

Building Bridges to Housing

A Multi-Year Plan to Address Homelessness in Nevada County

Introduction

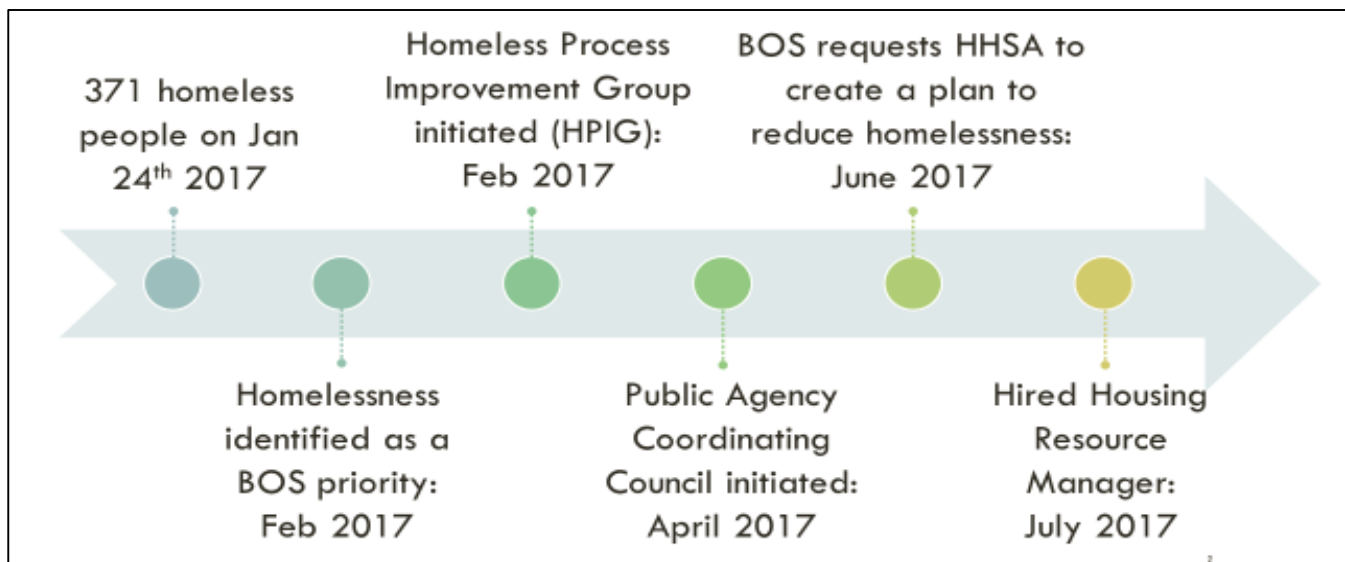
Homelessness is on the rise across the region in both rural and urban areas. This can be directly correlated to rising home prices and rents driven by high demand with low supply, as shown by the following statistics:

- In California, 180,000 units of housing would have to be built every year for a decade to meet current demand. Projections are that half of that number is built annually.
- In 2016, LA county saw a 23% increase in homelessness despite some of the most well-funded, and evidence-based programs in the country. In researching why, they found that every 5% increase in rent results in 2000 more people entering homelessness.

Nevada County is not immune to this reality. As supply of housing tightens, rents increase. Consecutive PIT counts have shown that many individuals and families in the County pay over 50% of their take-home pay towards rent or housing, making it hard to absorb any shock or unexpected financial hit. Add to that, onset of mental illnesses, substance use disorders, losing a home to a fire, losing a job, family dissolution or any combination of factors, and it's clear that many residents live just one paycheck away from homelessness.

Nevada County strives for a community where all individuals and families facing homelessness have access to safe, decent, affordable housing, supported by the resources and services necessary to sustain them.

Background



According to the 2017 Point in Time (PIT) count results, 371 individuals were experiencing homelessness. This count, using criteria from the Department of Housing and Urban Development, is a mere snapshot of the homeless situation in the County. A significant portion of respondents met the HUD definition of chronically homeless. For these individuals, it's not enough to provide housing. Multi-disciplinary services must be provided to keep them housed.

On Feb 14th of 2017, with Resolution 17-085, the Nevada County Board of Supervisors adopted objectives for 2017. One of the A (top) priorities was: "Explore strategies and funding options to improve and expand emergency shelters, particularly to move toward 24/7 program operations, while researching opportunities to facilitate development of the Housing Element rezone sites throughout the County by partnering with other jurisdictions, potential developers and the Housing Authority." The Health and Human Services Agency (HHS) was tasked to take the lead on addressing this priority and to develop a plan to address homelessness in Nevada County.

Accomplishments towards the 2017 Board Objective

The Homeless Process Improvement Group (HPIG) was convened in February to address the issues and services gaps around homelessness and at-risk populations. The group was comprised of local service providers, community stakeholders, and representatives from the County, the City of Grass Valley, Nevada City and the Town of Truckee. On August 8th, 2017 the HPIG concluded. Out of the three meetings, thirty-nine specific processes and service related gaps were identified. Accomplishments to date, and the goals laid out in this plan, specifically addresses 22 of the 39 process and service gaps. See attachment C.

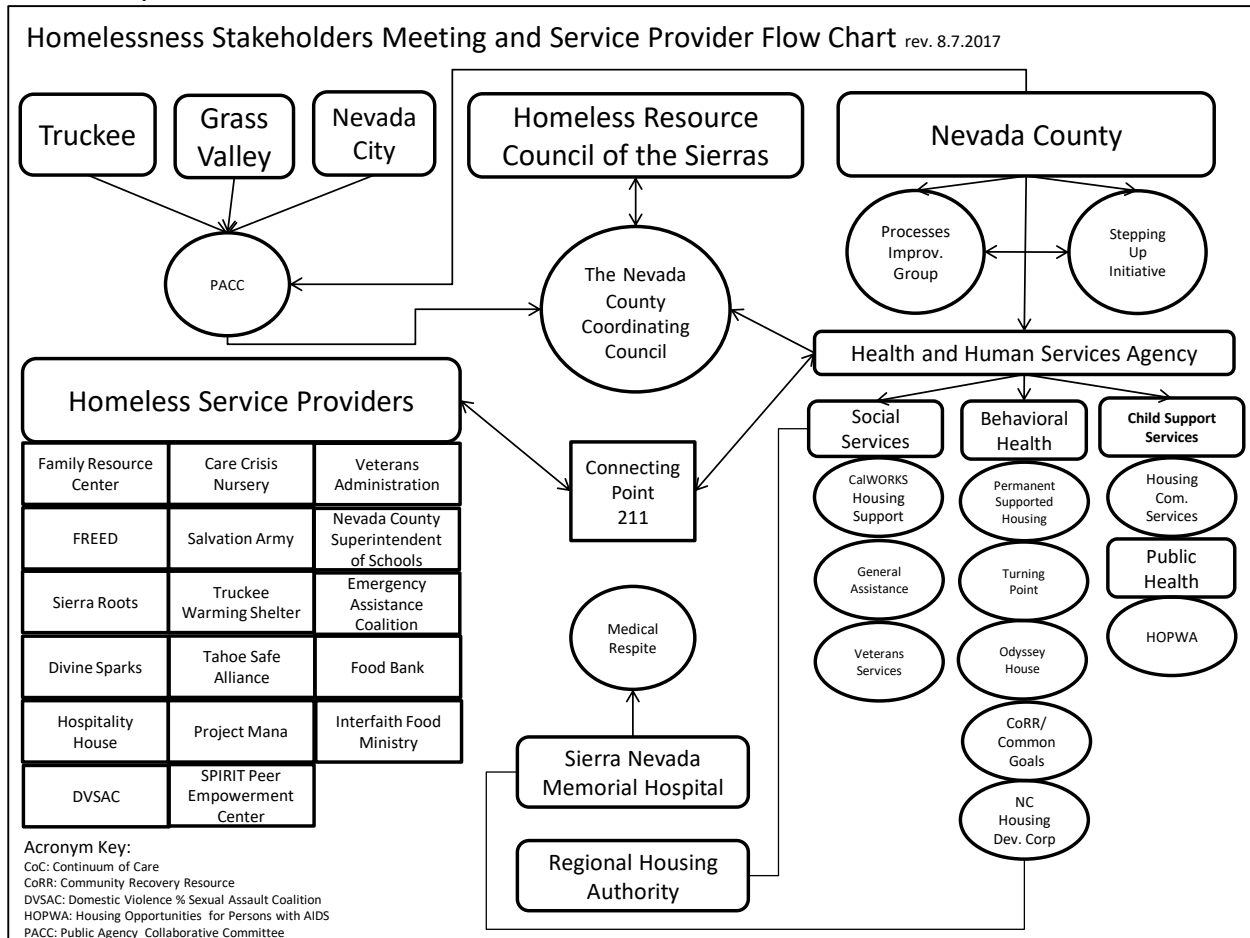
This services gap analysis and requirements of state and federal funding sources, such as the HUD-mandated Coordinated Entry System (CES), provide guidance on what the County can do to improve and build out services that are efficient and effective in addressing homelessness.

In July 2017, Nevada County hired a Housing Resource Manager within HHS, tasked with coordinating all housing related services and serving as a single point of contact to the many community-based organizations that provide homeless services. In the first six months, the Housing Resource Manager has conducted extensive stakeholder engagement, including meeting with non-profit service providers, county programs, CoC partners, and the faith-based community, resulting in substantive accomplishments towards the Board's priority including:

- Incorporated HPIG recommendations into the planning process; addressing 22 of the 39 identified "gaps" in services
- Submitted 8 grant applications totaling \$1.6 million
- Funded outreach and case management positions at Hospitality House and in the Tahoe/Truckee region
- Implemented Coordinated Entry
- Coordination of No Place Like Home development team
- Interfaith outreach and engagement, "The Family Circle"

Community Partners

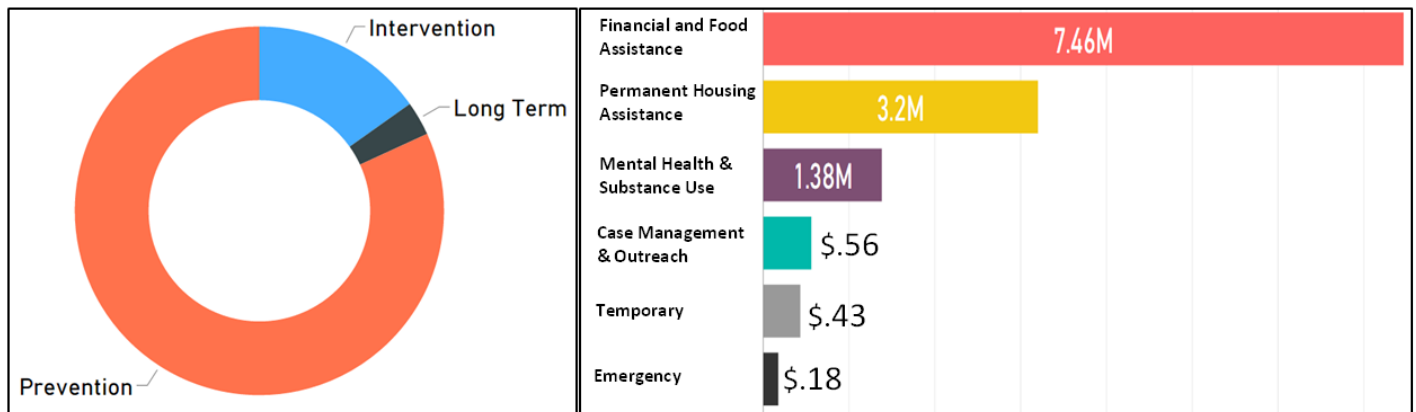
To address homelessness, Nevada County partners with a number of important organizations in the community as shown in this stakeholder flowchart:



The Continuum of Care (CoC) is a broad-based coalition of homeless housing and shelter providers, consumers, advocates and government representatives, working together to shape planning and decision-making. Since 2014, the Homeless Resource Council of the Sierras (HRCS) has provided leadership and coordination of Placer and Nevada County's Continuum of Care planning process. The HRCS is a private non-profit partnership that ensures comprehensive, regional coordination of efforts and resources to reduce the number of homeless persons, as well as the number at risk of homelessness. The Placer-Nevada Counties Joint Continuum of Care promotes community-wide commitment to the goal of ending homelessness; provides recommendations for funding to local non-profit providers to quickly re-house homeless individuals and families to minimize trauma and dislocation; promotes access to, and effective utilization of, mainstream resources, and optimizes self-sufficiency among individuals and families experiencing homelessness through coordination and collaboration.

Ongoing Efforts

The County's current efforts to address homelessness can be organized into three broad categories, Prevention, Intervention, and Permanency. As shown in the chart below, Nevada County's historical efforts have focused primarily on the first two categories:



Prevention

Nevada County provides \$13.2 million dollars in direct and indirect services to prevent homelessness, touching 12,000 residents a year.

The largest amount, \$7.46 million, is provided through the Department of Social Services for food assistance and financial aid. Many families rely on this financial help in order to afford rent and not become homeless. Permanent housing assistance accounts for another \$3.2 million. This assistance includes: long-term housing stability through rental assistance and vouchers, security deposits, independent living homes for mentally ill individuals and housing at mental health institutions for a few severely ill Nevada County residents. These services reach 700 individuals per year. While these programs significantly reduce homelessness, Intervention and Permanency services are areas where services can be improved to address the remaining homeless population.

Intervention

Nevada County provides \$2.6M per year for services and supports to intervene in homelessness such as substance use residential treatment and transitional housing, supporting local shelters, foster homes for displaced youth, outreach, advocacy and case management. These services reach almost 2000 individuals per year.

Permanency

Nevada County provides post-housing case management supports to Nevada County Behavioral Health clients engaged in HUD-funded permanent supportive housing programs through contracts with Full Service Partnership (FSP) providers. CalWORKs families, through a contract with the Family Resource Centers (FRCs), are provided housing supports to help these families remain housed after placement.

Expanding and updating Intervention and Permanency strategies are key areas where the following plan addresses gaps in our current services.

The Plan for 2018 and Beyond

Building off of the accomplishments of this year, HHSA staff has developed a multi-year plan to address homelessness in Nevada County as directed by the Board of Supervisors. This plan includes key goals for year one, an outline of goals for subsequent years, budget needs and anticipated funding sources.

The implementation of these year-one goals and the long term plan will address identified gaps and update homelessness intervention and permanency strategies to be consistent with best practices and funding requirements.

Plan Outline

Year 1 Goals (3-12 Months)

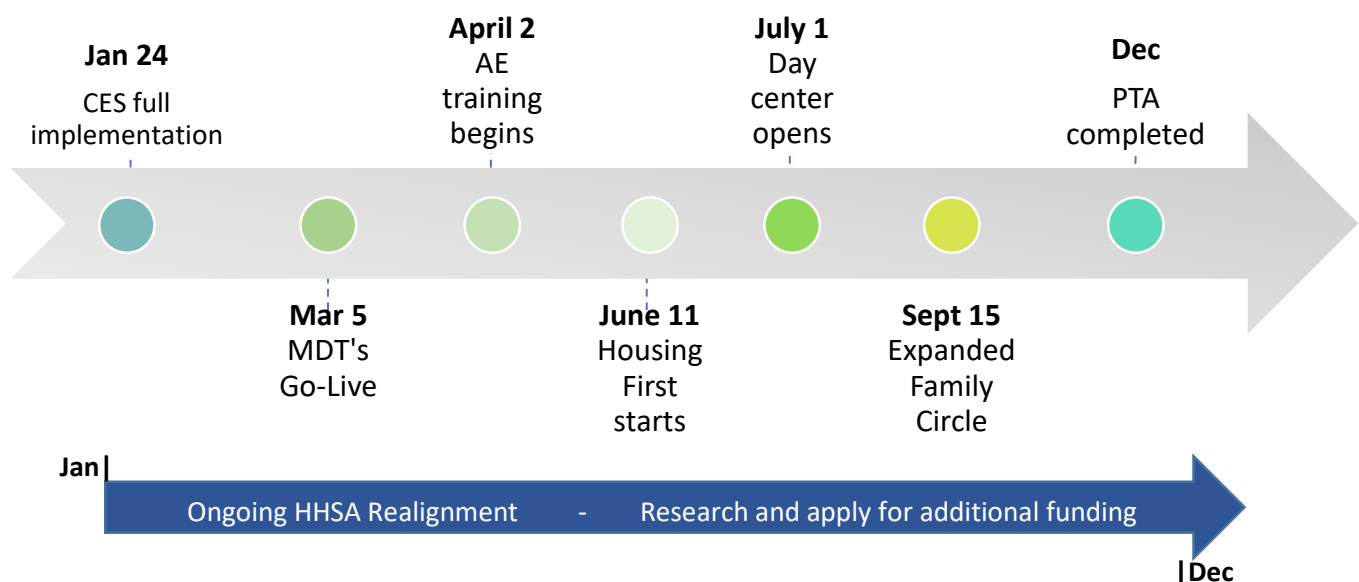
- Homeless services integration and coordination – Joint housing and outreach case management and full implementation of Coordinated Entry
- The development of a day services center (Attachment E)
- Bridge housing – Housing First pilot project, including a medical respite component

Complimentary Items:

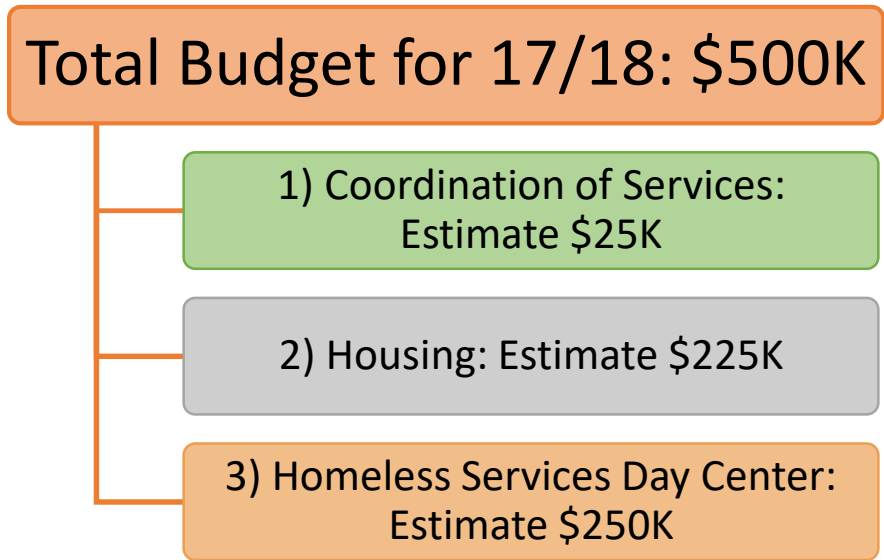
- HHSA training initiative – Assertive Engagement
- Continue to submit grants and seek funding from other sources for homeless initiative
- Nomadic shelter for families supported by faith-based partners
- Full utilization of Bost House residential treatment program

Long Term Goals (12-24 Months)

- Expanded Housing First options; life-saving and cost-saving medical respite program
- Fully integrated 24/7 multidisciplinary homeless services center
- Secure funding for development of permanent housing
- Identify and apply for additional funding for plan sustainability
- Realign HHSA services to prioritize homelessness
- Community Development Block Grant – Technical Assistance (Attachment D)



Budget



Additional funds to be submitted for in year one:

- Housing and Disability Advocacy Program - \$331,000 over 3 years
- SNMH medical respite funds - \$131,000
- HHSA budgeting process and realignment towards BOS priority – TBD
- MHSA Innovation funds - \$1 million over 5 years
- Senate Bill 2 Funds - TBD
- Senate Bill 3 Funds - TBD
- Senate Bill 35 funds - TBD
- No Place Like Home funds – TBD

Future Budget Needs

Future budget needs will be developed by HHSA, proposed to the Budget Subcommittee, and brought to the full Board through the annual budget cycle. Unutilized funds will be reserved in the HHSA fund for future budget cycles.

Plan Details

Year one goals (3-12 months):

“...improve and expand emergency shelter...”

- **Homeless services integration and coordination – Joint housing and outreach case management and full implementation of Coordinated Entry**

Based on recommendations from the Process Improvement Group and consistent with HUD-mandated implementation of Coordinated Entry, HHSA staff will implement a multi-disciplinary housing case management team, strengthen post-housing case management supports and build out coordinated homeless outreach. These teams will be comprised of County, city and nonprofit service partners who will utilize the CES to identify the most vulnerable homeless individuals in the county and prioritize services to these individuals.

These teams will meet regularly to identify appropriate service streams, streamline eligibility, share information and coordinate all services based on identified client needs. To support information sharing (a major gap identified by the Process Improvement Group and the Nevada County Grand Jury Report) for the MDT team, the State of California passed AB210 giving counties and cities recommendations and authority to develop policies that allow the sharing information across the service continuum. County Council and HHSA staff is currently working on a MOU consistent with AB210 recommendations. This element ensures that the County offers services to homeless individuals that are consistent with identified state and federal best practices and requirements.

“...Towards 24/7...”

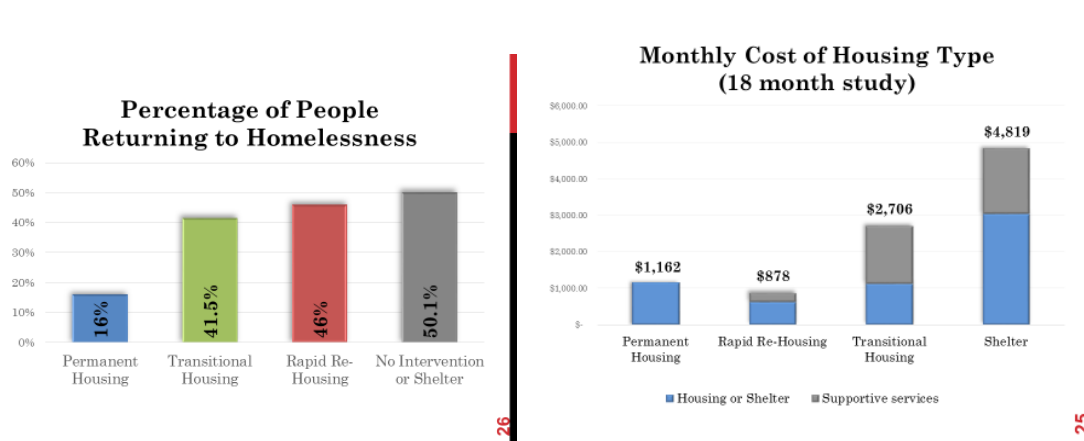
- **The development of a day services center**

HHSA staff will identify a lead agency and contract with them to implement a day services center. A potential candidate for this role is Connecting Point whose staff have begun the process of developing a concept, identify specific needs for a location (i.e. accessibility, space requirements, proximity to other services etc.), and develop a budget (see Attachment D). HHSA staff will have overall oversight and monitoring of implementation with the lead agency developing a scalable plan with options consistent with funding availability. HHSA staff will instruct the lead agency to develop plans that are consistent with a phased approach capable of being built out as new funding is identified and as evaluation of the services identify additional service needs for the center. The day operations center will move the county “towards 24/7” by addressing the need for a place for individuals and families experiencing homelessness to go during the day for basic needs and by providing access to homelessness and housing services at the location.

“...Development of Housing”

- **Bridge housing – Housing First pilot project, including a medical respite component**

HHSA staff in partnership with the Nevada County Housing Development Corporation will secure 12 bed-units of housing for piloting a Housing First program. Housing First is an evidence-based practice that seeks to provide housing with supportive services without pre-conditions (i.e. sobriety) to entry into the program. The MDT teams will provide services and funding secured through Housing and Disability Advocacy Grant program to assist the clients in accessing services and benefits. Stability provided by housing coupled with assertive multi-disciplinary case management produces better client outcomes, reduces the number of clients returning to homelessness, and costs less than other shelter or housing intervention strategies. The Housing First approach has the most success keeping people housed with participants returning to homelessness less than any other housing intervention. While rapid rehousing (housing support with no services provided) is slightly less expensive, participants in these programs are 2.5 times as likely to return to homelessness. Bottom line, Housing First has the greatest success and costs less.



In addition to better outcomes for homeless clients, these strategies magnify cost savings across county services, from jail costs to emergency services costs. Hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses can add up quickly, making homelessness surprisingly expensive for municipalities and taxpayers. For example, the cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy (Section 8/Housing Choice Voucher). Numerous studies have shown that providing people experiencing chronic homelessness with permanent supportive housing saves taxpayers money.

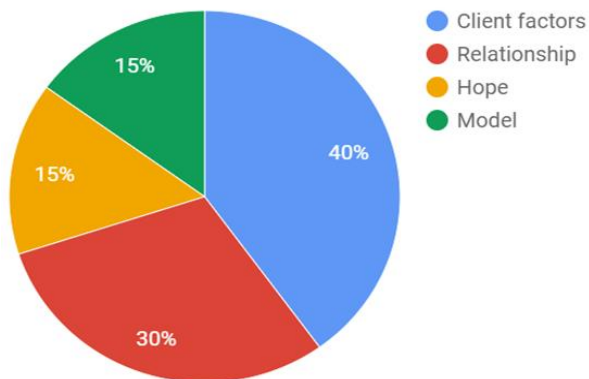
HHSA staff, working with Sierra Nevada Memorial Hospital (SNMH) is exploring options for a homeless medical respite program as part of the Housing First Pilot. SNMH will provide funding to the program to secure a dedicated bed for homeless patients being released from the emergency room. HHSA staff and the discharge coordination team at the hospital have been reviewing data that indicates a high degree of ER service utilization (recidivism) and

readmission rates for homeless patients. A key finding of this analysis is that a relatively small number of homeless patients are incurring a high level of costs. Providing homeless patients with a place to recuperate and then coordinating services during the respite stay has shown a 67% reduction in hospital costs making the hospital a natural partner for this Housing First approach.

Complimentary components for year-one of this plan:

- **HHSA training initiative – Assertive Engagement**

The Process Improvement Group recommendation included input that county staff, nonprofit services providers and advocates who want to help lack baseline training in working with individuals experiencing homelessness who present as having a mental illness or co-occurring disorder. Separately, DSS, library and facilities staff have all expressed a need for training in how to interact with these types of individuals and how to steer these individuals in connecting to services. HHSA staff identified a training, Assertive Engagement, that is adaptable to various setting and services. The training weaves Person Centered Theory, a strength-based approach, and elements of Assertive Community Treatment with motivational interviewing skills, providing trainees with easy to learn skills and useful information that will help County service providers and advocates work with individuals experiencing crisis, mental health issues, or trauma. Its effectiveness is rooted in the Common Factors Theory:



- Common Factors Theory: only 15% of client success is attributable to the model used.
- 85% of factors identified for successful treatment come from client factors, hope, and the relationship between the provider and client

Duncan, B., Miller, S., Wampold, B., & Hubble, M. 2nd Edition (2009) The Heart and Soul of Change: What Works in Therapy. Washington, DC: American Psychological Association

In this graphic, 40% of client success is related to factors that no service provides. Examples include: a mother-in-law letting you move back in, an old friend giving you a place to live, or coming into an unanticipated inheritance. Whatever the factor, Assertive Engagement is about building relationships to support individuals as these client factors become available then leveraging these factors with the relationship you have built with your client, to foster

hope. Assertive Engagement teaches that paying attention to these factors is 85% of what a client needs to embrace change and actively engage in services.

The trainings will first be rolled out as a compliment to the MDT case management and outreach integration strategy. Long term (12-24 months) trainings will be expanded to front line county staff and to community service partners.

- **Nomadic Family Shelter**

In October 2017, HHSA staff reached out to an interfaith group of churches in the Nevada County region to explore opportunities for interfaith actions to address homelessness. The group discussed a variety of ideas and continues to discuss how to foster a shared vision for action and increase communication and coordination between faith communities. Out of these meetings, a group of churches has started the process of implementing a nomadic family shelter called “The Family Circle.” In December, these churches met to begin coordination and implementation of the program. In January, they will pilot the program and begin to take steps to build out the model and take on more families. The initial families will be placed in the Family Circle by Hospitality House. This will eliminate the need for a family room at Hospitality House allowing Hospitality House to expand capacity for homeless single women. HHSA staff will continue to assist the group in expanding the model and will identify ways to connect families experiencing homelessness who are engaged in the CalWORKs Housing Support Program (HSP) to the Family Circle shelter option.

- **Full Bost House Utilization**

With renovations complete and a contracted agency in place (CoRR), HHSA staff will work to ensure full utilization of the facilities 19 beds for residential treatment. Nevada County has opted-in to the Medi-Cal waiver, allowing for Medi-Cal funded residential treatment for individuals enrolled in Medi-Cal. Outreach and Housing MDT’s will coordinate with the Bost administrators to ensure rapid placement of individuals experiencing homelessness into the program. The availability of a local treatment option will expedite placement and allow for ongoing housing case management while the individual is engaged in treatment.

- **Identify and apply for additional funding to be leveraged for future years**

Over the next year, HHSA will work to research and apply for new funding opportunities. The 2017 CA legislative session resulted in numerous homelessness and housing bills and HHSA is working to get clarity on application requirements and when these funds will be made available.

HHSA staff has also begun the process of developing a plan to acquire Mental Health Services Act (MSHA) Innovation funds. This process involves engagement with multiple stakeholders, including the MSHA steering, and a community-based review process. Once a

final plan is approved by the committee and vetted by members of the MSHA oversight and accountability

Implementing a multi-disciplinary housing team strategy, providing a day time location for basic needs and coordinated services, and expanding Housing First opportunities will position Nevada County to be competitive for new state and federal funding opportunities. An example of new funding opportunities that requires CES, Service integration and Housing First programs is the state Housing and Disability Advocacy Program (HDAP, \$331,000). This grant requires that the County use the CES to identify eligible individuals for the HDAP program and to spend funds for housing placement using a Housing First approach.

Long Term Goals (12-24 months)

- **Expanded Housing First options**

HHSA staff will continue to partner with Nevada County Housing Development Corporation to expand the Housing First program and strengthen case management supports provided to participants. The expansion will include securing a Housing First option in the Tahoe-Truckee region to compliment permanent supportive housing funded through HUD.

- **Fully integrated 24/7 multidisciplinary homeless services center**

HHSA staff will utilize the CES and continue to integrate services and hone coordination across the CoC. HHSA staff will work with the lead agency and other service providers to expand service hours and streamline access.

- **HHSA prioritization of Homelessness plan activities**

HHSA staff will finalize fiscal planning for FY 18-19 and will focus on re-alignment of funding to be in-line with the Board's Priority. This will provide additional funds to build out program elements and plan for future phases.

- **Development of permanent housing**

While homeless services and coordination make up the bulk of year one objectives, the overall goal (laid out in the final part of the Board's priority) is the development of housing including low income and supportive housing, multi-family housing, and, in general, housing affordable to median incomes in the area. HHSA staff has been engaged in extensive partner outreach and are coordinating with HCD, RHA, the Mountain Housing Council in Tahoe-Truckee and the HRCS to position the County to receive No Place Like Home and SB2 funds.

Utilizing CDBG funds, HHSa will contract with a consultant to provide specific and detailed recommendations for securing funding for affordable housing and leveraging other available private, state and federal funds. In addition, they will provide recommendations for development of the Housing Element rezone sites including identifying potential developer and the most compatible funding opportunities for development of the sites.

HHSa will work to finalize No Place like Home site selection and identify a developer by January of 2019.

Summary:

Implementation of year one goals will build momentum towards accomplishing the overall BOS objective: the funding and development of permanent housing. Multi-disciplinary housing and outreach teams will close identified gaps in services and bring Nevada County in-line with best practices for providing services to people experiencing homelessness. Implementation of the CES and the Housing First approach will position the county to be competitive for future state and federal grants and funding opportunities. Roll out of a homeless day services center will provide basic services and a place for coordinated services and outreach, building capacity towards 24/7 program operations. Over the next year, HHSa will realign programs to reflect the Boards priority and leverage additional funding streams to support and sustain Nevada County's commitment to address homelessness.