

Rapid Re-housing

Purpose

The purpose of this Innovation Project is to increase the quality of services, including better outcomes for adults with a severe mental illness who are homeless. While this Innovation Project will increase access to services, especially for underserved groups and promote interagency collaboration, the CPP clearly identified the need to increase the quality of services, including better outcomes as the priority purpose.

This Rapid Re-Housing Project will use the "Housing First" approach to provide housing, peer support and supportive services for individuals with a diagnosis of severe mental illness who are homeless. "Housing First" is a proven strategy of ending all types of homelessness. As described by the United States Interagency Council on Homelessness (USICH), Housing First offers immediate access to permanent affordable or supportive housing without requirements of sobriety, income or completion of treatment. Humboldt County will make changes to existing rapid rehousing practices used in larger urban areas to demonstrate effectiveness on a smaller scale in rural areas. The housing component is linked to the efforts of the Mobile Intervention and Services Team (MIST), which combines law enforcement officers and mental health workers in street level interventions for persons experiencing homelessness with mental illness.

Background

A community-wide planning process that included but was not limited to, Humboldt Housing and Homeless Coalition (HHHC), City of Eureka City Council, Eureka Police Department (EPD), Humboldt County Board of Supervisors, Community Homeless Improvement Project (CHIP), Humboldt County Department of Health & Human Services (DHHS) Redwood Community Action Agency (RCAA) and the Mental Health Services Act (MHSA) Community Planning Process (CPP) led to the creation of a rapid rehousing initiative coupled with mobile mental health services.

Humboldt County has been designated as a community of high need by HUD due to the large number of people who are Chronically Homeless (CH) relative to size of population. Briefly, HUD considers CH to be currently homeless and homeless for more than a year, or to have 4 episodes of homelessness in the past 3 years. In the last Point in Time Count of homeless persons (2013) 1,054 homeless people were surveyed. 42% of the survey respondents self-reported having mental health issues; 18% reported having serious mental illness and 17% described themselves as Chronic Substance Abusers. Very similar percentages were reported in the Count of 2011 and it is expected that the 2015 Count completed January 2015 will be consistent.

In addition, as a small rural county, Humboldt struggles with economy of scale challenges which increase costs brought about by the smaller numbers of special need populations. This Innovation Project will result in the design, development, piloting, and evaluation of the inclusion of individuals who are homeless and have a diagnosis of severe mental illness in a county-wide rapid rehousing initiative. It will advance learning on the following issues: expanding options for people struggling with homelessness and severe mental illness, connecting them to community based supports, and reducing the stigma of severe mental illness in a mixed population rapid rehousing facility.

Over Utilization of Costly and Restrictive Services

In Humboldt County, there are a number of clients that are not connecting with outpatient services or peer support. The CPP concluded this is in large part due to homelessness. Permanent supportive housing is a current unmet service need for clients who are homeless that is resulting in increased:

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- Seven and thirty day re-admittance rates to psychiatric crisis and hospital services
- Utilization of local emergency departments for psychiatric crises
- Community based contacts with law enforcement and incarceration
- Utilization of higher levels of restricted residential placements

Stigma and Discrimination

This Innovation Project will address the stigma in the community that individuals who are homeless and have a mental illness, “. . . all want to be homeless” as was articulated in the Focus Strategies , 2014, City of Eureka Homeless Policy Paper, “Another source of debate is whether the people living outdoors in Eureka are simply seeking an alternative lifestyle "off the grid" and would refuse to move indoors even if housing were available.”

Project Description

The growing unmet need and increased utilization of costly and restrictive crisis services has led Humboldt County to the conclusion that a change in practice is necessary and timely.

This Innovation Project will address the following issues:

- Ineffective or nonexistent engagement of individuals who are homeless and have a severe mental illness including those with pets
- Individuals who are homeless and have a severe mental illness are often suspicious or fearful of outreach workers and law enforcement
- A lack of safe consistent shelter is too much of a barrier for individuals who are homeless and have a severe mental illness to engage in mental health services
- Individuals who are homeless and have a severe mental illness continue to experience discrimination even amongst the homeless services community and other homeless persons
- The increasing dependence on higher levels of care and restrictive settings such as psychiatric crisis and hospital services, emergency departments, and incarceration.

Through the development and evaluation of the following approaches:

- Utilizing peer support in a new way and in a new setting
- Exploring innovative approaches to engaging homeless persons with serious mental illness who have a pet
- Collaborating with local homelessness service agencies to implement a rapid rehousing initiative
- Partnering with law enforcement to identify and engage individuals who are homeless and have a severe mental illness.

Peer Support

Peer support has proven to not only reduce the internalized stigma for clients; it has also had a de-stigmatizing effect for co-workers and community members. With the passing of MHSA, Humboldt County Department of Health and Human Services (DHHS) Mental Health (MH) programs have explicitly included elements of recovery, wellness, and resiliency-focused peer support. Peers have been active part of service provision teams in mobile outreach, inpatient and outpatient programs. The Hope Center, a peer-run wellness center has been supporting clients in their recovery goals since it opened in 2008. DHHS MH’s 2010 Innovation Plan focused on the development of transition age youth (TAY) peer support specialists in the DHHS integrated TAY Division. In 2014, after many years of hard work DHHS was able to adopt the three tier classification of Peer Coach I, II, and III. For the first time at DHHS, these job descriptions explicitly recognize the value of lived experience in a service delivery team and provide a career ladder for Peer Coaches.

The CPP determined that thus far the infusion of peer support has shown success in engaging hard to engage clients. Further, that peer support has been successful at shifting community attitudes and beliefs through modeling resilience and recovery. The CPP articulated a confidence that the innovative approach of peer support will prove successful for engaging and housing individuals who are homeless and have a severe mental illness.

Pets

Of the homeless individuals with a mental illness that have a pet, a significant percentage will not give up the pet in order to participate in services. While it will not be immediately possible to include sheltering pets at the Multiple Assistance Center, the CPP determined that something should be done in order to successfully engage these individuals in this rapid re-housing project. Therefore, this project will explore approaches to engagement that will also serve to prepare the pet for sheltering such as food and grooming products, vouchers for spaying, neutering, vaccinations, and for short term pet care facilities or “doggie day care”. A minimum of 1% of the budget will be allocated as a flex fund that direct service providers can access for this purpose. Direct service providers will be responsible to develop principles for the use and accounting of these funds following all laws, policies and/or regulations. As a result, best practices will be identified and adopted.

Rapid Rehousing

As a small county health and human services agency, DHHS has successfully partnered with community organizations to address the unique needs of our special populations in Humboldt. The planned conversion of a local long-term transitional housing model for families to a short-term rapid rehousing model that is inclusive of individuals with a severe mental illness will require an innovative approach unique to this community. The large facility will serve as a short-term (30 days) housing program for any homeless adult, including persons with serious mental illness, to safely reside while looking for housing. Direct diversion into housing with rental assistance is available to participants who are able to accomplish this. Innovation funds will be used to support participants with serious mental illness.

According to the National Alliance to End Homelessness, rapid rehousing is an intervention designed to help individuals to quickly exit homelessness and return to permanent housing. This community-wide initiative will offer this assistance without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided will be tailored to the unique needs of the individual. While the larger community-wide initiative will serve all adults, this Innovation Project will serve those with a severe mental illness.

The Multiple Assistance Center (MAC) was a community-living program for families in transition that combined safe and clean temporary housing with in-depth case management and on-site direct services. Opened in April 2005, the MAC is a year-round, 24-hour staffed facility where families were challenged and supported to move from homelessness toward stability. The MAC provides a hospitable environment where people find respect, dignity, and comprehensive integrated services to assist them in overcoming the challenges of homelessness. Beginning in summer 2015, the MAC will transition from a transitional housing model for families, with stays up to 18 months, to a short-term transitional program (average stay 30 days) for adults as singles or couples while awaiting rapid placement into housing. In addition, the MAC, through this Innovation Project, will also begin to serve people with a severe mental illness as part of a mixed population of residents and participants.

Partnering with Law Enforcement

Another component to the local homelessness issue that merits the attention of this learning opportunity is the collaborative effort required to successfully engage homeless individuals who have a severe mental illness and have frequent contact with law enforcement. This innovation Project will result in the design, development, piloting, and evaluation of DHHS partnering with local law enforcement.

Key Activities

- Outreach and Engagement
Outreach and engagement will occur through the MIST partnership with law enforcement, emergency departments, psychiatric emergency services and hospital as well as other community partners.

- Rapid Re-Housing

The Multiple Assistance Center (MAC) is a large short-term housing facility that will accommodate up to 80 people. It will serve as a safe place for a mixed adult population of homeless adults, including adults with serious mental illness, while seeking housing. Staff from the MAC, case managers and client support specialists from DHHS Mental Health and other community partners will assist participants in locating and securing housing as quickly as possible using a "Housing First" approach. Participants will have a housing assessment to determine the appropriate level of housing for the individuals with serious mental illness and any ongoing needs for supportive services to remain housed. Financial assistance is also available for deposits and in some cases on-going rental assistance. The housing placements will range from private market apartments and efficiencies, subsidized housing, Section 8 subsidy, shared housing and for those most vulnerable with a history of chronic homelessness, Permanent Supportive Housing.

- Permanent Supportive Housing

Humboldt Housing and Homeless Coalition (HHHC) has taken every opportunity from HUD to increase the community's stock of Permanent Supportive Housing (PSH). When funded by HUD, this housing option requires the occupant to be low-income, disabled and chronically homeless. Briefly, PSH allows the participant to choose where he or she wishes to live so long as the rent is in line with Fair Market Rent for the area. The occupant's share of the rent is limited to no more than 30% of his/her income and the HUD-funded agency pays the balance. The housing unit is in the client's name and allows him/her to develop a good rental history. The participant is offered a full range of supportive services and chooses what he or she would like to participate in as recovery is client-driven. PSH can be funded by other sources, not just HUD, and DHHS Mental Health has a collaborative agreement for 15 units of PSH using the MHSA Housing Program that will open in Fall 2015. Known as Arcata Bay Crossing (ABC), this development will have 42 housing units total, including the 15 set aside for homeless people with

"The Eureka Police Department realizes that in order to effectively reduce the impact on our neighborhoods, the homeless mental health piece must be front and center of any effective solution. The Eureka Police Department, working in collaboration with the Humboldt County Department of Health and Human Services, is elated to explore new and important solutions to this very difficult and resource-intensive problem. DHHS, working with EPD in the field, brings the expertise and experience necessary to improve our problem-solving efforts."

~Chief Andrew Mills, Eureka Police Department

serious mental illness. Persons entering the MAC that need the level of support provided by PSH will be eligible for placement into ABC.

- Peer Support and Linkages

Peer support services includes linkages to services such as:

- Full Service Partnership enrollment
- Outpatient mental health counseling
- Case management
- Medication support
- Medi-Cal enrollment
- Alcohol and other drug services
- Primary care physician
- Housing
- Bus vouchers
- CalFresh enrollment
- Transitional Age Youth Division which provides mental health, social services, public health, Peer Partner support, advocacy and educational opportunities in an age appropriate, peer driven setting
- The Hope Center, a peer run wellness center that provides a safe, welcoming environment based on recovery self-help principles
- DHHS Mobile Outreach Vehicles, which provide services to people in extremely rural outlying communities and to those who are experiencing homelessness. The program uses RVs that travel to community sites such as family resource centers, clinics, tribal offices, volunteer fire departments, free meal sites, and homeless encampments. Social services, mental health and public health services and/or referrals are provided. These services are available in Spanish and English and may not be accessible otherwise due to transportation, financial or health-related difficulties. Mental health services include ongoing counseling, alcohol and substance abuse and case management.
- Transportation Assistance Program provides a non-refundable bus ticket to a pre-determined destination or gas money and daily meal allowance for each day of travel for those who wish to travel out of the area where they have family and/or friends willing to offer support and assistance, will also be made
- Community Corrections Resource Center (CCRC) is a multidisciplinary center that provides jail custody and community based services to County Probation Department offenders under AB109. DHHS services include development of transitional discharge plans, mental health assessments, counseling, medication management, alcohol and drug counseling, employment, education and housing assistance.

Project Elements

Elements known to be effective include Housing First model, Rapid Re-Housing model, client determined path to recovery.

Elements that are new include:

- Peer Support in a mixed populations, rapid re-housing environment
- Explore innovative approaches to engaging persons with serious mental illness who have a pet
- Short term housing for mixed populations, including persons with serious mental illness
- Short term housing facility where supportive services are provided by multiple agencies
- On-site presence of law enforcement in casual setting to reduce stigma. There will be a room in the facility for officers to use for writing reports, using phone, and taking a break. Interaction with residents

is encouraged to allow officers to see clients when they are not in crisis and to allow residents to interact with officers when not facing arrest.

Project Outcomes

The following will be monitored quarterly through the implementation team to identify best practices which will be reported annually in MHSA Updates and will culminate in a final Innovation Report at the end of the Project:

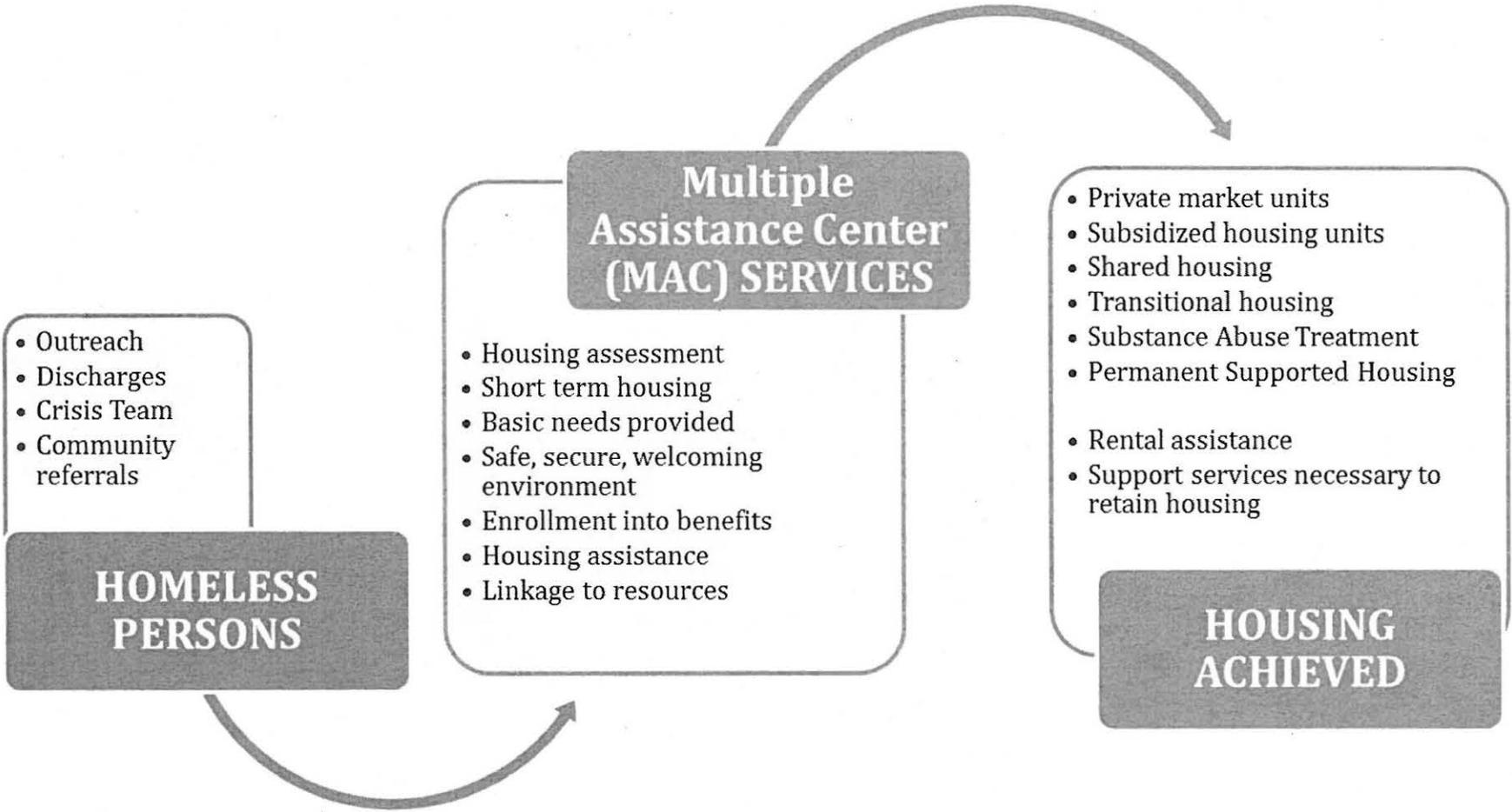
- Utilization of peer support in a new way and in a new setting .
- Exploring innovative approaches to engaging homeless persons with serious mental illness who have a pet
- Collaborating with local homelessness service agencies to implement a rapid rehousing initiative
- Partnering with law enforcement to identify and engage individuals who are homeless and have a severe mental illness.

Client outcomes will be monitored quarterly through the DHCS Data Collection and Reporting data base for Full Service Partners. They include but are not limited to:

Increase	Reduce
Residential Stability	Psychiatric Hospitalizations
Educational Goals	Psychiatric Emergency Visits
Vocational Goals	Arrests
	Incarceration

Project Timeline

Fiscal Year	
2014/2015	Planning and preparation of MHSA Innovation Plan
2015/2016	Transition the MAC from long-term to rapid re-housing model, develop staffing positions and job duties, recruit and train personnel, outreach and engage initial client participants, and implement project and evaluation plan.
2016/2017	Continue project and evaluation plan. Monitor client outcomes.
2017/2018	Continue project and evaluation plan. Monitor client outcomes.
2018/2019	Determine efficacy of project and if feasible transition successful project elements to alternative funding. Develop the final report.



**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: HUMBOLDT

Date: 4/30/15

DRAFT

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Rapid Re-Housing	65,353	65,353				
INN Administration	5,000	1,307				
Total INN Program Estimated Expenditures	70,353	66,660	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Rapid Re-Housing	984,026	544,130	282,096			157,800
INN Administration	41,626	10,883				
Total INN Program Estimated Expenditures	1,025,652	555,013	282,096	0	0	157,800

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Rapid Re-Housing	1,005,950	477,902	370,248			157,800
INN Administration	36,560	9,558				
Total INN Program Estimated Expenditures	1,042,510	487,460	370,248	0	0	157,800