Needed



Outreach Collaboration with Triage

Organizations and governments collaborating on triage and paths for people experiencing homelessness to treatment and healing centers.

Rehabilitation Centers with Medical/Mental Care

Often rehabilitation centers for substance use disorders are expensive, or do not assist with detox, or do not allow any underlying medical conditions or do not allow pets (removing someone's pet can be traumatic experience as well)

Healing Centers as Transitional Housing

A person is attempting to treat addictions and trauma, needs space to focus on treatments and be able to choose a treatment that fits their needs. Wealthy communities have access to various healing treatments that they puzzle piece together that works for them; when trauma happens, they are able to afford time from work to treat and heal traumas.

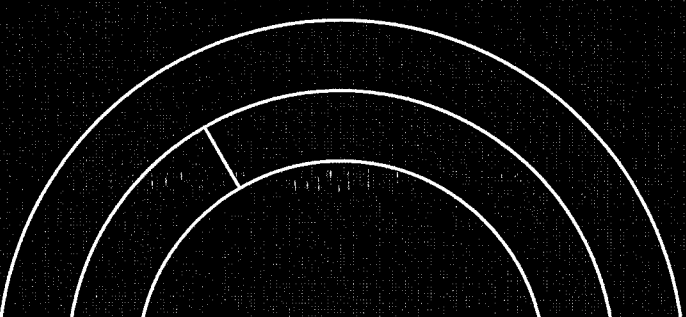
Facilities – Long-term and Healing Centers

Long-term board & care facilities for people experiencing temporary or permanent psychosis. Healing facilities are needed for people with little to no income be able to have the same access to various trauma and mental health therapies as those with financial access.

Why this model?

There is not one solution to substance use disorder, healing trauma, being unhoused, or mental illness.

Approaching the root of the cause with the proper tools and resources and an understanding of how we got to this point will help our society move forward.



THE PECC PROPOSAL

Based on philosophy that unifies several public health and mental health approaches of meeting people where they are without judgement; creating programs based on client-centered individual acute care, long-term care, and rehabilitation; providing environments focused on a fusion of philosophies.

Multi-Discipline Approach

Harm Reduction Philosophy - "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for **social justice** built on a belief in, and respect for, the rights of people who use drugs." 
PECC Philosophy - Peer-to-peer education & support; public-health based, compassionate, diverse treatment choice of treatments and therapies through fusions of multi-disciplinary care, and systemic navigation.

Marriame Kaba - "We have built up the skills of being able to ask questions like: What does it mean to actually center a survivor who is harmed? What does it actually mean to support people who have caused harm? What does it mean to take responsibility for saying, "We refuse in our community to condone when this happens?" One of the things that is so important is that harm causes wounds that necessitate healing. That is what so many people are looking for---a way to begin to heal. How are we going to create in our communities spaces that allow people real opportunity to heal?" *from We Do This 'Till We Free Us*

Traverse City State Mental Hospital Philosophical history: Dorthea Dix Nursing Activism; Dr. James Munson's "beauty is therapy, work is therapy," and the Kirkbride Plan

Geel, Belgium - Family foster care model

Intergenerational Living Programs



Geel



Traverse City
State Mental
Hospital



Dorthea
Dix



Dr. Munson



Kirkbride Plan

What is happening now through various groups in the city

ENTRY THROUGH HARM REDUCTION & OUTREACH

ENTRY THROUGH STREET TEAM OUTREACH

Point of triage/intervention

Mutual Aid
Showers & Laundry

Next Steps

- Harm Reduction Safe supplies / Triage in Outreach
- Safe consumption site
- Point of triage / intervention to introduce to options and programs
- PECC has plans for a store-front location & mobile unit

Needed

OUTREACH TRIAGE

TRIAGE

Life Transition - need housing
Health care / mental care needs
SUD - mental health / trauma
SUD - mental health / trauma / health care
SUD - mental health / trauma / health care / senior
SUD - mental health / trauma / health care / senior / veteran
Mental health - capacity
Assisted Living needs
Full Care needs
Senior / Health care / mental care
Veteran / Health care / mental care

Triage needs by asking person what they need not telling them what they need. Listening to people and their stories, fears, concerns, & needs.

The Centers

Rehab/Detox
health &
mental care

Rehab Centers
Various Treatments that fit clients
Detox assistance / medical assistance

Healing
Transitional
Housing
healing/
treatments

"Traverse" Healing Centers - Short-term Programs
Mental health care
Trauma Treatments
Access to MDC
Purpose & Create

Long-Term Care
Mental health
Access to
Purpose, Create, &
Education

Long-Term Care Centers - Long-term Programs
Mental health care
Purpose & Create
Access to MDC
Long-term care

Needed PECC CLINICS

Low-cost or no-cost Multi-Disciplinary Clinics (MDC)

Western medical doctors / PAs / nurse practitioners

Mental Health Therapists; hypnotherapists, psychology/psychiatry

Acupuncture

Yoga / Breath Work

Peer-to-Peer support groups

Plant medicine counseling and access

Social workers and government system navigators

Patient advocates

Death doulas / grief counseling

Psychedelic-assisted Therapy

Safe supply for self-induced therapy

Other treatments

Young adult (aged-out foster children) life-skills education

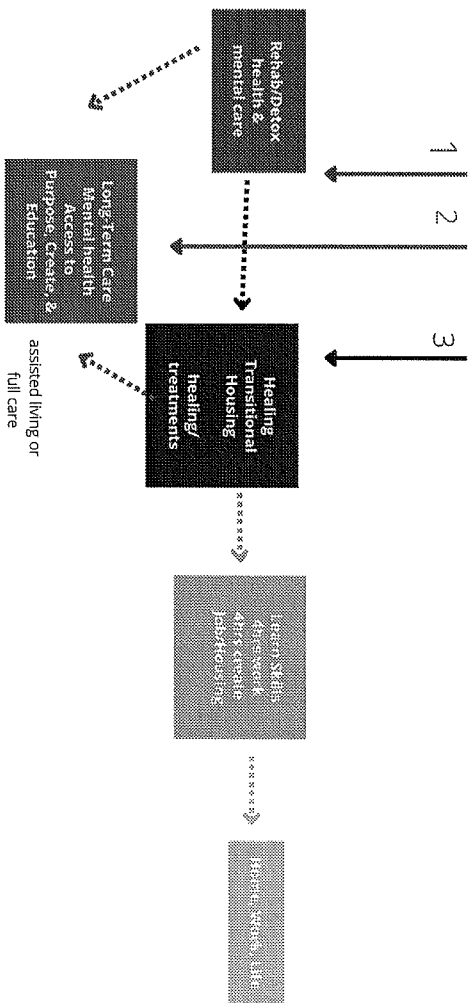
Peer-to-peer community life-skills education

<https://michaelpollan.com/books/how-to-change-your-mind/>

[https://aasfipubs.onlinelibrary.wiley.com/doi/10.1002/pep.32081#--:text=Multi disciplinary%20clinics%20\(MDCs\)%20are%20an,ard%20develop%20cohesive%20treatment%20plans](https://aasfipubs.onlinelibrary.wiley.com/doi/10.1002/pep.32081#--:text=Multi disciplinary%20clinics%20(MDCs)%20are%20an,ard%20develop%20cohesive%20treatment%20plans)

TRIDGE

Life Transition - need housing
 Health care / mental care needs
 SUD - mental health / trauma
 SUD - mental health / trauma / health care
 SUD - mental health / trauma / health care / senior
 SUD - mental health / trauma / health care / senior / veteran
 Mental health - capacity
 Assisted Living needs
 Full Care needs
 Senior / Health care / mental care
 Veteran / Health care / mental care



THE PATHS

- 1 Shelter - SUD Detox / Rehabilitation
- 2 Shelter - Healing Center / Transitional Housing
- 3 Shelter - Mental Capacity - assisted living / full care

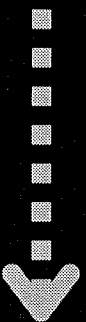
Rehab Center
 Various Treatments that fit clients
 Detox assistance / medical assistance

"Traverse" Healing Centers - Short-term Programs
 Mental health care
 Trauma Treatments
 Access to MDC
 Purpose & Create

Long-Term Care Centers - Long-term Programs
 Mental health care
 Purpose & Create
 Access to MDC
 Long-term care

Support after Healing "Transitional" Center

Learn Skills
4hrs work
4hrs create
Job/Housing



Home, Work, Life