Overview of Homeless System of Care Study Session

Kelli Kuykendall, Housing and Community Services

City Council Meeting

Jenny Abramson, Community Development Commission

September 26, 2017

Patrick Wigmore, HomeBase

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Federal Policies Drive
Sonoma County's Local Efforts

HEARTH Act 2009

- Simplified Targeted Homeless Assistance ("Continuum of Care" funding) rules
- Aligned assistance with evidence-informed practices
- Created funding for Rapid Re-Housing nationwide
- Required Coordinated Entry focusing on most vulnerable, in every community

Opening Doors
Fed Strategic Plan

- Mandated by the HEARTH Act
- Defined metrics for ending homelessness:
  - Immediate access to shelter and permanent housing
- Designated special populations: veterans, chronically homeless, families, youth

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Santa Rosa

HUD Requirements: Continuum of Care

- Engage government, non-profits, homeless and formerly homeless persons, and community to end homelessness

- Adopt Housing First strategies

- Sonoma County 2016 award of $3 million for 19 projects county-wide

- Administered by Community Development Commission
  - Room for organizational improvement

HUD Requirements:
Homeless Data Initiatives

Annual Point-In-Time Homeless Count

Steady decline in homelessness since 2011, due to

➢ Fewer people entering homelessness
➢ Rapid Re-Housing for more than 800 households

Source: Applied Survey Research. (2009-2017). Sonoma County Homeless Census.

Point-In-Time Housing Inventory

Type	Beds
Shelter (year-round)	605
Winter shelter	210
Transitional housing	331
Rapid Re-Housing	339
Permanent supportive housing	812
Permanent supportive housing in development	241

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HUD Requirements: Performance Measurement

Required by HEARTH Act

Incorporated into Commission and City contracts and deliverables

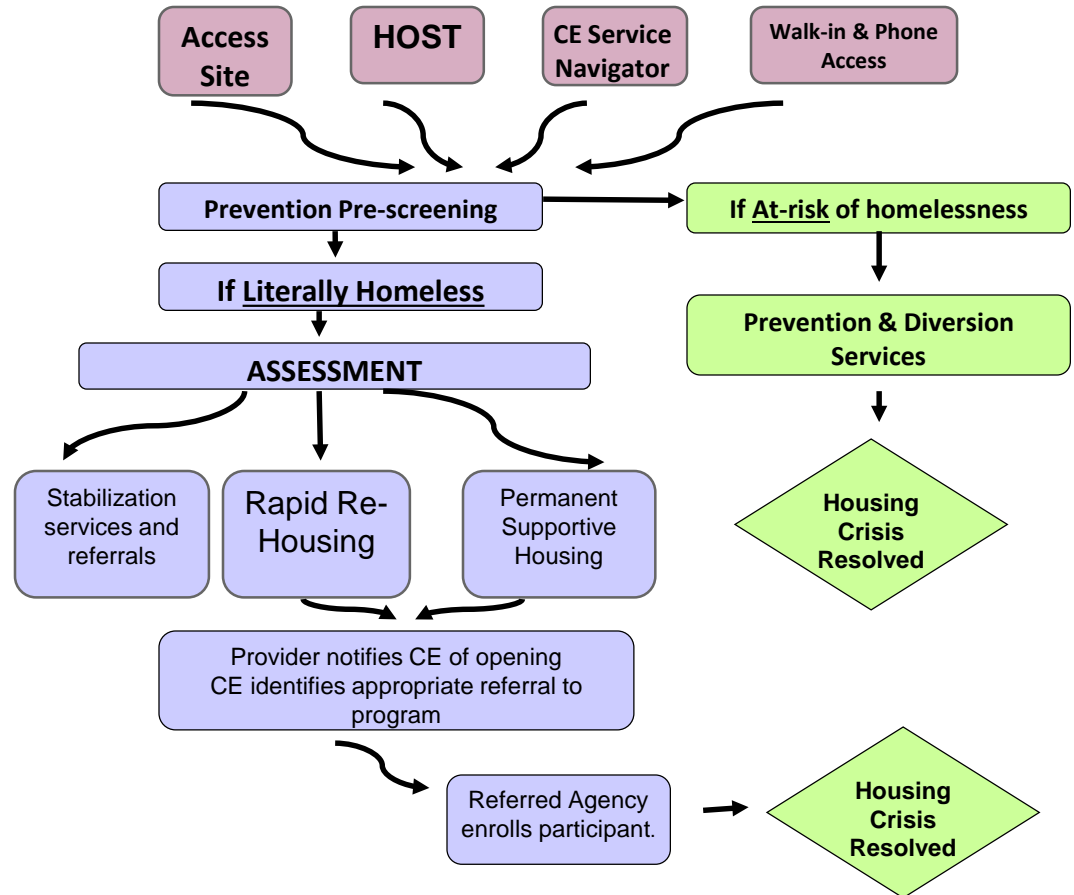| Key Performance Measures	2015-16 Performance	Change from 2014-15
Total number of homeless persons a. Point In Time Count Number b. Served Year-Round	2,906 3,883	-191 +1,257
Rate of Return to Homelessness a. Within 6 months b. Within 12 months c. Within 24 months	14% 6% 28%	-2% -2% -1%
Successful Exits from Homeless Services a. From Shelter or Transitional Housing to Permanent Housing b. Retention of Permanent Housing (by Rapid Re-Housing and Permanent Supportive Housing participants)	a. 37% b. 98%	+1% +6%

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HUD Requirements:
Coordinated Entry System

Planning began 2011

Pilot opened 2015: reduced average days homeless from 196 to 57

Expansion open by January 2018

Access Site → **HOST** → **CE Service Navigator** → **Walk-in & Phone Access**

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Prevention Pre-screening → **If At-risk of homelessness**

↓ ↓

If Literally Homeless **Prevention & Diversion Services**

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ASSESSMENT **Housing Crisis Resolved**

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Stabilization services and referrals | Rapid Re-Housing | Permanent Supportive Housing

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Provider notifies CE of opening CE identifies appropriate referral to program

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Referred Agency enrolls participant. → **Housing Crisis Resolved**

City of Santa Rosa

HUD Requirements:
Housing First Systems

- Low barriers to entry
- Connect people to permanent housing as quickly as possible
- Strategic targeting of Rapid Re-Housing and Permanent Supportive Housing resources
- California law requires system-wide implementation by July 2019

City of Santa Rosa

Sonoma County Funding & Decision Making
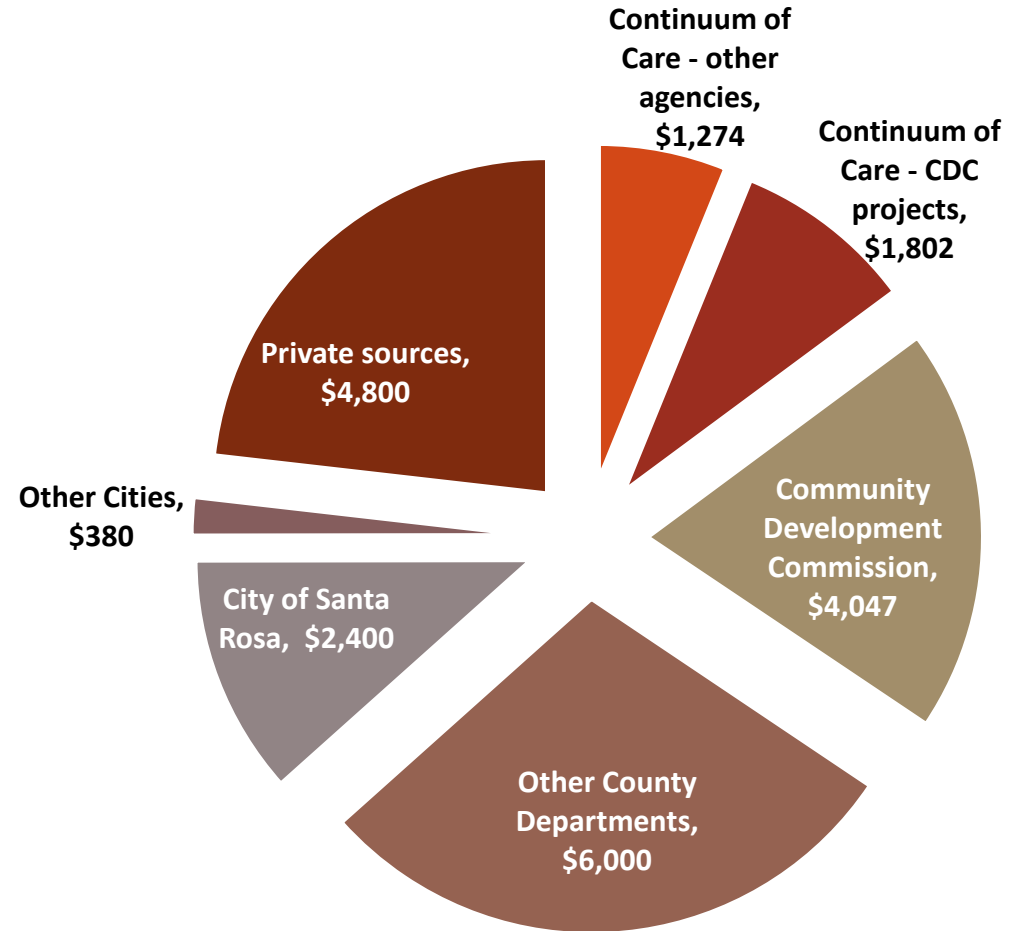
Community Development Commission: $4 million

(plus $1.8 million Continuum of Care funds)

City of Santa Rosa: $2.4 million

Other County Departments Homeless Services Funding: $6 million

Need for better coordination with other funding streams

Homeless Services Funding, 2017-18
(thousands of dollars)

- Continuum of Care - other agencies, $1,274
- Continuum of Care - CDC projects, $1,802
- Community Development Commission, $4,047
- Other County Departments, $6,000
- City of Santa Rosa, $2,400
- Other Cities, $380
- Private sources, $4,800

Local Funders and Decision-Makers

- Other Municipalities: $380,000 in FY 2017-18
- Private Funders: at least $4.8 million in FY 2017-18
  - Community Foundation: $504,500 (including Sonoma Wine Country Weekend)
  - St. Joseph Health Systems: $800,000 Well Being Trust in 2018

Increasing coordination on funding policies and deliverables

Sonoma County Safety Net Services

Strategic Priority: ensure more vulnerable people have better access to services and support they need to improve health and well-being

- Close the gaps in the safety net

- Improve coordination and share data more effectively

- Make it as easy as possible for people experiencing poverty and homelessness to get the help they need

Departments of Human Services, Health Services (including Behavioral Health), Child Support, Probation, Community Development, and the Public Defender

Presented to City Council May 24, 2017

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Sonoma County Safety Net Services

Human Services Examples:

Adult Protective Services

Child welfare, foster care, transition-aged youth

CalFresh, General Assistance, Medi-Cal

Sonoma WORKS

Sonoma County Safety Net Services

Health Services Examples:

No Place Like Home

Whole Person Care

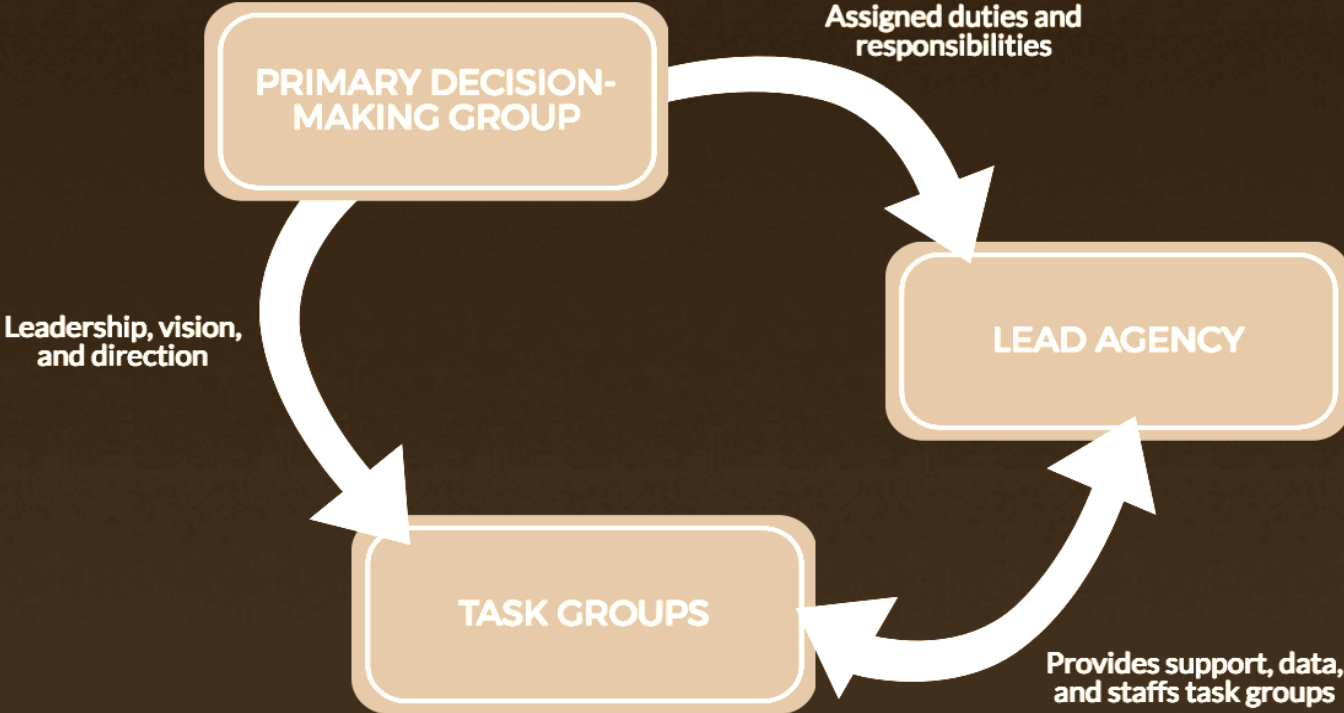Community Intervention Program

Mobile Support Team

Crisis Stabilization

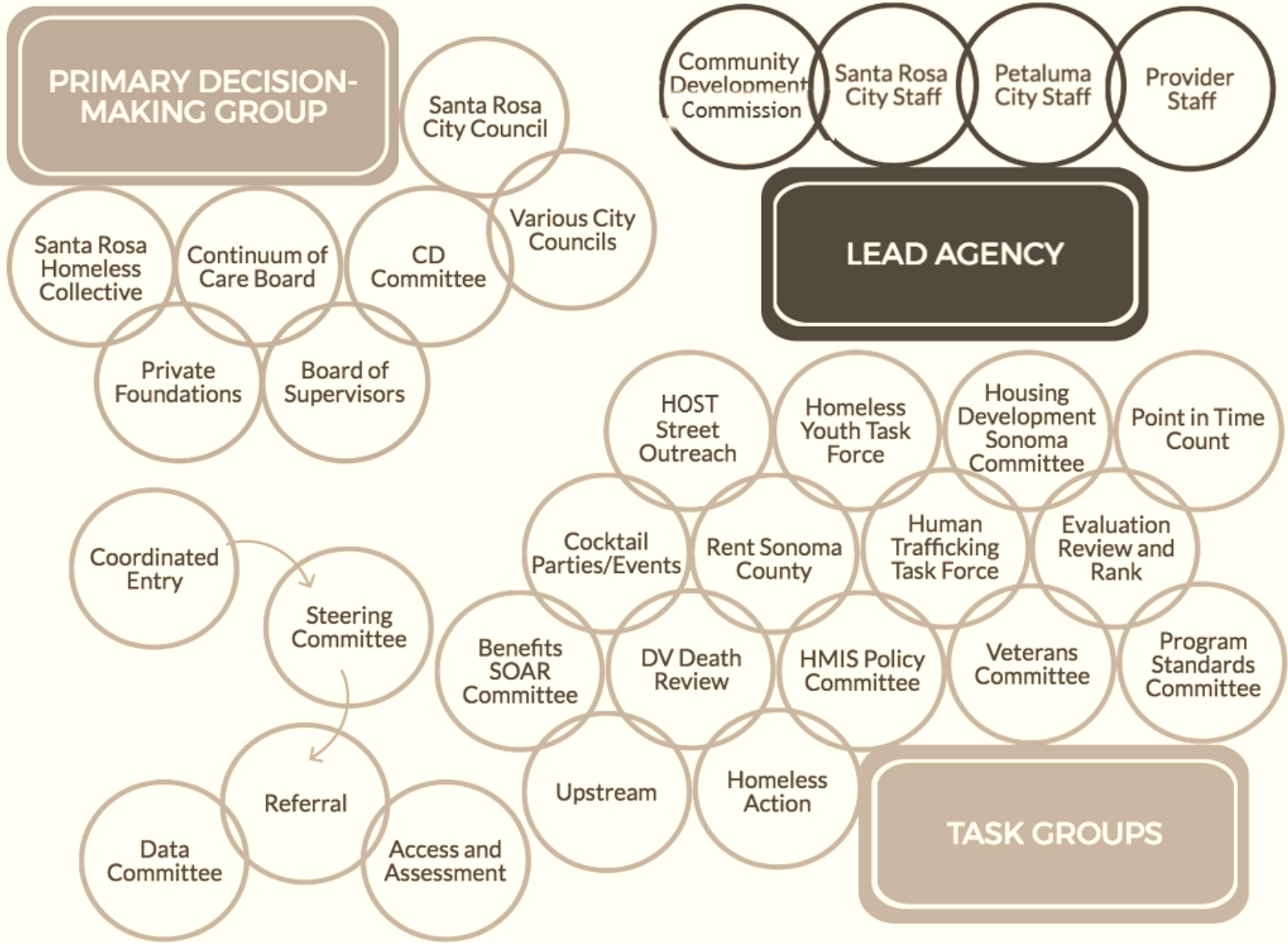# Homeless System Redesign
Call for Change

- Repeated shortfalls in available public funding to meet the need

- Recognition of need to more fully operationalize Housing First

- Large and growing number of groups assuming leadership role

- Providers seek predictability

- Alignment with *Safety Net* and *Housing for All* Strategic Priorities

Homeless System Redesign Scope

- Technical Assistance for Commission
  - o Revise funding policies to address scarce resources
  - o Incorporate performance measures into contracts
  - o Assist with implementation of Housing First practice

- Organizational Assessment
  - o How to best organize vision and decision-making

- HomeBase: National HUD Technical Assistance provider
  - o Patrick Wigmore, Lead

Current Organization

Homeless System Redesign

Next Steps

- Coordinate funding processes and deliverables across jurisdictions and funders

- Drive data integration

- Continue technical assistance for Housing First

- Continue to convene cities and others

- Refresh contracting practices

Preliminary Recommendations

- Rebrand and revise Continuum of Care

- Establish a unified Primary Decision Making body

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Discussion