
COMMUNITY-WIDE PARTNERSHIPS

Chapter 15

A Community Partnership Approach to Serving the Homeless

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The Transitional Residential Alliance and Integrated Network (TRAIN) was conceived in June 1996 by a group of community advocates for the homeless. The group included representatives from the Napa Valley County Health and Human Services Agency, the Napa County Housing Alliance, the Napa Valley Shelter Project Advisory Board, and the Nonprofit Coalition of Napa. The program idea was developed out of a community-initiated needs-assessment process. The Napa community participants recognized the increased need for additional transitional housing with case management services specifically designed for individuals with chronic substance abuse problems, survivors of domestic violence, and the street homeless. The county health and human services agency became the lead agency for the TRAIN due to its access to resources, while the community-based nonprofits became the outreach and service providers.

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This is a case study of the TRAIN program, a successful community-led initiative to provide transitional housing and case-management services to those in great need, and also an example of a successful partnership between the county health and human service agency and community-based nonprofit organizations. This case study highlights the success of this partnership, which is due, in large part, to the TRAIN's ability to effectively capitalize on the strengths of each of its partners. The county provides oversight and resources, and the community-based agencies provide access to and support for the clients. The partnership successes impact directly on those in greatest need of housing and support services.

BRIEF LITERATURE REVIEW

Homelessness is a way of life for growing numbers of Americans, as many as 600,000 on any given night. Factors contributing to the national problem of homelessness have included the closure of state mental hospitals, increase in private development, reduction in the stock of affordable housing, and increases in substance abuse and drug abuse (Schussheim, 1999). In 1998, about 4.9 million units were eligible for HUD subsidies, and 1 million were available through rural housing programs (Schussheim, 1999). Despite the many federal programs designed to address homelessness through the provision of affordable housing, the level of federal housing available has been inadequate to make any real progress in addressing the problem.

Those low-income Americans housed in affordable housing are finding themselves increasingly at risk of becoming homeless. "As of 1995, 5.5 million renter households and 3.8 million owner households are spending more than half of their incomes on housing and/or living in severely inadequate units. Most of these households have extremely low incomes" (Joint Center for Housing Studies, 1998, p. 1). The Joint Center for Housing Studies (1998) also notes that while subsidies are needed to assist low-income households and to build new affordable housing, they are not available at a sufficient level. The demand for affordable housing outweighs the supply. For example, in Alameda County, when the housing assistance waiting list, which had been closed since 1989, was opened for four days, 6,000 families were added (Basgal, 2000).

The Joint Center for Housing Studies (1998) also asserts that for extremely low-income individuals, paying unsubsidized rent remains the most significant housing problem. Approximately 1.5 million low-income recipients of housing assistance also receive income support, two-thirds of which are TANF recipients. This overlap in low-income individuals receiving both

income and housing support suggests that these families are at high risk of becoming homeless when their TANF benefits are exhausted. Especially in this welfare reform era, these low-income families are at risk of becoming homeless.

Homeless families, particularly those headed by single mothers, are the fastest-growing population among the homeless (Letique, Anderson, and Koblinsky, 1998). Individual factors such as mental illness and substance abuse increase the likelihood that a family will experience homelessness (Letique, Anderson, and Koblinsky, 1998). Domestic violence is another factor in family homelessness, as mothers fleeing an abusive partner often have no place to go with their children. Research indicates that homeless single mothers often feel isolated, have less contact with friends and relatives, and can rely on fewer people than can housed women. In other words, they have less social support, and they feel less able to trust their social network to provide support in times of need (Letique, Anderson, and Koblinsky, 1996). Due to the lack of social support experienced by homeless single mothers and their children, case management could provide them with referrals that may offer them opportunities to reduce feelings of isolation and build a network of support.

Homelessness also continues to be a problem for the mentally ill. Due to the ongoing process of deinstitutionalization of mental health care service provision, treatment approaches for the severely mentally ill emphasize reduction of long-term hospital care. This is due in part to an increase in availability of community-based services, as well as the belief that these services are beneficial to the clients (McGrew et al., 1999). With increasing numbers of severely mentally ill individuals living in the community, it is essential that appropriate services be available to support these individuals, such as housing and treatment. When beds are lost, community providers must work together to develop treatment options (McGrew et al., 1999).

Case management and transitional housing programs have proven to be an effective way to support severely mentally ill individuals living in the community. Case management can assist the mentally ill in negotiating service systems, which, in most communities, can be described as fragmented and uncoordinated. Case management is ideally driven by the client's goals and not the system's goals, and is necessary regardless of how integrated or coordinated the system (Anthony et al., 2000). Anthony and colleagues (2000) view case management as a process that includes the following four components: (1) connecting with clients, (2) planning for services, (3) linking clients with services, and (4) advocating for service improvements. These steps are beneficial for individuals with a psychiatric disability and are particularly critical when making the transition from the street to transitional housing.

Case management benefits not only the mentally ill but all clients attempting to navigate through a complex and often fragmented service delivery system. This was recognized by the state of New York within the context of housing the homeless. New York State designed a two-pronged approach to homelessness with a program called the Homeless Housing and Assistance Program (HHAP). HHAP meets both the emergency housing needs and the transitional housing needs of homeless people in New York. Established in 1983, it was the first public program to acknowledge the importance of social services in a program that houses homeless people (Travers, 1989). Case management services have been provided and several shelters and transitional housing units have been renovated and/or constructed with these funds.

Although a policy-level approach can be effective, other communities have used a more grassroots approach to homelessness. In DuPage County, Illinois, a church group responded to the growing number of homeless people in their community by raising enough money to cover the housing costs for a single family for one year. A year later the group established Bridge Communities, a nonprofit transitional housing agency, which served a total of eighty-five families in its first ten years, and thirty-five families in 1997 alone (Bendis, 1998). Bridge Communities now owns thirty-five units of transitional housing, for which clients must pay 30 percent of their income after their first sixty days in the unit. The maximum stay for each family is two years, though most secure permanent housing much sooner (Bendis, 1998). Through volunteers and a partnership with the local Catholic Charities, Bridge Communities offers day care, an academic tutoring program for youth, and a mentorship program for the formerly homeless adults. The mentorship program, which is staffed by trained volunteers and supervised by a licensed social worker, includes weekly visits and referrals to community services.

Currently, the typical transitional housing program for homeless families provides housing for up to two years (McChesney, 1990). The programs often provide life skills training, job training, and substance abuse treatment programs. Few studies have examined whether these programs actually help clients secure permanent housing. Still, it is widely accepted that the provision of case-management services within the context of a transitional housing program is critical and can improve outcomes.

Studies have also indicated that it is critical for transitional housing and subsidized housing programs to target specific groups and include services designed to address their particular needs. Early (1998) examined the homeless and housed poor in fifteen U.S. cities and discovered that many programs which offer subsidized transitional housing and services do not actually reach the poorest and most at-risk homeless populations. Early (1998)

argues that to effectively address homelessness, such programs must target the most at-risk populations and incorporate strategies to address their individual needs. More specifically, Early (1998) argues that programs should target individuals with substance abuse problems and mental health issues and provide assistance with the task of securing permanent housing and accessing other services, such as training and job placement. Case managers can effectively provide these services to the most at-risk homeless populations.

HISTORY OF TRAIN

There is a long history of support and cooperation from the local community around the problem of homelessness in Napa County. In 1982, a coalition of community agencies which included the Napa County Council for Economic Opportunity (NCCEO), Catholic Social Services, the American Red Cross, the Volunteer Center of Napa, the Napa Emergency Women's Shelter (NEWS), and the Napa County Health and Human Services Agency (HHSA) came together as the Committee on the Homeless. Their purpose was to develop and coordinate a plan to address the increasing needs of Napa's homeless population. Through their advocacy, two emergency shelters were established, the Samaritan Family Center in 1983 and the Sullivan Shelter in 1988 for single adults. These two shelters, which are managed by NCCEO, are referred to as the Napa Valley Shelter Project (NVSP). In 1983, the Committee on the Homeless created an advisory body for the NVSP, the Napa Valley Shelter Project Advisory Board, which has operated successfully since then.

In 1987, the Napa County Board of Supervisors established the Napa County Housing Alliance (NCHA) to develop and coordinate local initiatives around homelessness. The NCHA includes representatives from private and public agencies, churches, and the private sector. They meet monthly and focus on the creation and implementation of policies that will foster the development of affordable housing in Napa. The long-standing presence of these two community-driven bodies in Napa illustrates the community's commitment to addressing homelessness.

CONTINUUM OF CARE FOR HOMELESSNESS

One of the major activities undertaken by the pair of homelessness coalitions was the development of a continuum of care for the homeless population of Napa. In 1994, they conducted a survey of the homeless population

to determine their self-identified needs and characteristics. They also involved the community-at-large in the process in order to raise awareness about the homelessness problem and to garner support for their efforts. Homeless and former homeless individuals participated in that planning as well. The results of the survey were as follows:

- The average age for the homeless population is 24.5 years of age. The oldest surveyed was seventy-four and lived along the river, and the youngest was a newborn who lived at Samaritan Family Shelter.
- Twenty-one percent of households in the City of Napa earn between 0 and 50 percent of the median income, and 18 percent earn between 51 and 80 percent. These percentages suggest that many households are at risk of becoming homeless.
- Over 3,500 individuals have used NVSP shelters since 1983 when they were founded.
- Over 500 adults have been housed each year between 1993 and 1996. The average daily census at NVSP is sixty, while the number of homeless families increased between 1993 and 1996. On any given night, there is a waiting list of fifteen to twenty families.
- According to HHSA, at any one time at least twelve homeless mentally disabled individuals are living on the streets who are not served by the shelter or mental health care system.
- As their current source of income, 76 percent at Samaritan Family Shelter listed AFDC, 44 percent at Sullivan Shelter listed "none," and 13 percent listed SSI; at a free lunch table program, 22 percent said "none," 21 percent named SSI, and 12 percent listed social security.

They found the following regarding the needs of the homeless population in Napa County:

- Support services to link them to permanent housing
- Increased level of affordable housing in Napa
- Outreach to the homeless population not living in shelters
- Child care services for homeless families
- Supportive services for homeless individuals living with mental illness

Through these community discussions, the Napa County Continuum of Care was developed in 1995. Beginning in Spring 1996, the members of the NVSPAB and NCHA began meeting as the ad hoc Continuum of Care committee. The primary purpose was to compile the results of the survey, conduct community meetings, and develop a strategic plan for a continuum of

care based on prioritizing the identified needs and the need for an action plan. From these discussions, they created the concept of the Transitional Residential Alliance and Integrated Network. Service gaps and funding needs were ranked from high to low by the NCHA committee. The following were the highest-priority items:

1. *Street outreach:* It was estimated that at any one time, between 100 and 250 people are homeless on the street. Outreach was defined as reaching out to these homeless individuals and providing them with case management and referrals to emergency shelters and other relevant services.
2. *Transitional housing for individuals with substance abuse issues and/or dual diagnosis:* Due to HHSA budget cuts in the early 1990s, twelve transitional housing beds for individuals recovering from substance abuse and six residential detox beds were lost. Due to these cut-backs, the need increased for both emergency and transitional housing for individuals with substance abuse issues and/or dual diagnosis. In addition, outreach was needed to refer street homeless individuals with chronic substance abuse problems to existing shelters and transitional housing programs. Transitional housing for substance abusers and individuals with dual diagnosis was defined as the top priority in the continuum of care.
3. *Transitional housing for survivors of domestic violence:* No transitional housing was available for women and children fleeing domestic violence, and there were consistently long waiting lists at family shelters. Transitional housing for survivors of domestic violence was defined as a top priority.

With these identified service gaps and funding needs established as part of the Napa continuum of care, the committee designed the TRAIN to address three populations whose needs were not being met by current transitional housing programs: (1) domestic violence survivors and their children, (2) individuals with chronic substance abuse issues and dual diagnosis, and (3) street homeless. Although other transitional programs and services were available to homeless individuals and families in Napa, none were designed with these populations in mind. The committee designed and drafted the TRAIN program in a matter of days and submitted the HUD grant proposal with the assistance of a professional grant writer in June 1996.

After this quick and intensive program design and proposal-writing process, the group tried to catch their breath while waiting for a response from HUD. In September 1996, HUD approved the initial proposal and requested

the technical submissions, which were completed and submitted in December 1996.

TRAIN PROGRAM PROPOSAL APPROVED BY HUD

In May 1997, the TRAIN proposal was approved by HUD, nearly a year after the proposal was first submitted. The county HHSA staff member that had coordinated the proposal submission had left the agency in December 1996 and had been replaced in May 1997. This newly hired county HHSA representative was charged with implementing the TRAIN program without prior involvement in the planning or even a review of the process by the departing county staff member, as their employment did not overlap. He reconvened the group to begin a discussion around implementation of the TRAIN. Because it was nearly one year later and a degree of group memory had been lost, it took four months for the individuals to remember what they had put together and to determine how to move forward. In addition, there was a degree of confusion about the program design, as some significant program elements had changed in the technical submissions phase:

1. Staffing changed from two FTE (full-time equivalents) county and nonprofit staff positions to 2.75 FTE nonprofit staff positions across three agencies.
2. The budget was reduced from \$467,000 to \$400,000.
3. The program length was reduced from eighteen to twelve months of subsidized housing and services.

These changes presented the group with a significant, but not unusual, challenge: do more for less. Due to the staff change at the county HHSA and the length of time that had passed since the initial planning, it was difficult to determine exactly how these alterations had been made. Assessing the implications of those changes was more important than piecing together an explanation of how these changes occurred.

Although the TRAIN had been conceived as a partnership between HHSA and community-based nonprofits, it had become a county-sponsored program run entirely by community-based nonprofits. This meant that nonprofits would handle the case management, as expected, as well as outreach and referral that had been an HHSA responsibility during the initial planning. The TRAIN had become more of a county-directed, nonprofit-administered program and less of a shared responsibility partnership between nonprofits and the county HHSA. Second, the nonprofits were charged with running a program with more participants than planned for, with fewer funds for staff, no

administrative funds, and expectations to achieve the same results regarding transitional housing for all program participants with less money and in less time (twelve months rather than eighteen).

IMPLEMENTING THE TRAIN

Despite the frustration around these changes in the program scope and decreased resources, the group was determined to move forward with the TRAIN program. Due to these challenges, however, it took four months to develop and sign the contracts between the county and the three agencies providing the outreach, referral, and case-management services. Those agencies included the following:

- Napa Emergency Women's Shelter, a shelter for survivors of domestic violence and their children (1.0 FTE case manager to serve its shelter and the Samaritan Family Shelter).
- Napa County Council on Economic Opportunity, which manages two shelters for single individuals (1.0 FTE case manager to serve the Sullivan Shelter for single adults).
- Progress Foundation, a mental health service agency (One .75 FTE case manager to provide street outreach, referrals, and case management).

Although the process of developing contracts and reconvening the group was challenging, another aspect of the TRAIN implementation posed a dilemma for the partnership. The three community-based nonprofit agencies selected to provide case management are very different in terms of their missions, values, and approaches to clients. NCCEO is a large economic and community development agency founded in the 1960s as a social action agency. NEWS is a woman-centered, domestic violence-oriented agency, and the Progress Foundation is a mental health provider. It was a challenge to develop a shared sense of purpose, as the needs of domestic violence survivors differ greatly from those of an individual with a dual diagnosis. In addition, perpetrators of domestic violence could be at other shelters, which could complicate the program. However, the agencies were determined to address these differences as they moved forward with the implementation process.

The TRAIN program was successful in leveraging additional funds to supplement the HUD grant. With the assistance of the director of Napa County HHSA and a local consultant, two organizations (the Health Care for the Poor and the Solano Leadership Council) were encouraged to pro-

vide annual matching grants (\$100,000 each year for a total of three years). This would bring the total amount to \$500,000 per year. This enabled the TRAIN program to (1) raise the rent subsidies budget, (2) increase the outreach position to full time, and (3) add additional services.

In addition to these resources, the local Catholic Charities became involved in providing assistance with housing development, access to a landlord network, and providing a roommate referral service. They had considerable expertise and years of experience in this area. The TRAIN program also brought on board the Napa County Rental Information and Mediation Service to provide tenant education and mediation services to program participants. The Napa Housing Authority also became a TRAIN partner to provide assistance with the recruitment of landlords willing to accept TRAIN clients, inspect housing units identified for the TRAIN, and facilitate the process of securing Section 8 vouchers and/or housing for clients as they exit the TRAIN. The partnerships with these agencies strengthened the TRAIN and ensured that participants would get the range of services necessary to support them as they transitioned into housing and ultimately into permanent housing.

Despite the implementation challenges, the TRAIN partners were committed to working together to address the unmet needs of domestic violence survivors, street homeless, and individuals with chronic substance abuse issues. By October 1997, all three case managers had been hired and the TRAIN officially "left the station."

THE TRAIN PROGRAM

Because the TRAIN is staffed by three case managers who are employees of three different agencies, a biweekly TRAIN staff meeting is attended by the case managers and the representative from the county HHSA. The purpose of these meetings is to provide staff support and solicit feedback from case managers. This feedback mechanism has facilitated the process of identifying and addressing issues around implementation, program design, and general concerns, and has led to improvements and new program activities. For example, based on feedback from a case manager concerning the lack of free meals for the street homeless on Sundays, a new Sunday meals program was created with donations from local restaurants and grocery stores.

The TRAIN is governed in part by a policy committee that includes representatives from both of Napa's homeless advocacy coalitions which created the TRAIN, as well as representatives from the agencies that are part of the TRAIN's integrated network. The policy committee meets quarterly and

addresses policy-related issues. For example, the committee makes case-load distribution and program design decisions.

The goals of the TRAIN are the following:

- To assist twenty-four households (seventy-two to ninety individuals) to move from homelessness to permanent housing and self-sufficiency for the three-year grant period (two individuals and six families each year).
- To provide case-management services to the street homeless.
- To be "the only transitional housing program in Napa that targets individuals and families with chronic substance abuse and survivors of domestic violence" (Napa County Health and Human Services Agency, 1996, p. 2).

The TRAIN program is designed to provide the following:

1. *Outreach to the street homeless:* The TRAIN employs one case manager whose sole purpose is to provide outreach and referrals to street homeless. The case manager coordinates programs that assist the street homeless in their efforts to provide for their basic needs and provides case management. The case manager provides referrals to emergency shelters, treatment programs, and the TRAIN program, as well as other community-based services.
2. *Rental subsidies for transitional housing:* NCCEO is the fiscal intermediary for TRAIN subsidies, which follow HUD guidelines. TRAIN clients pay 30 percent of their income for rent and the subsidies cover the rent balance. Because the TRAIN's philosophy is to foster self-sufficiency and reduce dependence, all TRAIN clients make a contribution, however small, to their rent payment. The client's rental expenses are subsidized by the TRAIN program for twelve months. Throughout this period, the client makes an increasingly larger contribution to the rent in order to transition gradually from subsidized to unsubsidized rent.
3. *Case-management services:* TRAIN clients receive intensive case management throughout the first three to four months of the program and gradually receive less case management with the transition "off the TRAIN" in mind. With the assistance of his or her case manager, each client develops a case plan with a series of monthly goals related to building self-sufficiency. Although many of the goals established by the client can be achieved by the client independently with the assistance of the case manager (for example, paying the bills on time,

maintaining a clean apartment), other goals require the assistance of the TRAIN's partner agencies.

4. *Access to a network of other services geared toward building client self-sufficiency:* The TRAIN offers an integrated case-management system that links clients to a range of services to address the multiple needs of homeless families and individuals seeking to become self-sufficient. Those services include mental health treatment, drug and alcohol treatment programs, HIV/AIDS education, life skills training, parenting education, child care, move-in assistance, vocational education, and job-placement services.

The TRAIN program operates in the following way with respect to referrals, intake, locating housing, case planning, rental subsidies, exit transition, and follow-up.

Step One: Referral Process

The referral process happens two ways: street outreach referrals and shelter referrals.

- *Street outreach referrals:* The street outreach worker's referral process has a dual purpose, both referring the street homeless to an appropriate shelter and identifying clients for the TRAIN. She develops relationships with homeless individuals through a long process of building trust, which she calls "the courtship period." During this phase, this case manager attempts to reach out to homeless individuals by providing them with information and basic goods (such as clean socks and food) and care ("respecting them and giving them a reason to believe that I truly care"). She demonstrates her willingness to help and makes her expectations clear. When a homeless individual indicates readiness to "get on the train," she will advocate for the individual and provide the referral.
- *Shelter referrals:* The case managers at the NEWS, Samaritan, and Sullivan shelters receive referrals from shelter staff.

Step Two: Intake Process

- *Street outreach:* During the "courtship period," the case manager has developed a relationship with the client and has made her expectations and the TRAIN guidelines clear. When a client says he or she is ready, the case manager has had the opportunity to assess the client's readiness throughout the courtship. Typically, the first step toward "getting

on the TRAIN” for the street outreach clients and individual shelter clients is completing a substance abuse treatment program. Clients must be clean and sober before they can begin the next step of locating housing. Case managers link the clients to the treatment programs.

- *Shelter intake:* In the shelters, the intake process is more formal. When case managers receive a referral, they set up an intake meeting with the client. The case manager meets with the client to review their expectations and to prepare the client for the next steps. According to clients, “There’s lots of work to do when you’re on the TRAIN. It’s not always easy.” The purpose of the intake meeting is for the case manager and the homeless individual to determine whether they are ready to “get on the train.” As one case manager put it,

As a case manager for the TRAIN, you need to be able to do a good screening with respect to their budgeting skills, parenting skills, and most importantly, their readiness for the program. The TRAIN is an intense program; it is not for everyone, especially when it comes to setting goals and being really clear about expectations for each of us.

- *Intake approval:* After identifying a potential client through the intake process, an intake report request is reviewed by the county HHSA representative and the three case managers in the bimonthly staff meeting and then recommended for approval. Upon approval of the subsidy request, the search for housing begins.
- *Orientation:* Upon approval of their subsidy request by the county HHSA representative, the client and case manager attend a tenants’ rights orientation provided by Napa County Rental Information and Mediation Service (NCRIMS).

Step Three: Identifying Housing

Once the screening has taken place and a client commits to “getting on the TRAIN,” the case manager in both street and shelter programs begins to assist the client in locating appropriate housing. Often the case manager seeks assistance from Catholic Charities. This phase can take a matter of days to a period of six months, depending on the specifications of the housing sought and the shelter case plan goals of the particular client. For example, if a client with a substance abuse problem developed a case plan while in the shelter to stay sober for three months, the TRAIN housing identification process would begin when that goal had been achieved. If a client has a large family and a pet, it may take a longer period of time to secure housing

that meets the client's needs. An additional challenge to identifying housing is that the housing market in Napa is very tight; very few quality affordable units are available.

- *Housing inspection and approval:* Once the housing is located, the housing authority will inspect the unit. The TRAIN ensures that no clients are placed in substandard housing, which means that much of the affordable housing stock in Napa is not an option for TRAIN clients. If the housing unit is approved by the housing authority, all documents for subsidies will be completed and NCCEO will be notified, as it is the fiscal intermediary for all subsidies.
- *Landlord outreach:* Case managers have found that the housing situations of TRAIN clients can be improved, or at least better managed, when the case managers establish a relationship with the landlord and make it clear to the landlord that they are available to handle any issues that may arise. For example, if a landlord receives a tenant complaint about the noise level of a TRAIN tenant's apartment, the landlord would contact the case manager so that they could address the complaint together. Otherwise, landlords would usually confront TRAIN clients without the interpersonal or clinical skills to effectively convey the complaint or issue. The relationship-building process should include (1) educating landlords about the clients and their needs as well as the availability of program supports and how to use them if there is a problem, (2) fostering a team approach with landlords by encouraging them to educate clients about their perspective as landlords, and (3) helping to prevent problems between landlords and clients by contacting the case manager, rather than confronting clients in potentially insensitive ways. Attention to the relationship-building process should lead to long-term relationships with landlords willing to provide placements.

Step Four: Case Plan Development

Within one month of securing transitional housing through the TRAIN, the case manager and the client will develop a service case plan for the client. It can include employment training, therapy, and/or parenting classes. The follow-through on this plan is intensive, as case managers and clients meet regularly to track client progress or issues. In the first six months of the program, they meet together weekly, in some cases more regularly, and at six months, the regularity of the meetings is gradually reduced to monthly. Throughout the program a monthly contract for clients helps ensure follow-up on case plan goals and assists clients in managing other aspects of their

lives. For example, a monthly goal might be to visit the dentist, pay the bills, or stay within the established budget.

Another aspect of the case plan for individuals with substance abuse problems is family reunification. Many have become estranged from their families but will need the support of their family members to successfully complete their treatment. According to a street outreach staff member,

many people that I help get on the TRAIN have alienated their family members due to substance abuse histories. One of the first things we do, once they complete their treatment program, is begin the process of reunification with families. I get family input on exactly where they want to see improvement or accountability.

When clients recruited through street outreach return from treatment, they are housed and supported in a variety of ways: (1) placement on the TRAIN, (2) placement with family members, (3) provision of general assistance funding, or (4) placement in halfway houses.

Step Five: Rental Subsidies and Case Management for Twelve Months

The TRAIN transitional housing subsidies last twelve months. Clients pay 30 percent of their income initially and then pay an increasing portion of their rent. This gradual rent increase enables them to transition more easily from subsidized to unsubsidized rent. For example, rather than suddenly jumping from a monthly rental payment of \$135 (30 percent of income) to \$450 (the total rent cost), the client would be contributing roughly \$250 by month six of the TRAIN. In addition, the case manager begins to reduce the number of visits so that by the sixth month the visits will be monthly.

Step Six: Getting off the TRAIN

After twelve months, clients can apply for an extension, but that has rarely happened. The goal is to secure HUD Section 8 vouchers for TRAIN clients through the Napa Housing Authority in order to offer long-term permanent housing. Due to the partnership, many TRAIN clients receive Section 8 vouchers and stay in their current housing, or move into Section 8 designated housing when the twelve months has ended. Some clients have been able to increase their earning power enough to pay market-rate rent when they are moving off the TRAIN.

Step Seven: Follow-Up

As part of the HUD grant requirement, TRAIN staff conduct follow-up with TRAIN program graduates to determine whether they have been able to maintain their permanent housing. At the end of the second year, a follow-up survey indicated that twelve families and/or individuals were still maintaining permanent housing status. Housing status for five families and/or individuals was unknown, as these TRAIN participants could not be located at the time of the survey.

SUCCESSES

- Since its inception in October 1997, the TRAIN program has provided transitional housing and integrated case-management services to twelve individuals and twenty-one families. As mentioned above, nine families (twenty-nine adults and children) and eight individuals have "graduated" from the program and secured permanent housing. The TRAIN has successfully assisted its clients not only with transitional housing, but perhaps more importantly, with permanent housing.
- Because the TRAIN is designed for particular populations, it has been especially successful in meeting their specific needs. For example, one TRAIN client suggested that other programs were not able to provide her with the assistance and support she needed because they did not understand her situation. When she became homeless due to domestic violence, she found herself and her children in an unstable and dangerous situation. She had never worked outside of the home, had focused on raising her children, and had a car that was worth enough to render her ineligible for many services and programs. When she attempted to access other agencies, she received what she called "the runaround" and the feeling that no agency could help her and her children. The TRAIN provided this client with case management and transitional housing subsidies that enabled her and her children to successfully rebuild their lives.
- The TRAIN program is an example of successful county HHSA and nonprofit partnership. The program relies upon the strengths of each: the ability of community-based agencies to reach the homeless and to provide services to them and the county's ability to leverage federal funds. In addition, through the assistance of the NVSPAB and the NCHA, the TRAIN has included more organizations in the partnership.

- The TRAIN has led to systemic changes in the way that landlords approach tenants with dual diagnosis or problems with domestic violence. Due to the efforts of Catholic Charities, the case managers, and the success of the clients themselves, landlords are increasingly willing to rent their apartments to TRAIN clients. One landlord even offered to hire the participating nonprofit agencies to manage a fifteen-unit property in order to make those units available to the TRAIN. This would entail the nonprofit agencies taking responsibility for the management of the building, which would include all of the decision making regarding tenants. The landlord's offer could significantly expand the TRAIN program and is being explored by members of the TRAIN policy committee.
- The TRAIN supervisors have allowed case managers to design innovative programs and activities geared toward their particular target population. For example, the street outreach case manager designed a free Sunday meals program through donations from local restaurants when she learned from street homeless clients that no meals were available to them on Sundays.

CHALLENGES

- How does an organization maintain organizational memory during staff transitions? Had the same staff person handled the TRAIN program from the proposal submission to the implementation, the process would have been, most likely, smoother and shorter. The individual would have been in regular contact with HUD in order to push the process along. The group would have been involved in the alteration process and less time would have elapsed from initial planning to implementation.
- The TRAIN program relies upon three very different agencies to provide case-management services to its clients. Although this is a program strength, it has also proven to be a tremendous challenge. The program seeks to have consistency across the agencies, in terms of the services clients receive and the responsibilities of the three staff members. This presents a continuing challenge given the different missions and values of the three participating agencies.
- Although the TRAIN attempted to develop job descriptions that were consistent, each agency wrote its own and there are differences, despite the equivalent pay. Staff members are bound to have additional tasks and responsibilities assigned that differ from agency to agency.

In addition, there has been some difficulty with staff turnover in the case manager positions.

- Despite efforts to educate Catholic Charities and the landlords about the needs of TRAIN program clients, the landlords do not always respond appropriately. Rather than contact the client's case manager to intervene or provide assistance, landlords have attempted to deal with tenants without the necessary interpersonal and/or clinical skills. It is critical that case managers develop relationships with landlords so that they will feel comfortable contacting them when necessary, instead of confronting tenants themselves.
- The process of client placement has been difficult, as agencies advocate for their own clients to be placed ahead of others. It is important to develop a clear prioritization process, in order to avoid unnecessary tension around who should be placed in the next available apartment.
- The tendency to choose the most desirable clients for apartment placement is another dilemma. It is important that the TRAIN partners assisting with placement understand the purpose of the program and the characteristics of the clients. For example, an agency with long-standing relationships with many landlords has a keen interest in maintaining those relationships. Rather than place a TRAIN client with multiple problems, greater emphasis is sometimes placed on low-income individuals and families without the degree of issues that TRAIN clients face, in order to preserve the landlord relationship. It is critical that landlords and placement partners are informed and educated about the program mission since HUD, as a funding source, requires that all three types of clients be served by the TRAIN (domestic violence survivors, chronic substance abusers, and street homeless). In addition, if placements lag and the whole subsidies portion is not used, future funding of subsidies may be jeopardized.

LESSONS LEARNED

1. It is important to carefully examine and clarify the differences in agency mission, values, and approach within a partnership at the very beginning of a collaborative effort. Glossed-over differences and seemingly small problems can sneak up and derail the project. Therefore, it is critical to uncover differences at the outset in order to prevent larger issues from developing.
2. It is critical to develop relationships with landlords and build a landlord network specifically around the program, rather than relying on one agency's prior relationships developed for different clients. The rela-

tionship-building process should include educating landlords about the clients and their needs, providing program supports and demonstrating how to use them if there is a problem, fostering a team approach with landlords by encouraging them to educate staff about their perspective and responsibilities as landlords, and helping to prevent problems between landlords and clients by contacting the case manager, rather than confronting clients in potentially insensitive ways. Attention to the relationship-building process should lead to long-term relationships with landlords willing to provide placements.

3. An effective intake process is critical to ensuring the success of TRAIN clients. The intake process provides both case managers and potential clients with the opportunity to assess the clients' readiness to "get on the TRAIN" in the form of a serious commitment from clients to work toward self-sufficiency. Case managers must develop an intake process that ensures the sharing of information which will enable staff and clients to determine whether the client is ready.
4. A partnership between the county DHHS and community-based nonprofits needs to build upon the strengths of each partner and needs to recognize that the relationship-building process takes time. It is critical that a collaborative partnership is built upon the strengths of each partner to most effectively deliver the highest-quality services to clients. However, developing a partnership between the county DHHS and community-based nonprofits, especially when the county is providing the funds and assisting with the planning, but not providing services and staff, requires special handling. Given the differences in power and status, it is critical to be aware of the barriers to participating agencies in order to ensure that they engage positively in the partnership with the county.

Building a good partnership takes time and it is an ongoing process that continuously must deal with politics and personalities. For example, when it became clear that the agency providing landlord referrals did not exercise sensitivity when addressing TRAIN clients about problems that arose in their housing situations, other TRAIN agency participants were frustrated and even angry. However, due to the importance of finding landlord referrals, it was essential that the message be communicated in a constructive manner in order to ensure continued collaboration.

5. Efforts to minimize the disruptive aspects of staff turnover are critical. Staff turnover can be disruptive to the development and implementation of a program, regardless of the staff level or the point at which the transitions occur. Whether it is the county staff during the planning stages or the case manager during implementation, staff turnover can

disrupt the process and block progress. Efforts to minimize the disruptive aspects of staff turnover may help to maintain the motivation of the other participants and the success of the program.

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