

Sacramento County Homeless Plan

Continuum of Care Advisory Board Update
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Background

- Sacramento County is drafting plan to address homelessness
- A plan is required to apply for State No Place Like Home (NPLH) funding and may be needed for additional State resources
- The plan will leverage critical resources: NPLH funding = new permanent supportive housing developments for persons with serious mental illness who are also experiencing homelessness

Sacramento County Homeless Plan Timeline

- Data collection and stakeholder input, July – September 2018
- Selection of key strategies and plan drafting, October – November
- Plan adoption and send to State – December 2018

Elements of the Plan

- Describe magnitude and characteristics of homelessness, chronic homelessness and the NPLH target population
- Inventory existing efforts underway and partners in ending homelessness
- Describe current resources and identify critical gaps
- Lay out County and stakeholder plans to address unmet needs in key focus areas

Data Collected

- Special HMIS data request from SFF on populations, subpopulations, disabilities, etc. including annual program data and current coordinated entry (*Thank you!!!*)
- 2018 Housing Inventory Count
- 2017 Point In Time Count
- FY 17-18 program utilization information from County programs including mental health, alcohol and drug, probation and others
- 2017 CAPER

Who we've talked to so far

- Cities in Sacramento, including the City of Sacramento
- Sacramento County
- Sacramento Steps Forward
- Continuum of Care
- Medi-Cal Managed Care
- Criminal Justice Cabinet
- Disability Advisory Commission
- ACT – Area Churches Together
- SHRA – Sacramento Housing and Redevelopment Agency
- Human Services Coordinating Council
- Provider Focus Groups (2)
- Consumer Focus Group
- Housing Developer Focus Group
- Property Business Improvement Districts (PBIDs)
- *Family Members of People with SMI*

What we learned:

- Outreach and Navigation teams cover much of the region and have linkages with law enforcement and health care
- New initiatives and existing homeless programs are leading the way, connecting people to housing and services, utilizing many best practices
- Mainstream services are serving people experiencing homelessness and looking to coordinate to improve access
- There are multiple entry points to access services, which can be challenging for clients and system partners
- Accessing the right data at the right time can be challenging, making it hard to drive leadership conversations and decisions
- More clarity on the roles and responsibilities of community partners, along with ongoing coordination could improve system functioning and impact

EMERGING STRATEGIES and POTENTIAL RECOMMENDATIONS

Leverage New and Ongoing State Funding Sources

Many recommendations and strategies will leverage state funding resources, building on existing resources and partnerships.

- NPLH
- HEAP
- CESH
- MHSA
- Pathways (Whole Person Care)
- Medical Waiver

Discharge Planning and Prevention

1. Develop system level diversion/problem-solving - standardize practices, increase funding, and implement across the entire system (including navigation & coordinated entry)
2. Increase and target upstream prevention: Develop deeper understanding of programs serving at-risk populations and if they should be scaled up.
3. Jail Discharge – Work to decrease impact in downtown of jail release of people with nowhere to live
4. Hospital Discharge and Coordination - System level coordination and standard ways to connect people to housing.

Street Crisis and Quality of Life

1. Expand and coordinate outreach and Navigation efforts – work with all providers, creating a shared table and coordinating training and work
2. Continue to address street hygiene – expanding availability of bathroom facilities and solutions to hygiene needs.
3. Coordinate with County substance abuse response – ensure expansion of services is coordinated with the homelessness response system.
4. Report out on crisis response efforts as part of communication strategy

Shelter and Interim Housing

1. Create more emergency/triage shelter that is low barrier, open year round, and available to high-needs people.
2. Build on County scattered site shelter model
3. Increase capacity in existing shelters, including operations and links to flexible subsidy resources
4. Develop coordinated entry for shelter – build on County bed reservation system
5. Create shelter standards and formalize practices across interim housing.

Expand Targeted Permanent Housing Resources

1. Expand flexible rehousing subsidy funds that operate with a flexible, progressive engagement approach
2. Coordinate rehousing efforts – increase coordination and support improvements in landlord outreach and tenancy supports
3. Develop Permanent Supportive Housing
 - Use NPLH funds for people with mental health needs
 - Create local fund/identify sources of local gap financing
 - Ensure new PSH reaches hardest to serve people, is low barrier and filled through coordinated entry
 - Ensure Housing First approach is well-understood and applied in PSH

Expand Targeted Permanent Housing Resources, continued:

4. Develop streamlined housing funding process – work toward coordinated funding NOFAs for NPLH and other opportunities so that multiple resource are made available at the same time, or in coordination
5. Involve consumers in creative housing solutions – explore housing models that allow clients to participate in the creation of housing

Services Expansion and Coordination

1. Expand Mental Health Services and supports for people experiencing homelessness
2. Coordinate to create expanded and timely drug treatment options for people experiencing homelessness
3. Support Criminal Justice Diversion Program to connect people experiencing homelessness who are accused of crimes with services by working with the court
4. Expungement Clinic – Overcome shelter and employment barriers caused by criminal convictions by expunging records when possible

Services Expansion and Coordination, Continued:

5. Expand targeted or effective employment strategies for people experiencing homelessness
6. Increase coordination and alignment among frequent user/high needs client-focused supports and efforts to provide sustained and comprehensive services for people with high-needs.

Leadership and Accountability

1. Improve and expand Coordinated Entry – assess current practices and work to expand resources in the system
2. Improve the use of data for measuring program and system outcomes - create system and program level reporting and explore ways to share information across systems.
3. Define system goals and develop a system map – create a map of the envisioned system and the relationship between different program types.
4. Ensure system is responsive to the needs of people experiencing homelessness through regular consumer feedback.
5. Define and strengthen coordination and leadership roles.

Next Steps

- October: Draft plan, including selecting and expanding on draft strategies and recommendations for community feedback
- November 7: Hold community meeting to receive feedback and input (CoC participation greatly encouraged!)
- November 7-16: Post draft Plan online for written feedback
- December 11: Present Plan to Board of Supervisors for approval
- December onward: Implement strategies, strengthen partnerships and work with community to broadly build and adopt strategies

QUESTIONS AND DISCUSSION