

Homelessness Process Improvement Group

Identified Service and Processes Gaps Summary Brief

Executive Summary

District 1 Board of Supervisor Heidi Hall convened an ad hoc group that includes local service providers, community stakeholders, County staff and elected officials, City of Grass Valley staff and elected officials, and Nevada City staff and elected officials to address the issues and services gaps around homelessness and at-risk populations. The group was named the Homelessness Process Improvement Group (HPIG) with the intent to bring together all local stakeholders to a) identify the gaps of services and processes that have a negative impact on decreasing homelessness and b) to bring together the collective knowledge of local stakeholders to better coordinate efforts to reduce homelessness.

The group met on February 13, 2017, April 4, 2017 and June 27, 2017 where they received summary presentations from local stakeholders and then discussed in detail the services and gaps that could be improved. The participating stakeholders included representatives from Behavioral Health, the City of Grass Valley, Grass Valley Police Department, community volunteers, community representatives, CoRR, DVSAC, Department of Social Services, Department of Public Health, Devine Spark, Dignity Health (Sierra Nevada Memorial Hospital), Health and Human Services Agency, Hospitality House, Homeless Council of the Sierras, Nevada City, Nevada City Police Department, Nevada County Board of Supervisors, Nevada County Mental Health Board, Sheriff’s Office, Sierra Mental Health and Wellness Group, Sierra Roots, and Turning Point.

Service Gaps Identified

Out of the three meetings, thirty-nine (39) specific processes and service related gaps were identified. These gaps can be broken down into nine categories as listed in Table 1.

Table 1

Identified Gap Type	Definition	# Gaps Identified
Administrative	Administrative procedures or practices	3
Communication	Communication barriers or missed opportunities	2
Individual	Barriers or limitations from individuals	2
Information	Areas where information is lacking or non-reliable	5
Legal	Legal obstacles or challenges	1
Partnership	Areas where increased partnership is	2

	needed between stakeholders	
Resources	Areas that require additional resources	11
Service Delivery	Gaps of service delivery	9
Training	Areas for increased training	3

The specific gaps identified include the following listed below. It is important to note that in no way does this list of identified gaps represent all or even most of the obstacles to reducing homelessness; rather the intended list represents some of the major discussion points that were identified during the three meetings by HPIG.

Of the 39 identified GAPS significant progress has been made on 22 of them. See below

Administrative	<ul style="list-style-type: none"> • Release times of inmates when and/or when no services are available (this has since been addressed by the Sheriff's Office) • Lack of consistent screening across all service providers (i.e. health needs assessment) This issue is a key part of the COORDINATED ENTRY system. It will be further integrated into programs for homelessness through coordinated Multi-disciplinary Housing Team/Outreach Team and further supported via the states adoption of AB210 • Individuals seeking treatment who no longer want treatment due to administrative delays of service delivery Medi-Cal waiver and opt in to Drug medical as well as the opening of BOST will greatly improve rapid access to county residents for treatment specifically for low-income. Furthermore, streamlines outreach services will be able to work quickly and coordinate access to treatment.
Communication	<ul style="list-style-type: none"> • Service providers lack clear direct communication protocols for coordinated services MDT's service integration and coordinated entry address this specifically. • Community service providers need better communication with health care providers and public agencies for coordination of care purposes MDT's service integration and coordinated entry address this specifically. Inclusion of Community-based services in the MDT model will be codified in an MOU with guidance from AB210.
Individual	<ul style="list-style-type: none"> • Mental Health treatment stigma that results in an unwillingness to participate in treatment • Employment barriers when homeless individuals have not worked over time

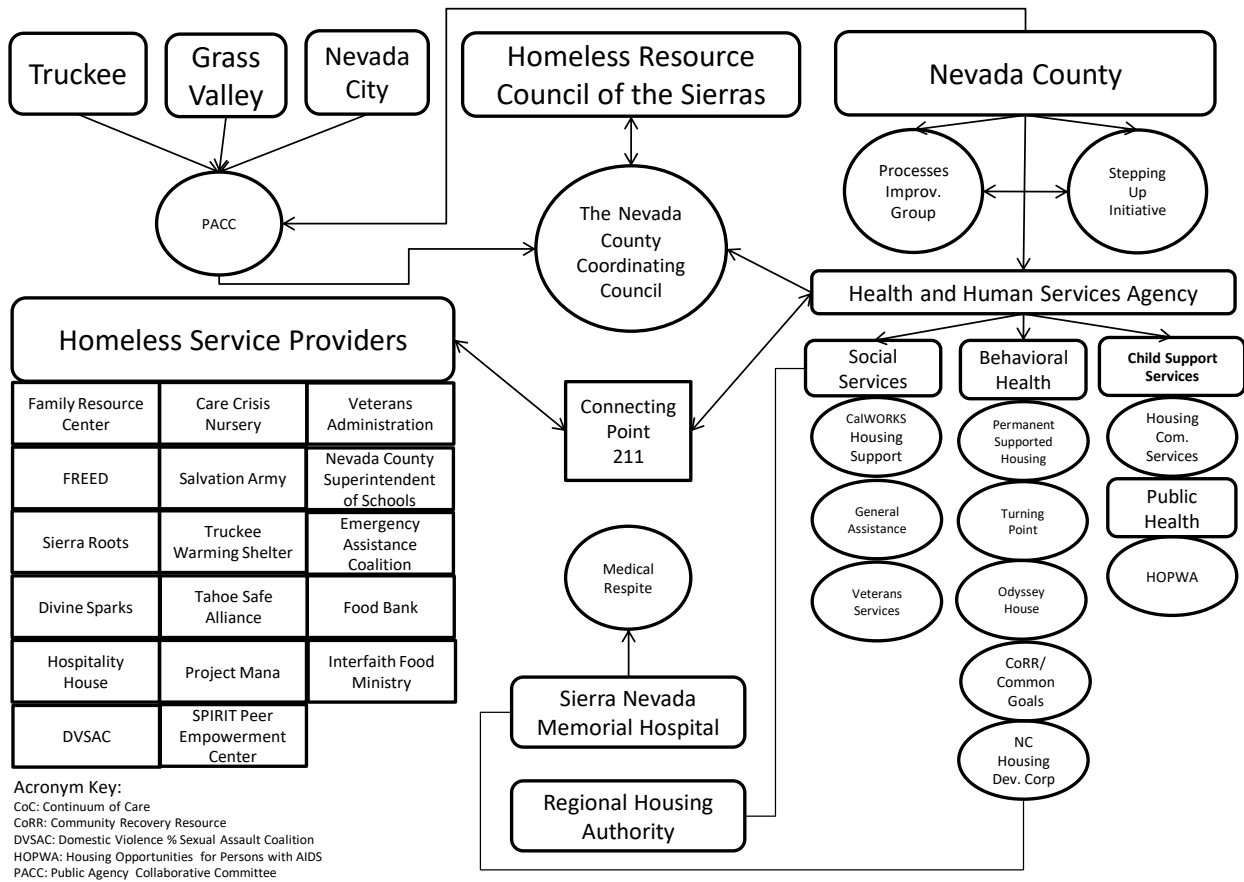
<p>Information</p>	<ul style="list-style-type: none"> • Service providers lack of information due to restrictions on sharing protected health information (HIPAA) MDT’s service integration and coordinated entry address this specifically. Inclusion of Community-based services in the MDT model will be codified in an MOU with guidance from AB210. • Jail staff do not have medical information when conducting evaluations • Inaccurate contact and other information from inmates • Vets and homeless individuals do not know what services are available • Health care providers may not know if a client is homeless due to inaccurate information
<p>Legal</p>	<ul style="list-style-type: none"> • State guidelines on 5150 cannot be used to force treatment on other individuals with mental health treatment Upcoming mediated community dialogue will address 51050 laws and build a better understanding of their application and legal requirements. • Restrictions on protected health information being shared due to HIPAA and State law Utilizing AB210 and the Coordinated entry system, we will have multiple ways to acquire releases and share information.
<p>Partnership</p>	<ul style="list-style-type: none"> • There is a lack of participation of the landlords in the housing voucher programs The build out of a coordinated/integrated housing case management team will include a landlord outreach and engagement function. In addition, partnership with AMIH housing will bring skills and expertise in managing sites and housing based programs. • Lack of coordinated partnership to activate warming and cooling shelters Nevada County and Grass Valley have opted to supply funding to HH shelter for winter overflow (18 beds) Interfaith community is currently developing capacity to re-constitute some form of nomadic shelter Connecting Point (county contractor) and the Coordinated Entry system are prepared to coordinated Cold weather communications
<p>Resources</p>	<ul style="list-style-type: none"> • Adequate state funding allocation for 5150 to receive substance abuse treatment Medi-Cal waiver and BOST create new capacity for low-income Medi-Cal individuals to receive treatment • Lack of availability of beds BOST house increased treatment capacity

	<p>Housing First program is currently in the works.</p> <ul style="list-style-type: none"> • There is not a robust Mental Health Unit in the Jail • There is a lack of adequate funding for homeless services Multiple funding sources are coming on line. The key is to better integrate services and adopt housing first approaches to ensure out county is competitive for these sources. County general fund commitment is also key. • There is a shortage of beds in skilled nursing facilities to accommodate senior homeless population • Lack of affordable housing through the County ADU recommendations requiring a deed restriction for fee waivers/owner occupancy requirement (in line with Placers ordinance) No Place Like Home site selection/planning process underway • There is no 24/7 homeless shelter facility within the county or cities Lead agency selected, proposals being vetted. Likely not 24/7 to start but day operations and basic needs center options are currently being explored. Funding is a key issue. • PTSD individuals with special needs are not always addressed due to a lack of training from service providers • Lack of supportive living services for homeless individuals MDT post housing case management and peer to peer supports are vital to all stepped up housing service integration and essential to landlord relationships. Currently exploring options to incorporate SPIRIT partners • Service providers cannot use Med-Cal funds for transitional housing purposes Medi-Cal waiver applies to the residential treatment and BOST has the ability to hold folks in those beds longer. Additional funds can be used for transitional housing and MDT housing case managers can work together to leverage multiple streams. • A lack of adequate long term funding for homeless services BOS poised to receive recommendations regarding funding for homelessness and leverage opportunities from other sources. Housing Resource Manager position is one step in addressing this identified gap.
<p>Service Delivery</p>	<ul style="list-style-type: none"> • Lack of services targeting LGTB and immigrant at-risk homeless individuals • Individuals who “do everything right” but are still not able to be housed • A lack of adequate delivery of medication • Individuals who do not want or believe that they need treatment • There is no certified inpatient facility within the County with adequate beds

	<p>BOST will soon open</p> <ul style="list-style-type: none"> • There is no Mobile Therapy Unit • There is a lack of hospice services for homeless individuals Currently working with the hospital to create a homeless medical respite program • Released inmates need more wrap-around services when being released from Jail Coordinated MDT Outreach that includes county services, contractors and nonprofits to facilitate the development of re-entry plans. BOST will be a big component of re-entry as many of these inmates could have significant clean time upon release. Transition/prioritization from jail to BOST. Further funding for transitional living through HDAP grant • Not all veterans will qualify for VETS services
<p>Training</p>	<ul style="list-style-type: none"> • Public safety training and procedures for service providers Assertive Engagement Training proposal currently in the works: a county training for all front line staff but adaptable for nonprofit partners. • ER nursing training on how to deal with homeless populations • More staff and community members need SOAR training HDAP funding creates a SOAR TEAM with a lead coordination through Connecting Point

Stakeholders/Service Providers Flow Chart

Homelessness Stakeholders Meeting and Service Provider Flow Chart rev. 8.7.2017



Definitions

As the group continued to meet a set of definitions was developed to help inform the group as a resource tool during the discussions.

Term	Definition/Description
California Forensic Medical Group (CFMG)	CFMG is the contracted correctional health service provider for the County jail.
Crisis Stabilization Unit (CSU)	The Crisis Stabilization Unit, also referred to as the Mental Health Urgent Care Center, is a 24-hour program that provides emergency psychiatric care in a warm, welcoming environment for individuals experiencing a mental health crisis. The Urgent Care Center is located to the left of the Sierra Nevada Memorial Hospital Emergency entrance and is open 10 a.m. to 10 p.m. daily. After hours, all evaluations occur in the Sierra Nevada Memorial Hospital Emergency Department. The 4-bed Urgent Care Center provides more in-depth treatment to individuals while behavioral health crisis workers determine if they

	need to be transferred to a psychiatric hospital or can respond to outpatient services. Specialty psychiatric medication management will be provided on site, with tele-psychiatry as a backup option.
Continuum of Care (CoC)	<p>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</p> <p>The Roseville/Rocklin/Placer-Nevada Counties 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.</p>
Fresh Misdemeanor	A misdemeanor of a new crime that has not yet gone to court.
Grave Disability	Welfare and Institutions Code section 5008 (h)(1) (A) defines the term “gravely disabled” as a condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter. Note that, the existence of a mental disorder does not, in itself, justify a finding of grave disability. (W&I Code 5008(3)). In making a presentation to show grave disability, one should consider the individual’s ability to: 1. Utilize the means available to provide for his/her basic personal needs regarding food, clothing, or shelter; 2. Voluntarily request and receive assistance to meet his/her personal needs; 3. Survive safely, without involuntary detention, with the help of family members, friends, or others who are both willing and able to help provide for the person’s basic needs regarding food, clothing, or shelter (W&I Code 5350(e)).
Health Insurance Portability and Accountability Act (HIPAA)	HIPAA is the Code of Federal Regulations that requires the confidentiality of PHI for any covered entities that i) provide health services and bill electronically, ii) are a health care clearing house, and/or iii) are a health care plan. The County Behavioral Health and Public Health departments are covered entities within the meaning of HIPAA, as well as Sierra Mental Wellness Group (CSU) and Sierra Nevada Memorial Hospital (Dignity Health).
Homeless Management Inventory System (HMIS)	Homeless Resource Council of the Sierras’ Homeless Management Information System (HMIS). The HMIS is used by homeless provider agencies to record information about clients that they serve. This information helps agencies plan for and provide services to clients. With client authorization, information can be shared among the agencies in order to improve the coordination and delivery of services. Moreover, information can only be shared with Agencies that enter into a data sharing agreement. Moreover all information that is shared is provided by the clients and not by the participating Agency's records (i.e. HIPAA information is not shared).

Hospitality House	Hospitality House is a 501 (c) (3) nonprofit community shelter for the Homeless in Nevada County funded primarily by individual donations. The year-round shelter is a no tolerance safe haven; those seeking shelter at Hospitality House are offered three meals, along with laundry and shower facilities. Hospitality House is committed to ending homelessness by providing intensive case management services to all its guests.
Housing Vouchers	Nevada County Social Services offers Housing Authority -Section 8 Housing Voucher Assistance via Housing Authority of Nevada and Sutter Counties.
U.S. Department of Housing and Urban Development (HUD)	HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination, and transform the way HUD does business. HUD provides federal funding for homelessness services and programs.
Mental Health Crisis Hotline (24/7)	If you or someone you know may have a mental health crisis or mental health emergency call 530-265-5811 or 888-801-1437, 24 hours a day. The Crisis Team provides 24 hour services to any individual adult or child in the community in a mental health or emotional crisis. These services include phone or in-person counseling, as well as evaluation and support in the Emergency Room of Sierra Nevada Memorial Hospital in Grass Valley or Tahoe Forest Hospital in Truckee
Odyssey House	Odyssey House is the Adult Residential Program where 24 hour support is provided to established Behavioral Health clients needing this level of care. Staff actively assist clients in the completion of chores, daily activities, and medication adherence. Individual counseling and group therapy are also provided. Most clients require close to a year of services to learn the skills necessary to transition to independent living. Occasionally, clients who have graduated from the program, need to re-enter for a short-term refresher training. Prospective clients interested in Odyssey House can contact the main line and ask for the Intake worker. Current Behavioral Health clients call the main line and ask for the Service Coordinator assigned to them.
Personally Identifiable Information (PII)	PII is any information about an individual that is maintained by an agency, including information that can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; and any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information (Source: Government Accountability Office, Office of Management and Budget, NIST 800-200).
Protected Health Information (PHI)	PHI is any information contained in, or obtained from, a health record, including demographic information, which identifies a specific individual and relates to an individual's physical or mental health or the provision of, or payment for, health care. (Source: 45 CFR 160.103)

Salvation Army /Booth Family Center	Booth Family Center (Salvation Army) offers homeless families a safe haven in which to rebuild their lives in the Grass Valley area. Focusing on breaking the cycle of poverty, we teach families life skills needed to ensure stability and for the building of a solid foundation from which families can grow and reach self-sufficiency together. The goal is not to just provide temporary housing for homeless families, but to help prevent them from returning to homelessness, now and in the next generation.
SOAR	SSI/SSDI Outreach, Access, and Recovery (SOAR) is a program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. The SOAR process works by: 1. Case managers receive SOAR Training to learn how to complete and submit a thorough SSI/SSDI application packet; 2. A state or community establishes a SOAR Process for the submission and processing of SSI/SSDI applications; 3. State & Local SOAR Team Leaders support SOAR-trained case managers and keep stakeholders engaged; 4. The SOAR TA Center provides the Technical Assistance needed to keep the SOAR effort moving forward
Stepping Up Initiative	A national initiative to reduce the number of incarcerated mentally ill. Initiative participants receive an online resources toolkit to assist with efforts, including a series of webinars, exercises and related distance-learning opportunities; peer-to-peer exchanges; and key resources from initiative partners. The online toolkit includes self-assessment checklists and information to assist counties in identifying how much progress they have already made and a planning template to help county teams develop data-driven strategies that are tailored to local needs.
Streicher House	Streicher House is a Day Center in Nevada City for individuals and families that are homeless or nearly homeless, impoverished, and/or physically/mentally disabled in Nevada City and the surrounding area. The Center provides lunches and other services to our disadvantaged population.
Veteran Services	The Veterans Services Office is a County and State funded agency to assist veterans, survivors and dependents in obtaining Federal, State, and local benefits accrued through active duty military service.
W&I 5150	Section 5150 is a section of the California Welfare and Institutions Code (W&I) (in particular, the Lanterman-Petris-Short Act or "LPS") which authorizes a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes them a danger to themselves, a danger to others, and/or gravely disabled
W&I 5170	When any person is a danger to others, or to himself, or gravely disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, or other person designated by the county may, upon reasonable cause, take, or cause to be taken, the person into civil protective custody and place him in a facility designated by the county and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates.
Warming Shelters	Shelters that are opened when temperatures reach specific lows. Currently the warming shelters that open in Western County include Seaman's Lodge and Nevada City Veterans Hall. In Eastern County, the Truckee Tahoe Emergency Shelter opens when temperatures are 15 degrees or below for at least 4 hours or forecasted as such, when snowfall of 12 or more inches is forecasted overnight and during extreme weather conditions.

