

Housing and Homelessness— Whole Person Care Pilot in Napa County: Overcoming Silos with Creative Collaboration

JOHN PAUL

EXECUTIVE SUMMARY

California’s San Francisco Bay Area faces a housing crisis, with an extreme demand for rentals. In addition, California has one of the highest poverty rates in the nation, and nearly one-in-four children ages zero to five lives in a family without enough resources to meet basic needs. In Napa County, many chronically homeless individuals have severe mental illness and/or experience substance use disorders. To help coordinate care for these individuals and increase their attractiveness in the rental market, the Napa County Health and Human Services Agency has launched a Whole Person Care pilot.

With Whole Person Care, Napa County has found a coordinated way to meet the increasingly complex nature of homelessness and the challenges

associated with the demand in the housing market. Napa County engaged community-based organizations, healthcare organizations and many of its own departments to focus on service, intervention, and care coordination.

With the launch of the “ACCESS Sonoma” initiative, Sonoma County is likewise fully engaged in creating a coordinated care approach to ending homelessness. “ACCESS Sonoma” provides Sonoma County with the perfect opportunity to creatively and collaboratively pool resources to create a fund used to incentivize renting to homeless individuals. Fighting homelessness via the business lens of a landlord will create positive change in Sonoma County’s approach to ending homelessness.

John Paul, CalWORKs Program Analyst, Sonoma County
Human Services Department

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Introduction

Moving the chronically homeless into stable housing situations has proven challenging. Many in this population experience multiple issues causing current service models which focus on one facet of the issues to inadequately achieve long-term solutions. The Whole Person Care pilot in Napa County, a more coordinated approach to care, shows much promise in addressing homelessness. Sonoma County, which is already seeing the positive impacts of a coordinated care approach through its own Whole Person Care pilot, may benefit from implementing recommendations made for Napa County.

Homelessness Factors

Homelessness results from a multitude of factors. Among them are poverty, substance abuse, and mental illness. According to the Public Policy Institute of California (PPIC), nearly one of every four children ages zero to five in California live in families without enough resources to meet basic needs. Once the cost of living is taken into account, California has one of the highest poverty rates in the nation. A typical family with young children in California must have on hand nearly \$6,000 more annually than a family elsewhere in the United States to meet their basic needs.¹

According to the homeless system data in Napa and the 2014 and 2015 point-in-time homeless counts,² there is a large subset of homeless individu-

als who are chronically homeless, have severe mental illness, and experience substance use disorders. Experience suggests the same is true in Sonoma County.

In Sonoma County, an already high-cost county with an extremely tight rental market, the housing crisis was made worse by devastating wildfires in 2017. In much of Sonoma County, 48 percent of poor families with young children are considered severely housing burdened—paying more than 50 percent of their resources toward housing.³ The wildfires, which destroyed over 5,300 homes in Sonoma County, have greatly exacerbated the existing housing crisis. HUD housing vouchers have a waitlist of several years and those who secure vouchers often have trouble finding an owner who will rent to them, especially in this competitive market.

Challenges in the Current Program Model: Silos in Sonoma County

A variety of services and agencies are involved in addressing homelessness, but services for homeless individuals are generally fragmented. There are anti-poverty programs, temporary housing programs, and substance abuse programs. CalWORKs, a safety net program designed to be a last resort for families with little or no income, is one anti-poverty program. To qualify for CalWORKs, a family is most likely living in what is considered deep poverty. “Deep poverty” is defined as having half the resources needed to meet basic needs. Once eligible, the program provides a family with a small amount of cash assistance. For

1. “Reducing Child Poverty in California – A Look at Housing Costs, Wages, and the Safety Net”

2. Point-in-time documents can be accessed on the HUD Exchange Website

3. Public Policy Institute of California “*Geography of Child Poverty in California*”

example, the maximum cash grant for a household with two members is \$577, which is less than 50 percent of the federal poverty level. (Sonoma County's median asking rent in April 2017 was \$2,285 for a two-bedroom unit.⁴) The CalWORKs program also offers Temporary Homeless Assistance, a sixteen-night award of \$65 per night to secure a hotel room while seeking permanent housing, and the Housing Support Program (HSP), a program that potentially offers up to a six-month rent subsidy.

There are many resources available in Sonoma County designed to support a homeless individual, get them temporary shelter, and even obtain permanent housing. Many of these supports come with a package of case management tools, such as financial planning, alcohol and drug treatment, and mental health services. Many of Sonoma County's public and private agencies share the desire to move homeless individuals into stable housing, but funding and community resources are confined within departmental budgets, creating unintended service silos. The various social service systems serve many of the same clients for many of the same or closely related needs. For example, a mother in a CalWORKs household may also receive services from probation, child welfare, child support, a community-based organization, and even a private donor. This fragmentation of services leads to lack of coordination, duplication of effort, and often confusion.

In Sonoma County, many families receiving CalWORKs are homeless or lacking secure, permanent housing. In the last two years, utilization of the sixteen-night temporary homeless assistance benefit has risen noticeably. Between 2016 and 2017, utilization of these benefits increased by 62 percent, rising from 183 families in 2016 to 303 families in 2017.⁵ However, many individuals who exit shelter go back into homelessness or to temporary destinations, indicating that these interventions may only address the symptoms of homelessness.

4. "New Report Details Sonoma County Renters' Woes"—*Santa Rosa Press Democrat*, May 2017.

5. "CA 237 HA – CalWORKs Homeless Assistance Program Monthly Statistical Report"—www.cdss.ca.gov

Napa County Whole Person Care Overview

Napa County's Whole Person Care Program (WPC) is part of the joint effort by the City and County of Napa to redesign the housing and homeless services delivery system with the goal of ending chronic homelessness. The purpose of WPC is to develop coordinated systems of care that address the multidimensional needs of the people who are homeless or are at risk of homelessness. The program serves homeless individuals who are identified as high systems users who may have a physical disability, serious mental illness, substance use disorder or co-occurring disorders. Specifically, the target populations for the program are homeless Medi-Cal beneficiaries who have high levels of vulnerability or frequent service use. In essence, Napa County WPC aims to improve the health and wellbeing of beneficiaries through patient-centered coordinated care and streamlined pathways to housing. The program is changing the service system to benefit all homeless individuals through enhanced outreach services and coordination of housing resources, and by providing intensive care coordination to those homeless individuals who use the most services.

Nine agencies have come together in Napa County to launch the WPC program. The county's Health and Human Services Agency (HHSA) is the lead entity for this project, engaging its Homeless System, Mental Health and Alcohol and Drug Services. Also on the team are Abode Housing Services, Partnership Health Plan, City of Napa Housing Authority, OLE Health, Catholic Charities and Queen of the Valley Hospital.

For Napa County, the focus of this pilot lands in four primary service, intervention, and care coordination areas. These are:

- **Mobile Engagement:** Close coordination between emergency response services and a WPC engagement team provides individuals experiencing homelessness and serious mental illness with immediate initial assessment and referral. The team works to determine health, social, and housing needs of homeless people.

- **Coordinated Entry:** WPC pilot personnel work with each participant, completing an assessment and connecting them to necessary services such as food assistance or housing resources. Housing navigators then assist in developing a housing plan for every homeless individual, including a comprehensive assessment of barriers to housing and identification of homeless subsidies.
- **Tenancy Care:** Participants housed through Coordinated Entry are assigned a care coordinator after being assessed and prioritized for housing services. Care coordinators work with homeless individuals to establish benefits, clear up credit issues, connect to health and social services, and obtain other necessary supports. Care is provided to participants on an ongoing basis through housing placement and stabilization activities.
- **SSI, Outreach, Access and Recovery (SOAR) Program:** WPC has a dedicated SOAR case manager to provide benefits advocacy and to support the process of client enrollment in Social Security benefits, including the appeals process.

WPC clients are assessed by Abode, the homeless and housing service provider that is focused on identifying and rebuilding the skills people need to become housing ready. The service plan is entered into the Homeless Management Information System (HMIS) Database, which can be accessed by the Mental Health outreach team and all other homeless providers in the county. Later this year the WPC program will contract with the care coordination team at the local hospital, Queen Community Benefits, to more fully integrate physical health providers into the care planning process.

Solutions: Steps Towards Breaking the Silos in Sonoma County

The Corporation for Supportive Housing (CSH) together with the National Alliance to End Homelessness (NAEH) produced a report for Napa County which analyzed the social service, health

and housing systems, assessed potential funding sources, and identified opportunities to address the complex needs of the growing homeless population.⁶ CSH and NAEH presented recommendations based on the comprehensive research they conducted in Napa. The report highlights exciting ideas for collaboration. One such recommendation, which Napa has not yet implemented, calls for a collaborative funding structure and landlord guarantee fund.

Forming a collaborative funding structure would enable partners to strategically approach how funding is administered across housing, health and social services. This collaborative effort could be structured around a community initiative and bring together representatives from housing, health and human services, criminal justice, child welfare, workforce development, hospitals, managed care, and philanthropy. The goal would be to create a centralized decision-making body and determine how resources can align with community needs. This body could, for example, create a Landlord Risk Mitigation fund.

Demand in the Sonoma County housing market is such that landlords are able to be exceedingly selective when choosing tenants, and often opt not to rent to more “risky” individuals. Individuals working with anti-poverty, mental health or substance abuse programs are not often a landlord’s first choice for tenants. This leads to HUD vouchers going unused, or rent subsidies and deposit checks offered through various programs going unspent. Homeless individuals would greatly benefit from a service which makes them more desirable tenants, something that would not only make them less “risky,” but which would make them attractive to a landlord.

Recommendation

Like Napa County, Sonoma County has begun a Whole Person Care pilot. The County Health Department is the lead agency, with partners including the County Human Services, the County

6. “Recommendations Report, The County and City of Napa” written by CSH Associate Director Danielle Wildkress and NAEH Center for Capacity Building Director Cynthia Nagendra

Community Development Commission, local community health centers, Catholic Charities, and Partnership Health Plan of California. Sonoma County's WPC has identified the population (3,000 Medi-Cal clients who are homeless or at risk of homelessness) and is providing an array of services to those clients.

Sonoma County could add one full-time management level position to implement a landlord guarantee fund which could be the deciding factor for hesitant landlords, and could potentially create more rental units in Sonoma County. According to the Sonoma County Economic Development Board, the lack of affordable housing is the number one issue employers face in finding and retaining employees. Tapping into this interest the business community has in the housing shortage, Sonoma County has an opportunity to use a business approach to combatting homelessness. Sonoma County could create a program which uses a landlord guarantee fund to pay for home improvements, including building add-on units or creating shared living spaces, in exchange for renting those units or spaces to homeless clients.

These funds could be structured within another larger fund (i.e., the collaborative funding described above) or could operate on their own within any number of the existing housing programs. To implement this would take an initial funding commitment, which in other communities has been a commitment of city general or housing funds. Two examples of these types of funds were created by the City of Portland, Oregon. Their Risk Mitigation Pool was initially funded at \$800,000 in 2005, and their Landlord Guarantee fund was initially funded with \$168,000 from a combination of city general funds and funds from a private foundation in 2009.

Once the fund is established, Sonoma County should create one full-time management level position and utilize an existing Housing Navigator position to operate this fund.

The FTE Management level position would manage the fund which would include marketing

the fund to landlords, authorizing use of the fund, grant writing for additional funds, etc. This position would also be responsible for working with the County Permits Department and contracting with a builder or builders.

The Housing Navigator would be responsible for meeting with landlords to explain the fund, getting landlord engagement in the project, introducing landlords to the clients, and working with both landlord and client toward the goal of permanent housing for the homeless individual.

Sonoma County partners have come together in a new and creative way to implement the Whole Person Care pilot. The addition of a landlord incentive fund, and the position to manage it, will address homelessness through the business lens of a landlord with the added bonus of creating more rental units during this time of housing scarcity.

Conclusion

Sonoma County is already well on the way to implementing a coordinated approach to ending homelessness. In 2018, the Sonoma County Board of Supervisors called on the county Human Services, Health Services, Probation, Child Support Services, Public Defender, Community Development Commission, and Information Systems departments and launched "ACCESS Sonoma." This is a coordinated, client-centered service delivery model to assist mutual clients in attaining self-sufficiency, recovery, and well-being. In 2014, Sonoma County declared "We have the vision of being the healthiest county in the state of California. We recognize that in order to achieve this goal we must work together in strategic, thoughtful, and engaging ways."⁷ These are not the first calls for collaboration, and certainly will not be the last. Health programs alone cannot end homelessness, nor can anti-poverty, criminal justice, child welfare, or the business community. If these agencies remain in silos, they will lack the ability to tackle

7. "A Portrait of Sonoma County, Sonoma County Human Development Report 2014" Commissioned by County of Sonoma Department of Health Services. Release May 20, 2014.

homelessness strategically and completely. Together though, with systems change, political commitment, and agreement that homelessness stands in the way of living a freely chosen life of value and opportunity, Sonoma County can end homelessness.

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