

Community Stakeholder Listening Session: Compilation of Feedback, Questions, and Suggestions

A. Please share any reactions to or feedback on the Sacramento WPC pilot project.

Summary

- **Housing:** Concerns regarding how the program will address housing capacity without funding for housing and questions around what specific housing supports will be provided by the program generated the most feedback. There is a need for clarity on how the program will coordinate with Sacramento Housing and Redevelopment Agency (SHRA) on vouchers and Sacramento Steps Forward (SSF) on the Coordinated Entry System (CES).
- **Outreach and Engagement:** Participants also had numerous questions and feedback around the specific strategies for outreach and engagement. There is a need to detail what Assertive Outreach actually entails, clarify the benefits of the program for the target population, and ensure that outreach is culturally competent and addresses stigma.
- **Inclusion of Consumer Perspective:** Several participants requested more information on how clients would be included in the governance structure and stressed the inclusion of client voices and peer support in program planning and design.
- **Overarching Feedback on Model and Presentation:** Participants expressed hope and excitement for the model and specifically appreciated the no wrong door approach; focus on evaluation, outcomes, and transparency; shared care management platform; and commitment to collaboration. However, several participants noted that they would like more specifics on how the program will actually work and the roles of partners moving forward.

1. Housing Capacity, Supports, and Coordinated Entry

- Need specifics on how the program will address the lack of housing capacity
- Need clarification on what housing supports will be provided
- Would like information on how the program will address housing stability
- Concerns on whether a short-term program can address long-term housing needs
- Need clarity on how the program will be partnering with SSF and SHRA

“The Whole Person Care approach sounds like an amazing approach that focuses mainly on the whole person needs and making sure that these individuals successfully get housing no matter what.”

“It sounds like a really exciting model! I’m curious to know how housing can be integrated without money for housing? I also would like to know what ideas you have around housing stability? How will it support individuals in keeping/maintaining housing? Is there any way to use the money for aggressive prevention? Rental assistance? Eviction prevention?”

“I’m hopeful. My fear is the lack of housing opportunities we have. How do we align limited local funds to build more homes and shelters for the frequent users (alignment)?”

“Do you anticipate serving individuals whose housing needs are for family housing (perhaps family reunification or other situations)? WPC and SHRA should ideally coordinate WPC awards with project based voucher allocations.”

“Need additional info on how housing will be made available to support this program.”

“What is the plan for housing?”

“I have concerns about a ‘no wrong door approach’ can significantly differ based on the ‘door.’ Housing is a major concern here as it is a precipitous event that leads to homelessness.”

“A greater emphasis on housing and support to clients to remain housed once housed and assistance to applying for available units is needed, for example how to interview for housing and complete rental applications.”

“The short-term length of this initiative makes it different to pair with permanent housing due to potential long-term need.”

“What is the plan to coordinate with SSF coordinated entry?”

“As much as possible I would like to see WPC be integrated with the existing coordinated entry system and VI-SPDAT.”

“Where does coordinated entry fit?”

“Why isn’t Sacramento Steps Forward leading this?”

2. Assertive Outreach and Engagement

- Need for sustained outreach and engagement

- Need to address pipeline for staff with the skill-sets for assertive outreach
- Need clarity on what Assertive Outreach exactly is
- Need to make sure that outreach is culturally competent and addresses stigma
- Need clarification on program eligibility requirements and what's in it for clients
- Would like information on the incentives for people to participate
- Make sure not to confuse Assertive Outreach with assisted out-patient treatment (AOT)
- Need clarification on the program will be or should be described to potential clients

"I'm optimistic that this initiative will be different but the hardest to serve population is repeatedly the focus of new projects with very little commitment to the individual that receives navigation or assertive outreach. Assertive outreach requires a very specific skill set that we don't have to meet 6,800 over 4 years."

"Beware of confounding assertive outreach with assisted out-patient treatment (AOT) Laura's Laws. I think there is a place for AOT in this approach, especially if you use the same approach being used in Orange County."

"I love assertive outreach—how do you concretely do that? What does this mean and look like?"

"Also, transparency requires that we explain this is a health program not a housing program when we do outreach."

"Interested in knowing how we will ensure that 'every door' is LGBT competent and respectful of differences and opportunities are available for anyone."

"As a person who works directly with homeless families, I'm really struggling to understand what Whole Person Care will do or even what it is. If there's a parent in front of me tomorrow who needs help out of homelessness, how does this help them? How does he or she access this? Is it something that's even accessed? How could it change her life?"

"What's in it for people targeted to participate? How will stigma be addressed?"

3. Service Delivery Model

- Appreciation for no wrong door approach and shared care management platform
- Need to assess how this program might clog the pipeline
- Would like more specificity on the model, e.g. timing, benchmarks, and how program will interact with existing platforms

"How do we reach 'Get Better' focusing on community re-integration=prevention=long-term stability?"

“This model will improve a high-risk system which is great! Concern is it will then clog the next step systems. Have you considered how Pathways will ensure you will not create another big problem down the pathway.”

“Sounds great! What time benchmarks do you have in place?”

“Does this system take advantage of existing platform assets?”

“Great idea about IT Database Platform and ‘No Wrong Door Approach.’”

“Presentation too general, too few specifics.”

“Good overall presentation but lots of information and not a great deal of specifics.”

4. Inclusion of Consumer Perspective

- Need for a consumer role in governance
- Encourage incorporating individuals with lived experience and family members of clients

“How are consumers engaged in governance?”

“I also like the concept of inclusiveness, hopefully to include people with ‘lived experience’ with homelessness and/or mental illness plus family members whose loved ones were homeless and mentally ill.”

“I’m interested in learning how ‘peer support and empowerment’ can be supported and potentially funded if it doesn’t fall within the WPC funding guidelines.”

“The voices of the marginalized could be of great benefit.”

“I’d like to see the ability for homeless individuals to give feedback, voice their experiences with providers and provide solution ideas.”

“Bringing this conversation down to the person experiencing homelessness would help motivate all of us.”

5. Outcomes Data and Evaluation

- Appreciative of the focus on tracking outcomes

- Would like more information on the evaluation design
- Would like client outcome data to be available

“What does the evaluation process look like? Who is doing it? What model is being used?”

“I appreciate transparency and statistic tracking to learn from outcomes.”

“I appreciate the effort for more collaboration and more transparency, and appreciate the evaluations and outcomes component.”

“Will client participation data also be posted (in some suitably aggregate or masked fashion)?”

“What is the system of evaluation? How will outcomes be measured? What is the scale?”

6. Communications and Information Sharing

- Appreciate the website and stakeholder forums
- Would like smaller, focused meetings
- Need to educate community members and business owners

“Like the idea of the website that posts information about the initiative. “

“Please continue to provide these forums to provide information.”

“I would like to see smaller group meetings with service providers to discuss a more focused partner involvement.”

“How will WPC work with community members and business owners to change perceptions and support community reintegration?”

“We already have multiple ‘Pathways’ titled programs in Sacramento so it may be necessary to clearly ID and differentiate your program from the other in communications. Instead of “unnecessary” ER use, how about a non-judgmental term like non-emergent.”

7. Role of Partners and Partner Collaboration

- Partners will need support in learning new ways of interacting and collaborating
- Need for organizations to clearly understand their specific roles

“Extremely inspired by the initiative goals. I am hoping that integrated collaboration from our whole community can be obtained. “

“We need collective impact awareness and creativity from all sectors in ‘building this ship.’ Will you have help for individuals in those organizations to learn this kind of communication? I would suggest Dynamic Dialogue at Bread of Life. “

“I think this program has a lot of potential to work well in our community. We just need to make sure all the partners understand the specific roles.”

“I appreciate the effort for more collaboration and more transparency, and appreciate the evaluations and outcomes component.”

8. Target Population

- Would like more specificity on the target population, including the definition for frequent users and whether the program will serve youth

“What does “frequent user” mean?”

“Is this for youth as well as adults?”

9. Role of the County

- Would like clarification on the role of the County and how the program will move forward without the County as a partner

“What is the role of the County? How much have they bought into the system?”

“What is the Plan B if County does not partner with City?”

10. Funding and Sustainability

- Would like information on funding for non-profits and whether the program will support staffing development and capacity
- Would like information on how the program will be sustainable in the long-term

“How will non-profit organizations be supported to sustain their participation? Will staff development and capacity building be a part of this initiative? What is the long-term plan for sustained funding?”

B. Share successful examples of cross-sector health/housing partnerships in Sacramento. What's working well and why?

All Programs Noted:

- First Step Community Midtown Pilgrimage Shelter & Community Winter Sanctuary Programs with SSHH and Elica
- First Step Community/WellSpace Triage Program
- Dignity Health/Lutheran Social Services ED Discharge and Transitional Housing Program
- TLCS Respite Center
- Joshua's House
- Mather Community
- Wind Drop-In Center/CARES Health Center
- Mutual Housing of California programs
- WellSpace Health T3 and Interim Care Program
- Shelter Plus Care housing voucher program
- Mustard Seed School
- WellSpace Community Clinic/Mercy Housing California
- NAMI Sacramento, Turning Point, Wellness and Recovery Services and Steps for Change program to reduce the re-utilization of hospitals due to mental illness
- Goodwill/TLCS program to provide mental health services for youth experiencing homelessness
- VOA/WellSpace
- Elica Mobile Health Units/SSF Navigators
- Sacramento County Department of Behavioral Health and non-profit housing developers
- The California Endowment's Building Healthy Communities

"We run the Midtown Pilgrimage Shelter Program and the Community Winter Sanctuary Program. We partner with Sacramento Self Help Housing (SSHH) for housing counseling, Elica Health for primary healthcare and referrals, and others. SSHH also provides HMIS input and VI-SPDAT that allows us to identify the most vulnerable. First Step Community (FSC) plans a triage program which is a healthcare-service-intensive interim housing program utilizing micro-homes, a community center, a medical clinic and collaborative services partnerships. We want to discuss our WPC program fit. WellSpace is our medical partner in this program."

"Mutual Housing at the Highlands Permanent Supportive Housing: Housing provider = Mutual Housing California; Health Providers = Lutheran Social Services for HUD chronically homeless; Case Management = WellSpace; T3 referrals = Turning Point / Pathways MHSA"

“Lutheran Social Services providing transitional housing to people being discharged from Dignity Health hospitals is great when it happens but it’s not clear when/why clients are referred.”

“Lutheran Social Services works well with Dignity Health but involves a lot of paperwork.”

“NAMI Sacramento has a partnership with Turning Point, Wellness and Recovery Services and Steps for Change to reduce the re-utilization of hospitals due to mental illness.”

“In planning and creating Joshua’s House, the first hospice for the terminally ill homeless has been very successful in erecting partnerships with all hospitals and health systems, clinics and churches.”

“TLCS Respite Center is the best designed program!”

“Mather Community is a substance abuse recovery program that fell afoul of HUD Housing First and is now funded by Sacramento County.”

“I work at Mustard Seed School, the emergency school for children experiencing homelessness at Loaves and Fishes. This year we began a partnership with the UC Davis CAARE Center to provide immediate access to mental health services for kids right at Mustard Seed. We work together to get children most in need to counselors the week they arrive rather than waiting for months through the ACCESS system.”

“The Shelter Plus Care housing voucher program was successful in getting housing vouchers for homeless persons receiving mental health services. The problem became finding landlords that would accept the voucher. Last I heard the program ran out of funding.”

“CARES Community Health and Wind Youth are partnering to bring a health clinic to the Wind drop-in center that provides access to primary care that youth would not typically have.”

“Lutheran Social Services connecting people in hospitals to housing. WellSpace Health intake workers working in emergency rooms connecting homeless individuals to WellSpace case managers to get connected to housing.”

“Joshua’s House is actively building relationships and referral contracts with healthcare to bring homeless individuals who are dying to Joshua’s House Hospice to die, rather than dying on the street or getting end of life care in the ER. “

“1) Mutual Housing California partnering with direct service agencies, and 2) The California Endowment’s Building Healthy Communities.”

“VOA has partnered with WellSpace for an interim care program. It houses 18 clients being released from the hospital. If not for this program, the patients would be discharged from the hospital to the street. The collaboration has worked well.”

“Department of Behavioral Health and non-profit housing developers are currently housing and providing services to homeless individuals living with severe persistent mental health illness. In general, it’s working well enough. There needs to be a way to move people through the system. Also, need support for the developers and property management to understand the difficulty surrounding housing this population so that people are able to remain housed including increased access.

“WellSpace Health T3 and Interim Care Programs provide health assistance and temporary housing to help very vulnerable homeless.”

“Elica Health Mobile Health Units are useful for our navigators to connect homeless with healthcare on the streets.”

“Next Move works with a private physician (Dr. Chanter) who provides discounted counseling and mental health services. Goodwill contracts with TLCS to provide mental health services for youth experiencing homelessness.”

“T3 Program: Sutter and Kaiser, WellSpace, and Sacramento Self Help Housing: The hospitals identify people, WellSpace provides case management and permanent housing, and Sacramento Self Help Housing provides short-term housing. “

“SSHH and WellSpace (T3) realizing housing or lack of housing’s relation to poor health.”

“WellSpace Community Clinic and Mercy Housing California. Apartments, long term → 15 years commitment to provide services. Used to build new units.”