

## **No Place Like Home (NPLH) Program**

### **Mendocino County 2019 Plan Addressing Homelessness**

#### **Introduction**

In spite of its small rural population, Mendocino County's per capita homelessness rate is one of the highest in the nation at 4%. At 139.5 homeless people per 10,000 population, the rate is almost quintuple California's statewide rate of 29.8 and nearly eight times the nationwide rate of 17.7 per 10,000. In January 2017, Mendocino County's bi-annual Point in Time Homeless Census identified 1,238 homeless individuals, 206 (20%) more than in 2015. Of these individuals, 97% were considered chronically homeless. The county suffers from a lack of affordable housing, with a rental vacancy rate of 3.2%, according to US Census 2012-2016 estimates.

County Behavioral Health and Recovery Services (BHRS) statistics for the Serious Mentally Ill (SMI) population, identify 17% as homeless, pointing to significant gaps between the prevalence of mental health disorders and substance use disorders (SUD) and the number of homeless individuals that receive the treatment and care they need and deserve. Funding from the No Place Like Home (NPLH) grant will support needed housing related services. The devastation caused by recent fires includes 3,000 homes and structures, and vacancy rates have dropped to 0%. Mendocino County is in great need of more affordable housing.

The Health and Human Services Agency (HHSA), BHRS is a Division residing under this Department, will use NPLH funding to develop permanent supportive housing for people who are homeless who also have serious mental illness. Project activities will be guided by the following principles:

- Housing first, followed by integrated care management to address non-housing barriers;
- No wrong door;
- Trauma-informed and recovery-focused practices;
- Client choice, respect, and empowerment;
- Crisis resolution and removal of barriers; and
- Use of best practices for integrated treatment of co-occurring disorders.

#### **Planning efforts**

Mendocino County's *2019 Plan Addressing Homeless* was prepared by the Mendocino County Health and Human Services Agency (HHSA) and is the result of numerous collaborative planning efforts that have taken place over the past two years, including the programs listed below:

- HHSA Presentation to the County Board of Supervisors on Housing and Homelessness (2018)
- California Department of Social Services Home Safe Program (2018)
- California Department of Health Care Services Whole Person Care Pilot Program (2017)
- SAMHSA Grants for the Benefit of Homeless Individuals, Finding Home Project (2017)
- Partnership HealthPlan of California Local Innovation Grants on Housing (2017)

- California Board of State and Community Corrections Proposition 47 Grant Program: Mental Health Services, Substance Use Disorder Treatment and Diversion Programs for People in the Criminal Justice System (2017)
- California Department of Social Services Housing and Disability Advocacy Program (2017)
- Homeless Services Needs Assessment and Strategic Action Step Recommendations, Marbut Consulting (2017-2018)

Through the range of projects and other activities listed above, the County has received extensive input from all sectors of the community, as detailed below:

**County representatives.** Leadership and line staff from county departments (behavioral health, public health, probation, social services, and housing) participated in planning the range of funding applications listed above.

**Homeless Continuum of Care (CoC) and housing and homeless services providers.** In Mendocino County, the CoC is housed within the HHSA. Through the CoC's more than 30 participating partners, HHSA solicited input from diverse housing and homelessness services providers.

**Community Clinics and Health Centers.** Representatives of local clinics and health centers were involved in planning several grant applications.

**Public housing authority.** The Community Development Commission of Mendocino County (CDC), the county's public housing authority, actively participated in planning activities for several grant applications.

**Family caregivers and persons living with serious mental illness.** Input from family caregivers and persons living with serious mental illness were sought through advocacy groups and service organizations such as the local National Alliance on Mental Illness (NAMI) chapter and Manzanita Services.

## **Homeless Plan Project Goals**

Goal 1. Develop continuum of housing resources.

- Develop shelter resources, including a year-round shelter in Ukiah.
- Increase inventory of permanent supportive housing.
- Consolidate day service centers in Ukiah.
- Develop funding resources for housing for all populations.

Goal 2. Support self-sufficiency by providing intensive care management and related services.

- Provide integrated, tiered care management.
- Provide integrated mental health and substance use disorder treatment.
- Establish Homeless Outreach Team.
- Ensure access to primary health care, health homes, and wrap-around support.
- Prioritize peer support and involvement.

Goal 3. Increase coordination to maximize efficiency and effectiveness of services.

- Provide professional development opportunities.
- Solicit client input on services and outcomes.
- Create county position to oversee development of additional housing.

### *Timeline*

With many resources and components already in place, HHSA anticipates that both the Non-Competitive and the Competitive NPLH projects will be up and running by December 2021.

### *Current Efforts and Initiatives*

Mendocino County's Health and Human Services Agency (HHSA) procured the services of Marbut Consulting to conduct a Homeless Services Needs Assessment and to develop Strategic Action Step Recommendations

In order to develop practical recommendations, Marbut Consulting:

- Conducted a wide range of interviews with stakeholders,
- Conducted a series of site visits and tours of service providing agencies,
- Interviewed individuals experiencing homelessness,
- Studied and inventoried homeless services throughout Mendocino County,
- Examined prior Point-in-Time-Count reports,
- Analyzed statistics and reports from local agencies,
- Made street-level observations,
- Developed and conducted a 40-question survey of individuals experiencing homelessness,
- Did ride-a-longs with local law enforcement agencies,
- Posed as a person experiencing homelessness in order to understand what it is like to be homeless in this area and to better understand the movement and circulation of the homelessness community.

Current efforts to address homelessness include the HHSA Whole Person Care Pilot Project, Finding Home project, and capital projects funded through the Partnership Health Plan of California. Through these projects the County is increasing resources for serving the homeless population, focusing especially on people with severe mental illness and/or substance use disorders.

### *Efforts of local jurisdictions*

In addition to county-led projects, efforts underway in local communities include a City of Ukiah project implemented in collaboration with Ford Street Project to provide a police officer dedicated to transient issues and recidivism reduction. The City of Fort Bragg, working in partnership with Mendocino Coast Hospitality Center, has developed a homeless service center that includes five units of transitional housing.

Efforts to mitigate criminalization of homeless include the county's Adult Drug and Behavioral Health Courts and the Whole Person Care Pilot Project. Through Whole Person Care, collaboration between homelessness providers and law enforcement agencies are increasing, resulting in more appropriate management of homelessness issues.

## **HOMELESSNESS IN MENDOCINO COUNTY**

Mendocino County's 2017 Point-in-Time Count identified 1,238 homeless individuals, 20% more than were counted in 2015. Assuming that the homeless population renews itself at least two times every year, with two additional people becoming homeless for every homeless person counted at a point in time, HHSA estimates that 3,714 Mendocino County residents (4% of the county population) are experiencing one or more episodes of homelessness annually. Note that the annual count relies largely on service providers and focuses on people who are in shelters or on the streets. Since not all people experiencing homelessness utilize service providers, the actual numbers of people experiencing homelessness are likely higher.

The 2017 count provided the following details for the county's homeless population:

- Gender identity: 32% female, 67% male, <1% transgender.
- Sexual identification: Although these data have not been tracked locally, US Census data indicate that 3.7% of Mendocino County residents are lesbian, gay, or bisexual (compared with 3.2% statewide).
- Ethnicity: 91% non-Hispanic, 9% Hispanic.
- Race: 83% White, 13% Native American, 3% Black, and 1% of other, multiple, or unreported ethnicity.
- Age: Of the total population counted, 2.6% were under age 18, 3.8% age 18 to 24, and 93.6% age 25 or older.
- Geography: Of the total number of persons included in the count, 28% were on the coast, 22% in north inland communities, and 50% in south inland communities.
- Housing situation: Of those counted, 9% were lodged in an emergency shelter, 4% were in transitional housing, and 87% were unsheltered.
- Family situation: The count included 1,137 (92%) persons who were single adults. Other household types included 42 unaccompanied youth, and 59 persons in households with children.

At the time of the 2017 Point-In-Time count, 259 homeless persons also completed a more detailed survey that identified 24 (9%) veterans, 105 (41%) victims of domestic violence, and 110 (42%) persons identified as chronically homeless. When asked to identify the life challenges that were keeping them from holding a job or living in stable housing, their responses included chronic substance use (10%), mental illness (32%), and physical disabilities (20%).

## **SERVICE AND OUTREACH CHALLENGES**

HHSA believes that the primary barrier to serving NPLH-eligible individuals and families is the county's current lack of adequate permanent supportive housing resources. Housing in general has always been a challenge in the county, and this situation has been exacerbated by the wildfire disasters of the past three years. Since the summer of 2015, eight major wildfires have devastated significant portions of Mendocino County as well as more than half of neighboring Lake County. The fires destroyed some 3,000 homes and other structures and wreaked havoc on individuals, families, businesses, communities, the environment and now-charred landscape, and the area economy. While the American Community Survey's 2012-2016 Five-Year Estimates show a rental vacancy rate of 3.2% in Mendocino County, since the devastation of housing stock by recent fires rental vacancy rates have dropped to 0%. One realtor described the situation as a negative vacancy rate, since multiple families are living in single-family rentals.

Other challenges include:

- The early stage of development of the Coordinated Entry System (CES). The county's CES is functioning, but needs to be used more comprehensively and systematically by more service providers.
- High rates of co-occurring disorders. HHSA estimates that 37% of the individuals with serious mental illness who are currently being served by the county have co-occurring disorders, reflecting epidemiological data that point to the high prevalence of comorbidity.<sup>1</sup>
- High rates of criminal justice involvement among homeless population. Many homeless people cycle repeatedly between the streets, emergency shelters, jails, and hospital emergency rooms. County Courts reports that 60% of Adult Drug Court participants and 53% of Behavioral Health Court participants are homeless at program entry.

Identified service gaps include:

- Emergency shelter beds for the Northern County region.
- Affordable permanent supportive housing countywide.
- Treatment options for homeless persons with co-occurring disorders.
- Shelter for victims of domestic violence on the coast.
- Transitional housing for individuals moving out of shelter who are not yet ready for permanent housing.
- Job training and placement tailored to address the special needs of the chronically homeless.

## **COUNTY AND COMMUNITY RESOURCES ADDRESSING HOMELESSNESS**

### *County and City resources*

Over the past two years, Mendocino County has made significant progress in its efforts to alleviate homelessness, demonstrated by the previous listing of current projects and funding applications. In mid-2018, HHSA completed a comprehensive review of existing housing and service resources for the homeless; the listing is provided in Appendix A.

It should be noted that the CDC of Mendocino County, Housing Authority receives 1.5 Million Dollars annually for Permanent Supportive rental housing as tenant based rental assistance. It is difficult, however, to locate rentals with the above listed problems with available rental housing. This effectively housed about 120 households annually who might otherwise be homeless.

The City of Ukiah recently approved a homeless resource center that will be co-located with the community's winter shelter. Once opened, the resource center will operate seven days a week year-round, although overnight services will only be available during the winter months. Redwood Community Services has purchased the property and will operate both the resource center and the homeless shelter. Plans for the resource center include bathroom and laundry facilities, internet access, and counseling services. The Ukiah Valley Medical Center's Street Medicine Program, the Mendocino County AIDS and Viral Hepatitis Network, and Ford Street Project will provide co-

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<sup>1</sup> National Institute on Drug Abuse (2010). Co-morbidity: addiction and other mental illnesses. ([www.drugabuse.gov/sites/default/files/rcomorbidity.pdf](http://www.drugabuse.gov/sites/default/files/rcomorbidity.pdf)).

located services. Redwood Community Services has requested a permit for up to 60 beds for the winter shelter, an increase from the shelter's current 44 beds.

Ukiah has also secured funding from the California Department of Finance to cover costs of a police officer dedicated to transient issues and recidivism reduction over a seven-year period. The officer is working directly with Ford Street Project and other partners, including mental health service providers (e.g., Manzanita Services and Redwood Community Services), Mendocino Community Health Clinic, Ukiah Valley Medical Center's Street Medicine Program, Redwood Community Services Day Shelter, and Plowshares community dining room.

The City of Fort Bragg City used Community Development Block Grant (CDBG) funds to acquire the former Old Coast Hotel and partnered with Mendocino Coast Hospitality Center to develop the facility as a central location for homeless and mental health services. The facility provides case management and support for people with mental health problems; case management and support for people who are or have been homeless; wellness center activities and programming; and five rooms of transitional housing.

Other efforts to mitigate criminalization of homeless include the county's Adult Drug and Behavioral Health Courts and the Whole Person Care Pilot Project. Through Whole Person Care, collaboration between homelessness providers and law enforcement agencies is increasing, resulting in more appropriate management of homelessness issues.

#### *Community-based resources*

A sampling of existing supportive services is provided below. For a more comprehensive listing, see Appendix B.

*Table 1. Sample supportive services available in the community*

<b>Supportive service</b>	<b>Where service is provided</b>
12-step programs	Varies
Peer support group	Arbor, Ford Street Project and Manzanita Services
Residential treatment	Ford Street Project
Medical care	Ukiah Valley Medical Center
Transportation	Manzanita Services, Mendocino Transit Authority Vouchers
Drop-in centers	Arbor, Manzanita Services
Life skills training	Varies
Employment	General Assistance, job development and placement, Mendocino Private Industry Council
Community kitchens and food banks	Willits Community Services, Ford Street Project, Fort Bragg Food Bank, and Willits Daily Bread

#### *Partners in ending homelessness.*

HHSA partners with a range of jurisdictions and organizations to address homelessness. As noted above, the county's Continuum of Care is housed in and staffed by HHSA.

*Table 2. Selected partners in addressing homelessness*

<b>Partner</b>	<b>Roles and responsibilities</b>
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<b>Partner</b>	<b>Roles and responsibilities</b>
Arbor Youth Resource Center	The Arbor is a service hub for homeless transition-age youth and provides care management, mental health support, and ancillary and wraparound support services. The Arbor is a program of Redwood Community Services.
Community Development Commission of Mendocino County (CDC)	The CDC operates a number of housing programs for Mendocino County residents, including the Housing Choice Voucher Program (Section 8), Permanent Supportive Housing (formerly Shelter Plus Care) and HUD/VASH Veterans permanent supportive Housing tenant based rental assistance. CDC Was recently awarded additional rental assistance in the form of Family Unification Program Housing Choice Vouchers, Mainstream Vouchers, and an increase to 108 HUD/VASH vouchers. Additionally, CDC acquired two 15 unit developments of rental housing in December of 2018, thus assisting in maintaining affordability of this rental housing, and providing more rental options for households with tenant based rental assistance. CDC partnered with a local developer to attached HUD/VASH project based vouchers in a new tax credit senior development. CDC recently released a RFP for Project Based Vouchers, and received 3 proposals from developers who are either building new housing or are acquiring housing for rehabilitation. These partnerships could result in maintaining affordability for units as well as development of additional units of affordable housing.
Ford Street Project (FSP)	FSP was established as a nonprofit in 1974 with the mission of assisting the addicted and homeless of Mendocino County to attain sobriety and improve self-sufficiency. In addition to its residential treatment and detox programming, FSP is a safety net provider of shelter, transitional housing, and a food bank and serves some 2,000 people each year.
Manzanita Services	Manzanita Services is an adult behavioral health peer support provider whose services include specialty behavioral health care management and therapeutic services, wellness education, health navigation, housing support, self-education groups, benefits advocacy, and vocational rehabilitation support.
Mendocino Coast Hospitality Center (MCHC)	MCHC has been operating a shelter for the homeless on the Mendocino County coast since 1986 and has been licensed to provide mental health services since 2013. MCHC's mission is "to shelter the homeless, feed the hungry, and provide a path to personal self-sufficiency." MCHC has recently expanded its programming to include additional services for the homeless and mentally ill, such as transitional housing, care management, vocational services, and mental health services. MCHC provides services to more than 350 people each year.
Mendocino County Office of Education (MCOE)	MCOE provides outreach, education, and technical assistance for Homeless Liaisons in the county's 13 school districts and coordinates with local partners to ensure that homeless students receive the support and services they need. #'s?

<b>Partner</b>	<b>Roles and responsibilities</b>
Redwood Community Services (RCS)	RCS is a 501c3 nonprofit established and licensed in 1995 to provide foster care, mental health services, and other support for high-risk children and youth. RCS is licensed to provide substance use disorder treatment to transition-age youth since 2014. All RCS programs operate with the understanding that effective and appropriate support and strong partnerships can make a difference in people's lives by helping to heal relationships. RCS serves approximately 2,400 people each year, and over the past 20 years the organization has placed more than 5,000 at-risk children in foster homes, transitional housing, group home placements, therapy, rehabilitation, and therapeutic behavioral support. Through the Arbor, RCS also has years of experience providing shelter, substance use disorder and mental health treatment, and other services to homeless youth.
Adventist Health Ukiah Valley Street Medicine Program	The Street Medicine Program works to improve the health and mortality of homeless and at-risk individuals by deploying a team of healthcare professionals and trained volunteers to provide health care services without direct charge to patients via a mobile clinic, along with social work case-management and outreach. From a metrics standpoint, objectives are to deliver a 20% reduction in emergency room utilization and a 20% reduction in Length-Of-Stay (LOS) for inpatient hospital visits.
Willits Community Services	Willits Community Services works to cushion the effect of short- and long-term unemployment, poverty, and crisis by providing temporary food and other assistance to families and individuals.

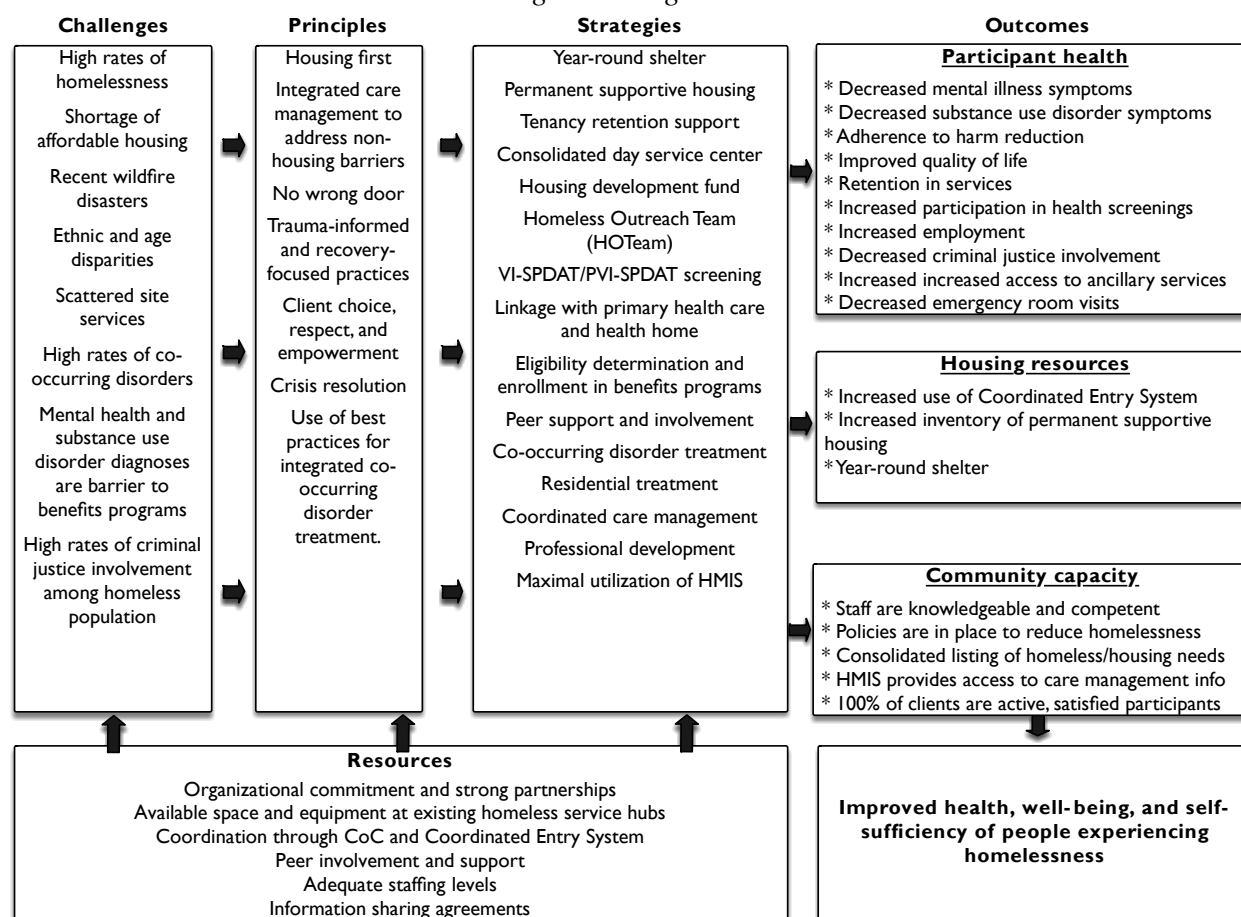
## **SOLUTIONS TO HOMELESSNESS**

HHSA will use NPLH funding to develop permanent supportive housing for people who are homeless who also have serious mental illness. Working with community partners will ensure that clients have access to a range of services, such as peer support, drop-in centers, vocational training, etc. Project activities will be guided by the following principles:

- Housing first, followed by integrated care management to address non-housing barriers;
- No wrong door;
- Trauma-informed and recovery-focused practices;
- Client choice, respect, and empowerment;
- Crisis resolution and removal of barriers; and
- Use of best practices for integrated treatment of co-occurring disorders.



Figure 1. Logic model



The County's overarching goal is to develop additional housing stock for all economic sectors and in all geographic areas of the county. Goals and associated objectives and strategies are drawn from the Mendocino County Community Health Improvement Plan (2017), Homelessness Needs Assessment and Action Steps for Mendocino County (2018) prepared by Marbut Consulting, Mendocino County Abbreviated Consolidated Plan: Continuum of Care for the Homeless (2011-2016 Draft) and Mendocino County Regional Housing Needs Plan (2018) prepared by Mendocino County Council of Governments.

Table 3. Goals and strategies

Objectives	Strategies
<b>GOAL 1. Develop continuum of housing resources.</b>	
Develop shelter resources	<ul style="list-style-type: none"> <li>• Open year-round shelter in Ukiah</li> </ul>
Increase inventory of permanent supportive housing	<ul style="list-style-type: none"> <li>• Seek funding to increase available housing</li> <li>• Utilize No Place Like Home funding for new permanent supportive housing</li> <li>• Provide tenancy retention support to tenants and landlord(s)</li> </ul>

Objectives	Strategies
Consolidate day service centers in Ukiah	<ul style="list-style-type: none"> <li>• Increase coordination among service providers to create single service center</li> </ul>
Develop funding resources for housing for all populations	<ul style="list-style-type: none"> <li>• Establish housing development fund through Economic Development and Financing Corporation (EDFC)</li> <li>• Create county position to oversee development of additional housing for all populations</li> </ul>
<b>GOAL 2. Support self-sufficiency by providing intensive care management and treatment services.</b>	
Provide integrated, tiered care management and services	<ul style="list-style-type: none"> <li>• Establish Homeless Outreach Team (HOTeam) as a primary tool for engaging homeless people in services</li> <li>• Complete VI-SPDAT and PVI-SPDAT as appropriate through the CES</li> <li>• Ensure access to primary health care, health homes, and wrap-around support</li> <li>• Advocate for and enroll participants in benefit programs</li> <li>• Prioritize peer support and involvement</li> <li>• Provide integrated mental health and substance use disorder treatment</li> <li>• Develop residential treatment resources</li> </ul>
<b>GOAL 3. Increase coordination to maximize efficiency and effectiveness of services.</b>	
Ensure optimal benefit from permanent supportive housing facilities	<ul style="list-style-type: none"> <li>• Provide professional development opportunities for Continuum of Care partners and their staff members</li> <li>• Solicit client input on services and outcomes</li> <li>• Ensure fullest utilization of HMIS as a case management tool</li> </ul>

These are the goals and recommendations that were developed through the Marbut Project in partnership with HHSA. The Mendocino County Homeless Services Continuum of Care has also committed to implementing these goals, and when implemented will support the NPLH approach to serving homeless MH/SUD individuals.

#### Governance and County-wide Strategy Recommendations

1 – Create A Shared Understanding. Develop a common understanding of the homeless problem among relevant stakeholders, including a common language, to assure all community members have a shared understanding of the scope, scale and structure of Mendocino’s County-wide plan.

In order to have meaningful dialogue toward the successful implementation of the Strategic Action Steps below, the community needs a common point of departure. This shared starting point must include a shared understanding of the different cohorts of individuals that make up the homeless population in order for there to be a recognition of distinctions between these different cohorts.

Overall, this researcher found a surprising high level of consensus around many of the issues facing Mendocino community. However, when referring to homeless issues and groups of homeless individuals, local residents use a variety of terms to describe the same issues and individuals. This lack of common language unnecessarily prevents cohesion for understanding the root causes of the challenges facing the community. Developing a common language will increase the recognition that common understanding of the problems exist and will improve the deployment of limited resources.

2 – Create One Overarching Strategic Action Plan. Once a common understanding is developed for the challenges of homelessness facing Mendocino County. The community can then move to accept and/or amend and/or reject the specific recommendations and consolidate these recommendations into specific strategic action steps.

3 – Make Data Driven Decisions. Move to making decisions that are backed by hard data rather than making decisions that are based upon assumptions, intuition, or observation.

Whenever possible, decision making processes will start with analyzing available data. Efforts will be made to ensure that accurate and sound data collections systems are utilized. Data will be gathered and analyzed from a number of sources. This analysis will inform strategies and decisions for implementing tactical actions (as further described in strategy #7).

4 - Move to System-Centric Approach. Mendocino County will move to a fully coordinated and integrated “systems-approach” strategy to funding that is based upon performance, partnership, and collaboration. This can be accomplished effectively through changes in funding requirements by Mendocino County, the Continuum of Care (MCHSCoC) and other funding organizations.

The goal of this system-centric approach is to create a single, coordinated, holistic system of care that moves individuals from the streets and encampments into formal service programs.

5 - Increase Agency Service Specialization. In order to increase service effectiveness and decrease duplication of efforts, Mendocino County will encourage agency specialization so that agencies can focus on and master specific services in order to increase efficiencies, effectiveness, increase core competencies, and decrease duplication of services.

6 - Increase Utilization of the Overall System. Mendocino County will strive to operate at maximum capacity by focusing whenever possible on reducing governmental restrictions, organizational operating procedures, and inter-agency contract restrictions that lends itself to underutilization. Mendocino County will work with agencies to reduce institutional impediments that impede 100% utilization of physical capacity 100% of the time. This is especially critical since the housing vacancy rate is so low in Mendocino County.

7 - Prioritize full implementation and utilization of the Homeless Management Information System. The Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. HMIS can provide a common language and understanding of the problem of homelessness; it will be used to collect data, monitor agency performance, and track service utilization. These are all data points needed to make strategic data-driven decisions.

8 - Encourage All Organizations and the General Public to Engage Individuals Experiencing Homelessness. In order to maximize positive outcomes, efforts should be provided within the context of a comprehensive holistic recovery environment that encourages empowerment and discourages enabling.

Recovery very seldom occurs on the street, instead, recovery most often occurs when an individual is actively engaged in a 24/7 treatment/recovery program. Mendocino County services will be available to those individuals who want help. Likewise, individuals who turn down help, will not be enabled to continue “hanging out”. Services will be structured to encourage engagement and program participation.

9 - Improve Strategic Coordination Between the County and Cities. The Mendocino County and its city governments need to be less siloed, and much like other agencies, prioritize collaboration and strategic partnerships. It is important that all changes of services, whether at the tactical or strategic level, be implemented on a regional basis whenever possible. Efforts must be made throughout the County and all its municipalities to focus on solutions that do not relocate problems and challenges to other parts of the community or to other communities. Collaborative solutions will increase the success of solving problems for the entire community.

## **NO PLACE LIKE HOME DATA COLLECTION IN MENDOCINO COUNTY**

To ensure compliance with NPLH reporting requirements, at the beginning of the project, HHSA will draft policies and procedures on timely data collection, reporting, quality indicators, and outcome measures. HHSA will enter into formal contracting and/or MOU arrangements between all participating entities. Contracts will include a clear scope of work with deliverables, timelines, and specification of services, including reporting requirements and timelines.

HHSA has extensive experience with federal and state grant processes, including mandated reporting of measures and comprehensive evaluation studies. HHSA and its partners, including project sponsors, are willing and able to collect the data required by the program (see Appendix C for listing of required data.) Existing data collection systems, including the Continuum of Care HMIS, currently track many required measures and the systems will be updated as needed to ensure that all data are available for reporting to HCD. Through the Whole Person Care Pilot Project, partners are developing a data subsystem to provide access to client data to service providers. Reports generated from the database will be analyzed to assess effectiveness of interventions and strategies as well as patient outcomes, and used for quality improvement and change management. Through HHSA’s close working relationships with local clinics and hospitals,

including existing data sharing protocols, HHSA is confident that required data will be accessible for reporting to HCD.

Partners that are participating in the CES use the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) tool to assess the needs and priority status of homeless clients. The VI-SPDAT is a pre-screening tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. The VI-SPDAT allows service providers to prioritize the universe of people who are homeless based on the acuity of their needs by assessing a broad range of protective and risk factors, such as support networks, deep poverty, domestic violence, disability, and employment history. Using VI-SPDAT throughout the community allows providers to move beyond assisting only those who present at their particular agency and work together to prioritize all homeless people in the community by creating a single database of people experiencing homelessness.

Some data sharing hurdles have been overcome through the county's development of the HMIS and more recent data sharing agreements between healthcare providers. To further increase data sharing, the Continuum of Care is working to adapt the HMIS to accommodate data from the Vertical Change platform used by the Ukiah Valley Street Medicine Program and the LEAP platform used by Adult Protective Services.

## **COORDINATED ENTRY SYSTEM (CES)**

The Continuum of Care began development of a Coordinated Entry System in 2016 and is moving forward toward full implementation, with many CoC partners already using the system to assess, serve, and refer homeless clients. The official Front Doors for Coordinated Entry are Mendocino County AIDS/Viral Hepatitis Network and Redwood Community Services Arbor Youth Resource Center for transition age youth, both of which are in Ukiah, and Mendocino Coast Hospitality Center in Fort Bragg. Additional providers that enroll people they are serving in the CES, though they are not considered Front Doors, include Mendocino County Youth Project, the Redwood Community Services Inland Winter Shelter, Manzanita Services, Adventist Health Compass (case management) team, and Ford Street Project. In addition to these organizations, several housing providers use the CES for referrals to their programs, including: Community Development Commission of Mendocino County (permanent supportive housing), Mendocino Coast Hospitality Center (rapid re-housing and transitional housing), Redwood Community Services (rapid re-housing), Rural Communities Housing Development Corporation (Willow Terrace permanent supportive housing), and Mendocino County Youth Project (transitional housing and shelter for transition-age youth).

All homeless service providers who have housing resources need to participate in the coordinated entry system (not just HMIS), so that there is a systemic response, and folks are placed / referred to the most appropriate housing resource available.

Going forward, HMIS could become much more robust and powerful, and HMIS could move from being a passive score-keeper to being a proactive case management tool within a truly integrated case management system. A high functioning and universally utilized HMIS system

could become the e-backbone to a “County-wide virtual case management system” [See Recommendation 13 Below].

In order to promote universal agency participation, all funding to any service agency provided by any governmental source and/or from a foundation should become contingent on the service agency being a proactive participant within HMIS. Carrots need to be created to encourage agencies to use HMIS.

Additionally, in order to maximize agency use of HMIS, a system-wide all-agency information release-form should be developed and utilized by all agencies.

Simply put, HMIS data entry needs to be in “real-time,” it needs to be universal and it needs to extend well beyond HUD-funded programs in order to facilitate coordination of care across the entire service Continuum of Care (CoC).

To foster client engagement and participation, partners strive to offer same-day intake and assessment, even though regulations allow up to ten days for completion of this process. Providing services as quickly as possible demonstrates to clients that the program has something to offer them, and encourages their participation by minimizing the time consumed by intake and assessment procedures to create an atmosphere of collaboration and relationship-building.

To ensure that persons experiencing or at risk of homelessness are aware of the assessment and referral process to access available housing, HHSA outreach and education strategies will include the following:

- Partnering with the Street Outreach Program and other outreach programs will support the identification and engagement of homeless people where they are most likely to be found—on the streets and in local gathering places. The Street Medicine Program and other community organizations that conduct street outreach in homeless encampments, community kitchens, homeless and domestic violence shelters, and needle exchange sites will refer people to the program through the CES.
- Staff of community-based organizations and resource centers that serve homeless people (e.g., the Arbor, Ford Street Project, hospital emergency rooms, law enforcement, Manzanita Services, Mendocino Coast Hospitality Center, Mendocino County AIDS/Viral Hospitality Network/MCAVHN, Mendocino County Office of Education, Mendocino County Youth Project, RCS, Willits Community Services, and local senior centers) will refer clients to the program through the CES.
- Linkages with the county crisis and 211 phone lines will ensure that calls are referred to a knowledgeable individual who can explain how to access services.
- Through the CoC, staff will share information about the program with soup kitchens, food banks, property management offices, etc., so that they can effectively communicate the program to their clients.

HHSA will work with CoC members to develop outreach materials, including: news articles; public service announcements on local Spanish and English radio stations; social media postings; brochures, posters, and flyers distributed to senior centers, mental health resource centers, family resource centers, markets, libraries, and laundromats; and messages for publication in newsletters and communication sheets distributed by schools, faith-based groups, and other organizations. Outreach materials will be written in easy-to-understand language and will include: eligibility

criteria, screening and application procedures, service locations, benefits of participation, and responsibilities of both service providers and clients. Although most participants will be English speakers, some may require Spanish language assistance, and all materials will be developed in both Spanish and English.

### **No Place Like Home Behavioral Health Services – Strengthening Existing Efforts and Building a Sustainable Infrastructure**

As discussed above, beginning in 2017, Mendocino County’s Health and Human Services Agency has not only has facilitated countywide efforts, but has also participated with local municipalities in collaborative planning to address homelessness. By building on these recent past efforts, planning for the No Place Like Home (NPLH) Project has already helped to strengthen relationships of participating entities, as they come together to work towards shared goals of improving the county health care system. Moving forward, this NPLH Project will enable participating entities to expand their existing collaborations, to further integrate services, build a more robust infrastructure, and share data across systems to create a stronger county health care system.

Through funding from NPLH Project, Mendocino County seeks to achieve the following goals:

- Enhance services to Medi-Cal Beneficiaries with serious mental illness;
- Increase access to services in underserved geographical regions of the county;
- Strengthen collaboration with community partners;
- Engage more effectively, those individuals who are homeless who historically are difficult to serve; and
- Reduce the negative impact of homelessness for individuals with mental illness and the community partners serving them.

The NPLC Project will focus on results and integrated services. This focus will enable the County to identify what works, where to improve, and how to collaborate with community partners to strategize ways to improve future efforts. As a result of NPLH Program, Mendocino will increase access to stable housing and sustain those supportive services that will in turn, lead to reduced costs to health care, social services, and law enforcement.

The NPLH Project will employ a comprehensive evaluation. This evaluation will inform the County and its providers the status of achievements of overall goals. Data from the evaluation will be used to inform decisions about administrative structure, programming, data sharing and analysis, clinical services, and care management. The evaluation will be used to improve effectiveness.

Taken together, achievement of these goals will enable Mendocino County to both improve the quality of care provided to individuals who are intensive users of medical and mental health resources, while at the same time reducing the cost by providing individualized treatment that enables individuals to stabilize at a higher level of functioning.

The NPLH Project proposes the utilization and enhancement of the following services:

### Outreach and Engagement

NPLH Project will utilize its Whole Person Care project and its Mobile Outreach and Prevention Services Team to provide outreach and engagement services. The purpose of outreach and engagement is to bring in those individuals who do not access traditional services into treatment. Effective outreach utilizes strategies for engaging persons into the need array of services including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate needs and referral to more appropriate resources.

The engagement and outreach teams will include Behavioral Health Division (BHD) staff. These outreach and engagement staff will be licensed clinicians, para-professional staff, and specialists. NPLH Project outreach and engagement will include nursing staff from the participating community health centers. Services will be provided in the field and in locations where homeless individuals live and/or receive services (e.g., homeless serving organizations and shelters, substance use disorders treatment programs, low-income housing projects, community health centers, and encampments throughout the county).

Outreach staff also respond to calls from law enforcement and family members and loved ones of people who are struggling with behavioral health issues. The outreach and engagement teams will continue to work with law enforcement and shelter staff to identify and engage individuals in need of service.

Outreach and engagement staff will receive referrals from community partners (jail, homeless providers, local law enforcement agencies, hospital emergency rooms, and agencies serving veterans). In addition, cost and utilization data from Behavioral Health and Community providers is being used to identify specific beneficiaries for outreach. Partnership Health Plan of California (the Medi-Cal managed care plan in Mendocino County), also will provide data which will help identify beneficiaries by the total cost of services and, those beneficiaries with 2 or more hospital. Mendocino will also identify those individuals who had a diagnosis of major depression, psychosis, substance use disorder, and/or bi-polar disorder. BHD will use this data to identify specific individuals for outreach and to establish baselines.

OE services serve as the intake point for access to the intensive case management services. The goal is to provide outreach and engagement to all individuals eligible for NPLH. The NPLH Pilot will be evaluating the effectiveness of these services and to plan and implement changes designed to improve outcomes.

### Case Management

NPLH Project enrollee's will receive Case Management (CM) services through Mendocino County's Full Service Partnerships and through the contracted Provider Network. CM will be provided to those Medi-Cal beneficiaries who have a serious mental illness and are homeless or at risk of homelessness and who may have a co-occurring substance use disorder or other health condition and may be high users of emergency services and/or served by multiple agencies. Individuals who are engaged by OE staff and agree to participate in the CM services will be enrolled and assigned to a CM team. Those individuals referred to CM services will have significant functional impairments and be in need intensive services to remain in care and benefit from treatment and the NPLH housing projects.



CM teams will include BHD staff that are licensed clinicians, para-professional staff, and, peer specialists. The CM teams will be led by a staff who will take responsibility for ensuring that the team meets regularly (at least weekly) to review status of enrolled participant and to plan and coordinate care.

CM services staff will concentrate on supporting enrolled participants in ongoing participation in services and actively support enrollees in accessing services and benefits. CM services will include: care coordination of primary and/or specialty health care, care coordination of specialty mental health services, coordination of homeless services, tenancy support and advocacy, and navigation support specifically for homeless services, advocacy for enrolled clients in accessing other services and benefits, participant education related to physical health conditions and care, use of medications, motivational support and activities designed to establish rapport and maintain the therapeutic alliance between staff and participants, and other supportive services as needed.

Participants will continue in CM services in order to achieve stability in housing, primary health care, and behavioral health services to improve quality of life and exit homelessness. The NPLH Project will be evaluating the effectiveness of these services and to plan and implement changes designed to improve outcomes.

#### Description of Housing-Related Services

Funding from NPLH will support housing related services. Housing represents a critical component enabling enrolled participants to achieve a stability in many facets of their lives. To achieve housing stability, the proposed NPLH Project will incorporate staff Housing advocates. Staff will assess the housing status and needs of enrolled participants to assist them to access existing housing resources, develop a plan to move toward permanent housing, or provide supports and education to help participants currently in housing maintain their housing status.

Mendocino County NPLH participants will also have the advantage of having access to a number of housing-related projects which will be implemented in Mendocino County. Future projects and initiatives will also include the new Drug Medi-Cal Organized Delivery System for Medi-Cal members who are currently homeless, with repeated ED use, two or more chronic conditions, or a history of mental health and substance use disorders. Mendocino currently has a pending application for funding and ongoing discussions with the Partnership Health Plan regarding a small county regional collaboration to provide SUD services in Mendocino County.

## APPENDICES

### Appendix A. INSERT HOUSING FUNDING SPREADSHEET

### Appendix B. Summary of Resources:



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www.RedwoodCommunityServices.org

#### Summary of Resources: Redwood Community Services, Inc. Housing & Homelessness Programs in Mendocino County

Through successful, on-going collaborative partnerships, Redwood Community Services, Inc. (RCS) is dedicated to providing quality, data-driven, out-of-the-box, and innovative services to all clients served, through a successful and growing system of programs across Mendocino, Lake, Sonoma, and Humboldt counties. These programs have been developed to meet the needs of our consumers; and address identified needs associated with ensuring safe environments for the County's most vulnerable populations, while enhancing their lives and strengthening their connections. RCS collaborates with the Mendocino County Homeless Services Continuum of Care (MCHSCoC) to provide services and resources for people experiencing homelessness. The following worksheet provides details on the existing programs and what resources are currently being developed.

Housing Resources: Mendocino County					
Program Name	Year Established	Primary Location	Program Description	Target Population	# of Beds/Units
<b>Current Programs</b>					
<b>Inland Winter Shelter</b>	2017	Ukiah	Emergency shelter Dormitory space for adults over 18 Limited hotel spots for families with children Nighttime only operating from November – April each winter Will be expanding to 60 beds in the next year Pursuing expansion to be a year-round shelter	People experiencing homelessness; focuses on people established in Mendocino County; uses a standardized screening tool to help prioritize those most at risk and vulnerable on the street Primarily focused on serving adults over 18 years old	45 in the shelter dormitory for adults 0-2 spots for families with children
<b>Rapid Re-Housing</b>	2017	Ukiah	Permanent housing in scattered site apartments and houses leased by the clients Short term rental assistance and supportive services This program aims to swiftly connect people with housing and assistance to resolve their housing crisis. The program has been quite successful, and we are exploring ways to expand in order to increase capacity.	People experiencing homelessness; focused on people established in Mendocino County; uses the MCHSCoC Coordinated Entry (CE) system to identify potential clients; serves individuals, families with children, and multiple adult households.	15-25 households, depending on the needs of each household
<b>Stepping Stones – Gibson House</b>	2015	Ukiah	Transitional supported housing in a shared living environment Mental health supportive housing program with Stepping Stones staff on site 24/7. Gibson combines supervision and a therapeutic milieu with independent living and life skills training.	People ages 18-25 experiencing homelessness or at risk of homelessness AND mental illness. Targets those who qualify for Full Service Partnership through Mendocino County	8 beds

### Appendix C. Required Data for No Place Like Home Reporting From: No Place Like Home Guidelines (page 39-41)

#### Section 214. Reporting

(a) Not later than 90 days after the end of each Project's fiscal year, the Sponsor shall submit an independent audit for the Project prepared by a certified public accountant and in accordance with the requirements noted in the Project's regulatory agreement and the Department's current audit

requirements, which are posted to the Department's website and which may be amended from time to time.

(b) For all Assisted Units from loans underwritten by the Department, Sponsors will be required to submit annual compliance reports similar to reports annually submitted to the Department under 40025 CCR Section 7300 et.seq.

(c) On an annual basis, the County shall submit the data listed in paragraph (e) below for each of its NPLH Assisted Units. The County shall work with each Project's property manager and lead service provider to gather the data. The data may be, but is not required to be, gathered from the local Homeless Management Information System (HMIS).

(d) The data shall be submitted in electronic format on a form provided by the Department. The County, the property manager and the lead service provider shall work together to resolve any data quality concerns to the best of their ability prior to submission of the data to the Department.

(e) The data below shall be submitted to the Department no later than September 30 of each year for the previous State fiscal year of activity (July 1-June 30) and shall include all the following information for each Project:

(1) Project location, services, and amenities;

***CA Department of Housing and Community Development NPLH Program Guidelines -39-***

(2) Number of NPLH Assisted Units, total Units assisted by other government programs, and total non-Assisted Units;

(3) Project occupancy restrictions;

(4) Number of individuals and households served;

(5) Homeless status, veteran status as requested in item (12) below, and mental health status. No information on specific mental health diagnoses will be collected; and

(6) Average Project vacancy rate during the reporting period (12-month average).

**For NPLH Units Only:**

(7) Average vacancy rate of NPLH Assisted Units during the reporting period

(12-month average);

(8) Head of Household gender, race, ethnicity, age;

(9) Income levels of NPLH tenants as a percentage of AMI, (i.e., 10 percent of AMI,

15 percent of AMI, 20 percent of AMI, etc.);

(10) The percentage of NPLH tenants who have lived in the building less than 12 months, 12 to 24 months, and longer than 24 months;

(11) The number of tenants who moved into a NPLH Assisted Unit during the reporting period who, prior to Project entry, were (A) Chronically Homeless, (B) Homeless, or (C) At-Risk of Chronic Homelessness, as defined under Section 101 of these Guidelines;

(12) The number of tenants who served on active duty in the armed forces of the United States (for tenants over age 18);

(13) The number of tenants who continue to have a Serious Mental Disorder or the number who are Seriously Emotionally Disturbed Children or Adolescents, as defined in Welfare and Institutions Code Section 5600.3;

(14) Of those who moved in during the reporting period, the number of tenants who were referred from:

A. CES and/or;

B. The County behavioral health department or a service provider acting on its behalf;

C. A State Department of Developmental Services regional center, or

D. Another reported source.

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(15) Of those who moved in during the reporting period, the length of time prior to moving in that they reported they were:

A. On the streets (including a vehicle or other place not meant for human habitation), or

B. In an emergency shelter, safe haven, or transitional or interim housing.

(16) Of those who moved in during the reporting period, and to the extent the information was available prior to referral to the Project, the number of tenants who had:

A. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:

(i) Is expected to be long-continuing or of indefinite duration;

(ii) Substantially impedes the individual's ability to live independently; and

(iii) Could be improved by the provision of more suitable housing conditions.

B. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or

C. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from human immunodeficiency virus (HIV).

(17) For tenants who exited NPLH Assisted Units during the reporting period:

A. The number of tenants who exited during the reporting period to:

- (i) other permanent housing,
- (ii) the street, emergency shelter, transitional housing, or safe haven, or
- (iii) an institutional destination, and the specific institutional destination, if known (including, but not limited to hospitalization or psychiatric hospitalization, residential substance use treatment facility, skilled nursing facility, jail or prison).

(18) The number of tenants who died during the reporting period.

(19) For tenants who leased or remained in NPLH Assisted Units during the reporting period:

A. Changes in employment income during the reporting period;

B. Changes in non-employment cash income during the reporting period; and

C. Changes in total cash income during the reporting period.

***CA Department of Housing and Community Development NPLH Program Guidelines -41-***

(f) Notwithstanding the requirements of paragraph (c), the Department may modify the data collected over time to conform to changes in the specific data metrics required by HUD through CES, or required by another state or federal agency.

(g) If readily available, Counties may also provide aggregated data on: (1) emergency room visits for NPLH tenants before and after move in; (2) average number of hospital and psychiatric facility admissions and in-patient days before and after move-in; and (3) number of arrests and returns to jail or prison before and after move-in.

(h) Data collected annually pursuant to subsections (c) through (g) will be compiled by the Department and made available on the Department's website.

(i) Where there is a difference between these Guidelines and the Department's current reporting requirements, the provisions of these Guidelines shall prevail.

NOTE: Authority cited: Section 5849.5, Welfare and Institutions Code. Reference cited: Sections 5849.8, 5849.9, 5849.11, Welfare and Institutions Code.