Service Capacity and Gaps for Sacramento's Homeless Population

Environmental Scan

Fall 2018

transform health

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Executive Summary

Sacramento is in the midst of a homelessness and housing crisis. From 2015 to 2017, the total homeless population increased by 38%, compared to 13% for the state as a whole.[1,2] Moreover, both the unsheltered and chronically homeless populations in Sacramento County have more than doubled during this two-year period.[3] The majority of the unsheltered homeless population in the County resides within City of Sacramento limits.[4]

At the same time the availability of affordable housing in the area is rapidly diminishing. Sacramento's rental vacancy rate dropped from 8% to 4.7% from 2010 to 2017, resulting in significant rent increases.[5] In fact, Sacramento's rent prices have risen more quickly than any city of similar size throughout the nation in recent years.[6] An estimated 10,375 rental units are needed to meet demand over the next three years, but just 1,975 rental units are currently under construction.[7]

Finding safe, affordable housing is difficult for many Sacramento residents and nearly impossible for the City's homeless population who struggles with serious and complex health issues, including mental illness, substance use, physical disabilities, trauma, chronic disease, or some combination of these conditions. Additionally, Sacramento's highly competitive and crowded health care market brings significant challenges to providing stabilizing, coordinated care to individuals with complex needs. Individuals experiencing homelessness interact with multiple systems and providers that have no infrastructure for sharing information and no collective accountability for improving outcomes.

As the homeless population continues to grow, so does public alarm and demand for government to address the urgency of the situation through a comprehensive and coordinated approach. Stakeholder consensus on what homeless resources are needed, particularly around the development of shelter, housing, and behavioral health capacity, is essential to driving systems transformation. This requires a clear understanding of the current system capacity, as well as the most pressing needs and barriers to accessing services for individuals experiencing homelessness.

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[1] The 38 percent increase is based on point-in-time counts reported in the 2015 Point-in-Count Report and the 2017 Point-in-Time Report. Note that the sampling and research methodology implemented by California State University, Sacramento researchers in 2017 was adjusted to address under-sampling. Based on this adjustment, CSU Sacramento researchers conducting the 2017 count estimate that the 2015 count reported by Focus Strategies should have been six percent higher, which would have resulted in a 30 percent increase from 2015 to 2017. http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf, https://www.sacramentostepsforward.org/wp-content/uploads/2018/02/Sacramento-PIT-2015-FINAL-150716

[2] http://www.hcd.ca.gov/policy-research/docs/CoordinatingCouncilMaterials.pdf

[3] http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf, https://www.sacramentostepsforward.org/wp-content/uploads/2018/02/Sacramento-PIT-2015-FINAL-150716.pdf

[4] http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf

[5] https://www.huduser.gov/portal/publications/pdf/SacramentoCA-comp.pdf

[6] https://www.rentcafe.com/blog/rental-market/apartment-rent-report/rentcafe-apartment-market-report-february-2018/, https://docs.wixstatic.com/ugd/ee52bb_5f655bc344b2411f9320bb5906f54885.pdf

[7] https://docs.wixstatic.com/ugd/ee52bb_5f655bc344b2411f9320bb5906f54885.pdf

This report provides a comprehensive overview of Sacramento's homeless service delivery landscape to help identify and assess the most critical program gaps and service needs. From September through November 2017, the Pathways to Health + Home consulting team conducted key informant interviews and surveys with more than 100 individuals representing more than 50 organizations from all of the six major sectors intersecting with individuals experiencing homelessness in Sacramento — government agencies, homeless services, housing providers, and social services; behavioral health providers; managed care organizations; hospital systems; and community clinics.

Research conducted for this Environmental Scan offers insights to the major structural barriers and on-the-ground challenges providers experience in meeting the needs of this population. Input from key informants was instrumental in shaping the development and implementation of the City of Sacramento's Whole Person Care program, Pathways to Health + Home. Anonymous quotes from key informants are highlighted throughout this document and are attributed by organization type. These quotes, as well as the key informant interview and survey results, reflect the opinions and perspectives of the individuals interviewed and organizations surveyed.

During the summer and fall of 2017 when research for this Environmental Scan was initiated, public concern and media attention on homelessness had reached significant levels. Local service providers and leadership were at a critical juncture in committing funding and developing programming to improve outcomes for individuals experiencing homelessness.

Since then, key organizations supporting the region's homeless population, including Sacramento Steps Forward and the Continuum of Care, the County of Sacramento, and the City of Sacramento, have made significant progress in committing resources, strengthening partnerships, and implementing new programming to better serve this population. Major investments and developments include:

- County of Sacramento's commitment of $44 million in Mental Health Services Act (MHSA) funding for individuals experiencing homelessness with severe mental illness;
- Launch of the City's Whole Person Care pilot program, Pathways to Health + Home, and the County's Flexible Supportive Rehousing Program (FSRP) programs designed to improve health and housing outcomes for individuals experiencing homelessness with complex needs;
- A combined investment of $3.9 million by Sutter Health and Dignity Health to support the continued operation of the City of Sacramento's Triage Shelter; and
- Allocation of 450 Housing Choice Vouchers by the Sacramento Housing and Redevelopment Agency (SHRA) for individuals experiencing homelessness.

These exciting new efforts have already shown to be impactful in addressing the structural barriers identified in this report and provide the foundation for improved collaboration and coordination moving forward.

Top-Level Findings

Although each key informant and organization provided insights informed from their respective sector, several common themes emerged that can inform future planning to improve service delivery and outcomes for Sacramento's homeless population.

> "The biggest need is housing location assistance — finding units, navigating through the administrative processes, and providing the necessary financial resources for security deposit, move-in assistance, damage funds, and incentives for landlords."
>
> Housing Organization

1. Development of Housing Stock and Expansion of Housing Support Services is Critical

The need for more housing and housing support services was repeatedly mentioned by key informants as the most pressing need for the homeless population and was ranked as the number one most difficult service to access.

Although both emergency shelter and permanent supportive housing beds for the homeless population have increased in Sacramento since 2015, they have not kept pace with the number of unsheltered individuals in need of temporary shelter and long-term housing. And while the vast majority of U.S. Housing and Urban Development (HUD) Continuum of Care (CoC) housing funding in Sacramento is directed to permanent supportive housing, these beds typically have very low turnover rates. Meanwhile, as a result of HUD policy shifts that have prioritized funding for permanent supportive housing and rapid rehousing projects, the number of transitional housing beds has decreased by 26% since 2015.[8]

> "What works well in other locations to develop housing capacity is coordinating all three legs of the stool at the same time —capital, operating costs, and subsidies."
>
> Housing Organization

One potential bright spot on the horizon may be Sacramento's success in reducing the number of homeless transition-age youth. Since 2015, the number of young adults experiencing homelessness decreased by 20% decrease.[9] During that same time period, Sacramento significantly ramped up housing programs designed to support this population in rapidly accessing private market housing. Although the decrease in the number of homeless transition-age youth should be interpreted with caution due to limitations associated with the source data, these trends suggest that investing in housing support services and deploying a targeted approach to their allocation may be the most impactful.

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[8] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_CA_2017.pdf, https://www.urban-initiatives.org/reports/realignment-hud-continuum-care-program-homeless-assistance-funding-what-are-outcomes

[9] http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf

2. Sacramento's Homeless have Serious Unmet Behavioral Health Needs — Expanded Access to Behavioral Health Services is Instrumental to Stabilizing the Population

> "Too many people are demanding care from a County Behavioral Health system that is already overwhelmed. No one new gets in and no one graduates. We need more assessments made of people in the mental health system who are stable and ready to be discharged to an appropriate level of care."
>
> Community Clinic

Unaddressed mental illness and substance use disorders are pervasive issues for Sacramento's homeless population that demand immediate attention. Despite the prevalence of behavioral health issues among the population, there is limited availability of mental health and substance use disorder services, which is contributing to a cycle of first responder calls, avoidable emergency department visits, and unsuccessful housing placements and evictions. Waitlists for individuals in need of County-based services were cited as problematic, as well as timely diagnoses and assessments to identify those with severe mental illness versus the mild to moderate population. The availability of onsite, on-demand behavioral health services, particularly to support medication adherence, was noted as a serious gap in service delivery for the population, as well as inpatient psychiatric beds.

3. Systems of Care Serving the Population are Disjointed — Fixing this Requires Communitywide Collaboration and Consensus

> "There are so many systems of care that reach this population but do not function in unison, even within the hospitals. There can be 50 different case plans for a high utilizer but no one is talking to each other."
>
> Managed Care Organization

Multiple key informants noted high levels of dysfunction in the coordination and allocation of resources and services for Sacramento's homeless population. Several individuals noted that high-level strategic planning and collaboration between the City and County needed to serve this population is lacking. Others expressed that the Sacramento CoC's Coordinated Entry System has difficulty in connecting individuals with the most need to housing. In general, key informants noted the need to bring stakeholders together to develop a regional approach with communitywide agreement on the prioritization and allocation of homeless resources.

Moreover, service providers working directly with individuals experiencing homelessness do not coordinate or share information, leading to a duplication of services and inefficient use of resources. The desire to more successfully—and in real time—communicate among the many

different entities working with the homeless population was one of the most consistent issues raised in the key informant interviews and surveys.

4. More Responsive and Ongoing Outreach, Navigation, and Case Management is Needed

> "With navigator programs, the initial outreach is a gap. It feels like there isn't the ability to get action or help folks in the moment, whether it's helping folks get an ID or access services. More aggressive outreach could lead to more responsiveness."
>
> Property-Based Improvement District

Many key informants shared that homeless and navigation services need to be more assertive and extend longer to be effective. Care coordination and case management often ends when and individual has been housed or finds employment, but individuals usually need ongoing support to maintain that housing or job. Key informants also noted that the population requires support beyond just navigation and accessing resources. Individuals experiencing homelessness need skills and tools that support empowerment and motivation to make changes. This is particularly important for homeless populations that are hard to engage, necessitating additional staff training.

Methodology

The scope of this Environmental Scan includes: (1) an overview of the service delivery landscape with provider level specificity for key sectors and a review of homeless population and homeless housing data; (2) an overview of the existing data sharing landscape for service provider organizations participating in Pathways to Health + Home; and (3) identification of the challenges, barriers, and service delivery gaps to identify and inform the development of successful strategies related to homeless services.

Key informant interviews were conducted with representatives from more than 50 organizations within the major service sectors intersecting with Sacramento's homeless population. A full list of the key informants is available in the Appendix.

Service delivery and IT surveys were administered to fourteen health and behavioral health organizations serving the Sacramento area and eight housing and homeless services organizations to support qualitative findings. A full list of the organizations surveyed is available in the Appendix.

Sacramento's Homeless Service Delivery Landscape

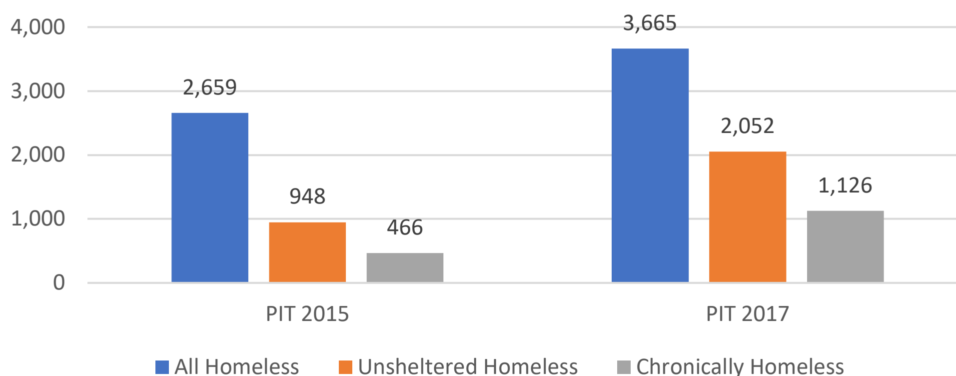
Population Demographics and Trends

> "Most of the folks that I have encountered have been on the streets for quite some time. The typical person is older and tends to have a lot of medical needs and physical issues. Living on the street increases substance use to numb the day-to-day. It's hard to say who developed mental health issues from living outside or who had a mental illness beforehand. It's a challenge for these folks to make appointments and plan their days and weeks, which makes the notion of care for this population that much more difficult."
>
> Homeless Services Organization

The latest data from the Point-in-Time Count, a bi-annual census of homeless individuals in Sacramento County required by HUD, show that approximately 3,665 people experienced homelessness in Sacramento County on one night in January 2017. Of the identified homeless population, 2,052 — or more than half (56%) — were unsheltered and sleeping outdoors. About three out of every five unsheltered homeless individuals in Sacramento County resides in the City of Sacramento. Within city limits, the homeless population is concentrated in the Central City area, including downtown, midtown, and the neighborhoods and communities just north of downtown near the American River.[10]

Since 2015, the total homeless population in Sacramento County has increased by 38%.[11] Moreover, both the unsheltered homeless and chronically homeless populations have more than doubled within that same time period.[12]

Chart 1: 2015 and 2017 Sacramento Homeless Point-in-Time Counts



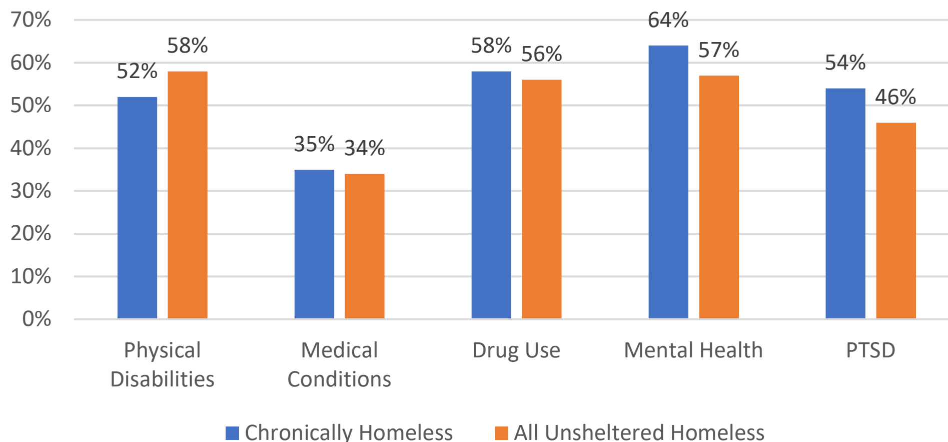
10 http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf

11 See Footnote 1 regarding the Point-in-Time percentage increase from 2015 to 2017.

12 http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf, https://www.sacramentostepsforward.org/wp-content/uploads/2018/02/Sacramento-PIT-2015-FINAL-150716.pdf

Point-in-Time Count self-reported survey data show that nearly a third (31%) of Sacramento County's homeless population is chronically homeless, experiencing long periods without housing while having a disability. According to survey data, two out of three (64%) chronically homeless individuals in Sacramento suffers from mental illness, more than half (58%) report drug use, and the majority report having physical disabilities (52%) and Post-Traumatic Stress Disorder (54%).[13]

Chart 2: 2017 Sacramento Homeless Self-Reported Conditions



Not only do individuals experiencing homelessness in Sacramento struggle with significant health and behavioral health issues, they also have a shorter life span than the general population. On average, one individual experiencing homelessness dies every week in the Sacramento area. According to a recent report released by the Sacramento Regional Coalition to End Homelessness, the average age of death for men who die while homeless was 50. For homeless women in Sacramento, average life expectancy is even shorter at 45 years of age. Compared to the average age of death for Sacramento County's general population (81 years of age for women and 77 years of age for men), the average life expectancy for individuals experiencing homeless is more than 25 years lower.[14]

Not surprisingly, a significant tightening in the Sacramento area housing market has coincided with the increase in Sacramento's homeless population. A November 2017 report found that from 2010 to 2017 the Sacramento area's rental vacancy rate dropped from 8% to 4.7%, and demand continues to increase. An estimated 10,375 rental units are needed to meet demand over the next three years, but just 1,975 rental units are currently under construction.[15]

[13] http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf
[14] http://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Sacramento_County_California.pdf; https://docs.wixstatic.com/ugd/ee52bb_5f655bc344b2411f9320bb5906f54885.pdf
[15] https://www.huduser.gov/portal/publications/pdf/SacramentoCA-comp.pdf

Overview of the Service Delivery Landscape

Multiple government agencies, community-based organizations, faith-based organizations, and health care institutions offer more than 100 unique programs that serve the thousands of individuals experiencing homelessness residing within Sacramento County. Services and supports provided to this population range from drop-in centers that provide a shower and warm meal for anyone who walks in to permanent supportive housing with onsite wraparound services for individuals with significant mental health needs. Many programs target specific sub-sets of the homeless population, for example veterans, frequents users, individuals with a specific health plan being discharged from a specific health system, transition-age youth, or women and children.

Six Major Sectors Serving the Homeless Population

Based on a comprehensive review of homeless services and programs provided in Sacramento, there are six major sectors that provide services and supports to the City's homeless population, which also serve as key touch-points for connecting homeless individuals to services:

1. Government Agencies
2. Homeless Services, Housing Providers, and Social Services
3. Behavioral Health Providers
4. Managed Care Organizations
5. Hospital Systems
6. Community Clinics

Ten Categories of Services and Supports Utilized by the Homeless Population

These sectors provide critical services and supports for the homeless population that can be grouped into ten broad categories, which are briefly defined below:

1. **First Responders:** First responders are individuals trained to respond to emergencies, namely police officers and emergency medical services (EMS). Police officers and paramedics are often the initial point of contact for chronically homeless individuals and have a vital role in connecting this population to needed services.

2. **Outreach, Navigation, Care Coordination, and Case Management:** These are services designed to engage individuals experiencing homelessness into and through the service delivery system by facilitating referrals to health and social services, through advocacy on behalf of the individual, and the provision of coordinated services.

3. **Drop-In Centers and Survival Services:** Services provided under this category include day-time services that support survival, for example a safe space to temporarily rest or escape the elements, meals, showers, clothing, blankets, and sanitary items. Drop-in centers often help link individuals to other programs, including shelters and health services.

4. **Emergency Shelters:** Emergency shelters are generally large, communal facilities that provide temporary shelter, food, and other services for homeless populations and do not require occupancy agreements.

5. **Interim and Transitional Housing:** Interim and transitional housing programs provide short-term housing solutions, often with supportive services that are designed to help individuals transition to independent living within one to two years.

6. **Permanent Housing — Permanent Supportive Housing, Housing Support Services, and Rental Assistance:** These are a wide range of services, supports, and programs that provide permanent housing or help connect and support the retention of individuals experiencing homelessness into permanent housing. Permanent housing includes both publicly subsidized housing and private market housing options.

    - **Permanent Supportive Housing:** Low-barrier, subsidized housing combined with onsite supportive and stabilizing services, for example case management, health and behavioral health care, and employment services. Individuals in permanent supportive housing often are only able to stay housed with these supportive services.

    - **Housing Support Services**: Services and supports designed to support individuals in accessing and maintaining housing. These programs are generally focused on access to private market housing options, including rental units, board and care, shared housing, room and board, and housing through familial or social networks. Services include landlord recruitment, landlord and property management relations, master leasing, housing search and application assistance, deposit and move-in financial support, ongoing client and landlord relationship management, and family reunification support.

    - **Rental Assistance**: Programs that help individuals pay rent. Most rental assistance is provided through federal housing vouchers, although faith-based organizations and nonprofits also offer temporary rental assistance to individuals in need.

    - **Public Housing**: Housing provided for people with low incomes that is subsidized by public funds.

7. **Health Care Services:** Health care services include primary care, emergency services, inpatient care, prescription drugs, chronic disease management, specialty care, and long-term care services and supports.

8. **Behavioral Health Services:** This category refers to mental health and substance use disorder services designed to treat persons with behavioral health issues. These services

can include, but are not limited to, outpatient counseling and therapy, prescription drugs, crisis urgent care services, inpatient care, detoxification, residential treatment, and medication-assisted treatment (MAT or methadone).

9. **Social Services:**

    - **Health Navigation, Benefits Advocacy, and Legal Aid:** These services help support individuals in applying for and connecting to critical government assistance programs and benefits, including Medi-Cal, Covered California, Medicare, CalFresh, CalWORKs, Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI). Health navigators also support individuals and families in connecting with health care services and provide education on the value of health coverage. Legal aid programs help resolve legal barriers to increase income and access housing and services. This support includes eviction, credit, and criminal record expungement; child support adjustment; and fine and fee resolution.

    - **Non-Medical and Non-Housing Social Services:** These services include food, education, employment assistance, job training, life skills, child care, and transportation services.

10. **Criminal Justice Services:** Criminal justice services that intersect with Sacramento's homeless population include Proposition 36 drug diversion programs, AB 109 reentry programs, and collaborative specialty courts and court programs, for example the Loaves and Fishes Court, Chronic Nuisance Offender Program, Adult Drug Court, and Co-Occurring Mental Health Court.

Major Funding Sources for Homeless Services and Housing

Funding sources for homeless programs vary and funding streams often drive program goals and the target populations served. Major homeless housing funding sources in the City of Sacramento include:

- Sacramento Housing and Redevelopment Agency
- Sacramento County Public Housing Authority
- HUD CoC grants
- HUD Emergency Solutions Grant Program
- Sacramento County General Funds
- City of Sacramento General Funds
- Veterans Administration homeless program funding
- County Department of Health Services, Behavioral Health Services
- Mental Health Services Act
- County Department of Human Assistance
- CalWORKs
- Faith-Based Organizations and Private Sector

First Responders

City of Sacramento first responders that frequently interact with the homeless population include the Sacramento Fire Department and Sacramento Police Department. According to a 2015 analysis conducted by the City of Sacramento, the City spends more than $13.6 million annually on costs related to homelessness and 72% of those costs are for direct services provided to constituents by the Sacramento Police Department and the Sacramento Fire Department.

An overview of City of Sacramento first responders is provided below. Other law enforcement agencies and first responders throughout Sacramento County that serve homeless populations include the Sacramento County Sheriff's Department Homeless Outreach Team (HOT Team), police departments for other cities within Sacramento County, Sacramento Metropolitan Fire District, and Sacramento County Park Rangers.

Sacramento Police Department Impact Team

The Sacramento Police Department Impact Team (Impact Team) was developed to respond to homeless complaints and mitigate the impacts of homelessness by providing outreach and engagement services throughout the City of Sacramento to the homeless population. On average the Sacramento Police Department receives approximately 36,000 calls related to homelessness every year, or about 10% of the total calls received. In December 2017, the department received 3,550 calls for service related to homelessness and the Impact Team responded to 518 of those calls. The Impact Team is often the City's initial point of contact with the population and works to support individuals in connecting with service providers that provide housing and other services.

Sacramento Fire Department Emergency Medical Services Division

The Sacramento Fire Department generates the largest direct service costs related to homelessness incurred by the City through the transport of people experiencing homelessness in ambulances. These paramedic services are provided through the Emergency Medical Services (EMS) Division. A recent report found that the average annual cost for EMS transports for a persistently homeless individual is approximately $2,940.[16]

Homeless Services and Housing Providers

About the Sacramento City and County Continuum of Care

Many of Sacramento's homeless services and housing provider organizations participate in the HUD CoC program. The CoC is designed to "promote community-wide commitment to the goal of ending homelessness," and provides a mechanism for the distribution of annual HUD grants to local organizations and government agencies to provide housing for homeless populations. Currently, Sacramento Steps Forward (SSF), a nonprofit agency, leads Sacramento's CoC and convenes the CoC Advisory Board, which is comprised of 25 local stakeholders. For fiscal year 2017, 31 projects were awarded grants totaling $20.1 million through the CoC, including 22

[16] http://socialfinance.org/content/uploads/PFS-Persistently-Homeless-Sacramento.pdf

permanent supportive housing programs. The HUD CoC grant program is the largest funding source for homeless housing programs in Sacramento County.

Coordinated Entry System and Health Management Information System

HUD defines coordinated entry as, "a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs." Each CoC is required to develop a Coordinated Entry System, or what is also referred to locally as the "queue," to prioritize and determine which individuals are selected for CoC housing. This system is supported by a local information technology system called the Homeless Management Information System (HMIS), which allows CoC funded homeless service providers to collect and track client-level data, including history of homelessness, services needed, and connection to housing and services. In order to receive HUD CoC funding, the CoC is required to provide and maintain HMIS. Many CoCs expand HMIS to collect and track data on all homeless individuals and homeless housing and shelter availability provided in the region to facilitate a truly coordinated approach, as opposed to only tracking individuals interested in accessing CoC housing and CoC service providers. In Sacramento, the Coordinated Entry System and HMIS are overseen and managed by SSF.[17]

Outreach, Navigation, Care Coordination, and Case Management

Prior to the implementation of Pathways to Health + Home in November 2017, outreach and navigation specifically targeted to the homeless population within the City of Sacramento was primarily conducted by the Sacramento Police Department Impact Team and SSF, serving as critical touch-points for the homeless population to enter the service delivery system.

Today, eight navigators employed by SSF currently provide homeless outreach and navigation services within the City of Sacramento through contracts with the following organizations:

- Property-Based Improvement Districts (PBIDs)
    1. Downtown Partnership
    1. Florin Road Partnership
    2. Mack Road Partnership
    3. Midtown Business Association
    4. River District

- Health Care Organizations
    5. One Community Health
    6. Sutter Health

- Government Entities
    7. Regional Transit
    8. Sacramento Public Library

[17] https://www.hudexchange.info/programs/hmis/

These navigators use a "street case management" approach that includes phased engagements to support assessment and referral to permanent supportive housing, interim housing, and non-subsidized housing, as well as linkage to health, behavioral health, and social services. Navigators work closely with other organizational staff to respond to referrals. For example, community guides employed by the Downtown Partnership comb the area and make referrals as needed to the SSF navigator. Caseloads are capped at 35 individuals per navigator and outreach is limited to encounters with the target population within boundaries or parameters defined by each contract, for example homeless individuals on light rail.

Other homeless navigation services provided in Sacramento County, including some within city limits, include Sacramento Steps Forward navigators for the City of Rancho Cordova and the Sacramento County Sheriff's Department. The Sacramento County Department of Human Assistance deploys homeless outreach social workers and the Sacramento County Department of Behavioral Health Services targets individuals experiencing homelessness with mental health issues through mental health triage navigators

In addition, some homeless emergency shelter, transitional housing, and permanent supportive housing programs provide care coordination or intensive case management services to ensure that individuals access supportive, stabilizing services. Sacramento's major hospital systems, Medi-Cal Managed Care Plans, behavioral health providers, and community clinics also offer case management services that are utilized by individuals experiencing homelessness as they interact or receive services from those systems. All of the organizations providing direct services that were interviewed or surveyed for this Environmental Scan mentioned a care coordination or case management component to their programming.

Drop-In Centers and Survival Services

Individuals experiencing homelessness in Sacramento primarily access survival services at Loaves and Fishes, a private faith-based charity located just north of downtown Sacramento in the Richards Boulevard area. Loaves and Fishes programs serve 400 – 1,200 men, women, and children on any given day and the population served is largely unsheltered. The majority of services are provided at Friendship Park where meals and laundry services are offered. Breakfast is provided Monday through Friday.

Several other organizations noted below also provide drop-in hours and survival services for specific demographic groups within the homeless population, for example transition-age youth, LGBTQ youth, veterans, and sexually exploited, trafficked, and prostituted women.

Table 1: Sacramento Drop-In Centers for Homeless Population

Organization	Program Name	Target Pop	Description
Loaves and Fishes	Animal Services	Guest pets	Kennel available to house and feed guest pets
	Dining Room	All homeless	Open 7 days a week, 364 days a year, serves a well-balanced lunch to guests each day
	Friendship Park	Adults	A private park providing activities, information, restroom facilities, and a safe environment

	Genesis	Adults	A free mental health program that provides counseling and mental health referral services
	Library	All homeless	Full service library with books, daily newspapers, and periodicals
	Maryhouse	Women/ children	A daytime shelter for homeless women and children offering showers, meals, and supports
	Mustard Seed	Children	A free, private school for children 3 -15 years old
	Wash House	Men	Showers, shaves, toiletry items, and laundry
CASH	Drop-In Center	Sexually exploited women	Safe space, meals, clothing, computers, phones, and support
El Hogar	Connection Lounge	All homeless	Laundry services, light refreshments and other community supports are provided
Next Move	Triage Center	All homeless	Transportation support, hygiene kits, resource coaching, eye glasses, and notary service
Sacramento LGBT Community Center	Q-Spot Drop-In Center	Youth	Safe space, computer, wifi, phone charger, shower/laundry facilities, toiletries and snacks
Union Gospel Mission	Clothing and Showers	Men	Clean clothes and showers
VA Health Care System	Drop-In Clinic	Veterans	Homeless drop-in center with referral and linkage to resources
WIND Youth	Drop-In Center	Youth	Provides nurturing, hot meals, shower, laundry facilities, clothing, mail, and telephone
Total	**15 Programs**		

Emergency Shelters

Sacramento's emergency shelter options range from small homes for targeted populations to large communal facilities that offer shelter, food, and linkage to services. The following listing of emergency shelter programs within Sacramento County is based on CoC reporting to HUD, as well as information provided by the City of Sacramento's Homeless Services webpage.

Table 2: Sacramento County Emergency Shelters

Organization	Program Name	Target Population	Beds
Bishop Gallegos Maternity Home	Bishop Gallegos Maternity Home	Adult pregnant women	22
Carmichael HART	Winter Sanctuary	Adults	35
Citrus Heights HART	Winter Sanctuary	Adults	9
City of Sacramento	Winter Triage Shelter	Adults	200
Elk Grove HART	Winter Sanctuary	Adults	12
Folsom HART	Winter Sanctuary	Adults	20
Interfaith Network	Family Promise Center	Families	10
Loaves & Fishes	Sister Nora's Place	Women with mental health diagnoses	16
My Sister's House	Safe Haven Shelter	Asian/Pacific Islander (API) women/children survivors of DV/sex trafficking	12
Next Move	Family Shelter	Families	60
Next Move	Francis House Center — Emergency Hotel Vouchers	Families	9
Organization	**Program Name**	**Target Population**	**Beds**
Sacramento Self-Help	Cathedral House	Adults	8

Housing	Workforce Bridge Housing	Adults	20
	Interim Houses	Adults	10
County of Sacramento	Winter Sanctuary	Adults	100
Safe Ground Pilgrimage	Rotating Churches	Adults	111
St. John's Program for Real Change	CalWORKS Emergency Shelter	Women and children	89
The Salvation Army	Center of Hope — "B" Street Shelter	Adults	84
	Veterans Shelter	Veterans	30
TLCS, Inc.	Palmer Apartments	Adults	48
Turning Point	Emergency Shelter	Families	17
	Emergency Vouchers	Adults and families	20
Union Gospel Mission	Union Gospel Mission	Adult men	56
VOA	"A" Street Shelter	Adult men	80
	Senior Safe House	Senior singles and couples	6
	Bannon Street Shelter	Families	62
	Open Arms Shelter	Adults with HIV or AIDS	12
	CATC/Detox	Adults under the influence of alcohol	80
	Winter Shelter Program	Families	24
WEAVE	Safehouse	Women DV/sexual abuse survivors and children	84
WellSpace Health	Interim Care Program	Adults in need of respite	20
	Interim Care Program Plus	Adults in need of enhanced respite	21
	T3 Shelter	Adults	18
Wind Youth Services	TAY Shelter (Doug's Place)	Youth 18-24	6
	Youth Shelter	Youth 12-17	6
Total	**33 Year-Round and Seasonal Programs**		**1,417**

HUD Housing Inventory Count data show that the total number of emergency shelter beds in Sacramento County has increased by 15% since 2015, from 665 beds counted in 2015 to 762 beds inventoried in 2017.[18] This data does not include all emergency shelter beds, for example the 200 emergency shelter beds provided by the City of Sacramento through the Winter Triage Shelter beginning in November 2017 and the scattered-site Sacramento County Full Service Rehousing Shelter.

Transitional and Interim Housing

Interim and transitional housing programs provide short-term housing solutions, often with supportive services that are designed to help individuals transition to independent living within one to two years. In 2017, Sacramento County transitional housing programs reported by the CoC offered 97 family units and a total of 669 beds, of which 192 were for single adults.[19]

HUD Housing Inventory Count data show that the total number of transitional housing beds in Sacramento County declined by 26% since 2015, from 899 beds counted in 2015 to 669 beds inventoried in 2017.[20]

[18] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_CA_2017.pdf
[19] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_CoC_CA-503-2017_CA_2017.pdf
[20] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_CA_2017.pdf

Table 3: Sacramento County Transitional Housing Programs				
Organization	**Program Name**	**Target Pop**	**Family Units**	**Beds**
Clean and Sober	New Life	Adults	N/A	60
SSHH	Meadow House	Families	15	15
	Grace House	Adults	N/A	5
SVRCA	Women's Supportive Housing	Veteran Women	N/A	8
	Supportive Housing	Veterans	N/A	30
	Behavioral Health Center	Veterans in need of drug/alcohol assistance	N/A	22
The Salvation Army	Transitional Living Program	Families	32	96
Union Gospel Mission	E. Claire Transitional Living Center	Adult Men	N/A	31
VOA/ County of Sacramento	Mather Community Campus	Families & Adults	27	253
	Adolfo THP + Housing	TAY	11	71
	Adolfo Transitional Housing	Adults	N/A	10
	Independent Living and Readiness	Adults	N/A	22
Waking the Village	Tubman House	Young Parents	6	16
WEAVE	Transitional Housing	Families	6	18
WIND Youth	Transforming Living	Adults	N/A	12
Total	**16 Programs**		**97**	**669**

Permanent Housing

Permanent Supportive Housing

Permanent supportive housing is a housing approach that connects low-barrier, subsidized housing with onsite stabilizing support services, including case management, health and behavioral health care, and employment services. Individuals in permanent supportive housing often are only able to stay housed with these supportive services. Numerous studies demonstrate that permanent supportive housing programs are effective in helping homeless individuals with complex needs maintain housing and reducing associated health care costs by keeping individual connected to preventative services.[21]

Key elements of the permanent supportive model that support success include:

- Tailored, voluntary supportive services that are flexible and accessible 24 hours a day, seven days a week
- Supportive services are not a condition of tenancy

[21] http://www.coloradocoalition.org/sites/default/files/2017-01/287.pdf

- Leases are held by tenants and do not have limits on length of stay
- Ongoing collaboration and coordination among service providers, property managers, and tenants are designed to support issues that arise and resolve crises

Sacramento County offers approximately 33 permanent supportive housing programs and more than 3,000 beds to the homeless population.[22] Of these programs, 22 are funded with HUD CoC awards, comprising 78% of the total CoC funding for fiscal year 2017.[23] Another funding source for permanent supportive housing in Sacramento County is MHSA funding. Between 2008 and 2013, Sacramento County used $15.7 million in MHSA funds to help finance the renovation or development of 161 permanent supportive housing units in eight affordable housing projects.

Table 4: Sacramento County Permanent Supportive Housing

Organization	Program Name	Target Population	Beds	MHSA Support for Dev	FY 2017 CoC Award	% of CoC Funding
Cottage Housing	Quinn Cottages	Adults/Families	75		$318,083	2%
	McClellan Park	Families	284		N/A	N/A
Dept of VA (administered by SHRA)	VASH Vouchers	Veterans	663		N/A	N/A
LSS	Mutual Housing of North Highlands	Adults	66	Y - 2011	$339,225	2%
	Saybrook PSH	Families	172		$516,530	3%
	Achieving Change Together (ACT)	Adults	33		$346,103	2%
	Building Bridges Program	Adults/Families	212		$369,092	2%
	Adolfo PSH Program	Former Foster Youth	26		N/A	N/A
Mercy Housing	Mather Veterans Village	Veterans	50 (15 CoC)		$152,488	1%
	The King Project	Disabled Adults	80	Y - 2008	$167,737	1%
	Ardenaire Project	Adults/Families	30	Y - 2008	N/A	N/A
	7th & H Street	Adults	75	Y - 2013	N/A	N/A
	Budget Inn	Adults	74		N/A	N/A
Next Move	Casas de Esperanza	Adults	18		$350,359	2%
	Home at Last	Adults	22		$322,126	2%
	Omega PSH	Adults/Families	80		$452,641	2%
Organization	Program Name	Target Population	Beds	MHSA Support for Dev	FY 2017 CoC Award	% of CoC Funding

[22] https://sacramentostepsforward.org/wp-content/uploads/2018/01/NOFA-Award-Press-Release-w-Funding-List-180111-FINAL.pdf; https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_CoC_CA-503-2017_CA_2017.pdf; Note that total includes permanent supportive housing programs inventoried by HUD for 2017, as well as programs awarded CoC funding by HUD for fiscal year 2017 that were not included in the 2017 inventory count (e.g., Lutheran Social Services Building Bridges Program).

[23] https://sacramentostepsforward.org/wp-content/uploads/2018/01/NOFA-Award-Press-Release-w-Funding-List-180111-FINAL.pdf

SHRA	Shelter Plus Care TRA	Adults/Families	699		$4,337,079	21%
	Step Up Sacramento	Adults/Families	219 (196 CoC)		$2,473,067	12%
	Shasta Hotel	Adults	18		$135,267	1%
	Boulevard Court (Budget Inn)		14	Y - 2011	$137,354	1%
SSHH	New Community	Adults	60		$590,232	3%
	Friendship Housing	Adults	94		$781,581	4%
	Friendship Housing (Expansion)	Adults	12		$133,775	1%
	Friendship Housing (Expansion 2)	Adults	48		$440,457	2%
TLCS	WORK 2016	Adults/Families	49		$445,947	2%
	PACT Permanent Housing Program	Adults	35		$363,290	2%
	PACT Expansion	Adults	22		$220,730	1%
	Folsom Oaks	Adults/Families	12	Y - 2011	N/A	N/A
	New Direction	Adults/Families	69		N/A	N/A
	Hotel Berry	Adults	10	Y - 2012	N/A	N/A
Turning Point	Pathways	Adults/Families	17		N/A	N/A
	YWCA	Women	11		N/A	N/A
VOA	reSTART PSH	Adults	176		$2,636,186	13%
Total	**33 Projects (22 CoC Funded)**			**3,525 (2,196 CoC Funded for FY 2017)**		

HUD Housing Inventory Count data show that the total number of permanent supportive housing beds in Sacramento County has increased by 9% since 2015, from 2,787 beds counted in 2015 to 3,038 beds inventoried in 2017.[24]

Housing Support Services

Several organizations in Sacramento provide housing support services that help connect individuals experiencing homelessness with permanent private market housing and publicly subsidized housing options and support individuals in maintaining those units. These providers include, but are not limited to, Volunteers of America — Northern California and Northern Nevada, Sacramento Self-Help Housing, Sacramento Steps Forward, Lutheran Social Services of Northern California, and Sacramento County Department of Human Assistance Housing Support Program.

Rapid Re-Housing is one type of housing support service programming that is designed to help shorten the length time that newly homeless individuals and families stay homeless. By rapidly connecting homeless populations to permanent housing, usually in the private market, rapid re-housing services can minimize the impact of homelessness. Rapid re-housing services can include housing search assistance, landlord negotiation and management, short-term financial and rental assistance, and home-based housing stabilization services.

[24] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_CA_2017.pdf

Half of Sacramento County's Rapid Re-Housing projects are targeted to transition-age youth and only one program is designed specifically for adults. HUD Housing Inventory Count data show that the total number of Rapid Re-Housing beds in Sacramento County has increased by 85% since 2015, from 358 beds counted in 2015 to 661 beds inventoried in 2017.[25]

Table 5: Sacramento County Rapid Re-Housing Projects

Organization	Program Name	Target Pop	Beds	FY 2017 CoC Award	% of Total CoC Funding
LSS	Rapid Re-Housing for Youth (1 and 2)	TAY	26	$187,433	1%
	Connections	TAY	18	$281,425	1%
Sac County DHA	Housing Support Program	Families	362	N/A	N/A
TLCS/Wind Youth	Possibilities	TAY	15	$809,822	4%
Wind Youth	The Doorway	TAY	42	$645,981	3%
VOA	Coordinated Exit RRH	Adults	14	N/A	N/A
	Vet Families RRH	Vet Adults & Families	27	N/A	N/A
	RRH for Families	Families	22	N/A	N/A
	ESG RRH	Families	48	N/A	N/A
Total	**10 Projects (5 CoC Funded)**		**740 (101 CoC Funded for FY 2017)**		

Rental Assistance

Rental assistance in the Sacramento area is primarily provided through the SHRA Housing Choice Voucher Program or what was previously referred to as Section 8. The program provides a major source of federal assistance in helping very low-income families, the elderly, and disabled attain private market housing. There are two types of housing vouchers available through the program, briefly described below:

- **Tenant-Based Vouchers:** These vouchers can be used with any housing as long as the property owner agrees to participate and meet program requirements. Tenants must find the apartment and allocate 30% of their income to rent and utilities with these vouchers. In 2018, approximately 43,000 families and individuals joined the waitlist to access the approximately 7,000 vouchers available through the program.

- **Project Based Vouchers:** These vouchers are assigned to specific affordable apartment communities and scattered site housing and can only be used at those properties. They also require the recipient to allocate a portion of their income to the landlord each month to cover their portion of the rent. A sub-set of Project Based Vouchers are specifically targeted for homeless populations in Sacramento, including 375 vouchers over three years to support new or existing permanent supportive housing, 100 "P3" vouchers for homeless youth, and 150 new "limited preference allocation" turnover vouchers.

[25] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_CA_2017.pdf

Additional local temporary rental assistance programs in Sacramento are provided by the California Indian Manpower Consortium, Travelers Aid Emergency Assistance Agency, and The Salvation Army.

City and County Homeless Frequent User Programs

Both the City and the County have initiated programs targeting individuals experiencing homelessness who are also high-utilizers of hospital and other emergency services. Pathways to Health + Home, the City of Sacramento's Whole Person Care pilot program, is informed by the research conducted for this Environmental Scan. Brief descriptions of the two programs are detailed below:

Pathways to Health + Home

Pathways to Health + Home (Pathways) — the City of Sacramento's Whole Person Care program — is a four-year pilot that targets Sacramento's most vulnerable individuals experiencing, or at-risk of experiencing, homelessness. The program supports individuals who not only have the highest service needs, but also the highest utilization and costs associated with ambulance rides, fire and police department encounters, health emergencies, and hospitalizations. To be eligible for the program, individuals must be eligible or enrolled in Medi-Cal and meet the specific health and crisis system utilization criteria. Pathway services include assertive outreach and engagement; eligibility and enrollment; and care coordination, clinical case management, and housing support services through an interdisciplinary Pathways Care Team.

Flexible Supportive Rehousing Program

Sacramento County's Flexible Supportive Rehousing Program (FSRP) targets the top 250 frequent users of County behavioral health and jail services who are chronically homeless or long-term homeless with an assessment score indicating the need for permanent supportive housing. The program combines ongoing intensive case management services with property related tenant services, including ongoing rental assistance.

Behavioral Health Providers

Overview of Sacramento's Behavioral Health System for Homeless Individuals

Mental health services for individuals experiencing homelessness with Medi-Cal in Sacramento County is largely the shared responsibility of two different systems — the County Mental Health Plan (MHP) and Sacramento's six Medi-Cal Managed Care Plans (MCPs). Mental health services are delivered based on client presentation and are provided to two key populations — individuals with serious impairment in functioning and those with mild to moderate impairment in functioning. In addition, mental health services are also provided through the Medi-Cal Fee-for-Service (FFS) provider system, while the County Adult System of Care provides all Medi-Cal substance use disorder services to eligible individuals. The information provided below offers a high-level overview of the type of behavioral health services that are provided through these networks and how services are accessed by Sacramento's homeless population

1. **Serious Impairment**
   The County MHP is responsible for serving adult Medi-Cal MCP members, as well as individuals with traditional FFS Medi-Cal, with serious impairment in mental, emotional, or behavioral functioning that meets the medical necessity criteria.
   - **Coverage:** "Carved out" services are covered by the County MHP
   - **Access:** Homeless individuals with Medi-Cal generally go through a central intake system operated by El Hogar's Guest House to be diagnosed to enter the County system, but can also enter the system with a Mental Health Access Team assessment
   - **Services:** Sacramento County Department of Health Services, Mental Health Division, contracts with community-based providers to provide a range of specialty mental health services, including: mental health and rehabilitative mental health services, medication support services, day treatment intervention, day rehabilitation, crisis intervention and stabilization, residential and crisis residential treatment, psychiatric health facilities, psychiatric inpatient hospital services, and psychiatric nursing facility services

2. **Mild to Moderate Impairment**
   Medi-Cal MCPs are responsible for serving adult members with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any mental health condition defined by the current Diagnostic and Statistical Manual (DSM) that is also covered according to State regulations. FFS Medi-Cal beneficiaries not in enrolled in a Medi-Cal MCP may receive outpatient mental health services through the FFS provider network.
   - **Coverage:** Services are covered by the six Sacramento County Medi-Cal MCPs or FFS Medi-Cal
   - **Access:** Individuals are assessed by Medi-Cal MCPs and providers or through the County system; individuals enrolled in MCPs can also self-refer to a provider using the list of contracted behavioral providers provided by their MCP
   - **Services:** Services are provided by community clinics, primary care providers, and mental health providers that contract with the MCPs or within the FFS Provider System and must include: individual and group evaluation and therapy, psychological testing, outpatient services to monitor drug therapy, psychiatric consultation, and outpatient laboratory, drugs, supplies, and supplements

3. **Substance Use Disorders**
   - **Coverage:** Individuals with full scope Medi-Cal or who lack private insurance that covers alcohol and drug treatment may be eligible
   - **Access:** Individuals must be assessed at the County Drop-In Center to enter the County Alcohol and Drug System of Care
   - **Services:** Providers that contract with the County offer the following services: education groups, outpatient treatment, intensive outpatient treatment, perinatal services, residential treatment, detoxification, medication-assisted treatment (MAT

or Methadone), sober living environments/transitional living services, after care services, and recovery support services

Non-government funded mental health and substance use disorder services are also available to the homeless population, including crisis support lines, peer advocacy and support, and case management.

County Mental Health System

According to the most recent list of County mental health providers available online, there are about 60 mental health Medi-Cal provider programs available to adult and children beneficiaries through the Sacramento County Behavioral Health System. The providers listed below are identified as serving the adult population.[26]

Table 6: Sacramento County Behavioral Health System — Mental Health Providers

Organization	Program Name	Target Pop	Description
Asian Pacific Community Counseling	N/A	Adults	General/specialized mental health services
El Hogar	Sierra Elder Wellness Program	Adults	General/specialized mental health services
	Guest House	Adults/Homeless	General/specialized mental health services
	Regional Support Team	Adults	General/specialized mental health services
Human Resources Consultants	Regional Support Team	Adults	General/specialized mental health services
	TCORE	Adults	General/specialized mental health services
Sacramento County Mental Health	Adult Psychiatric Support Services Clinic	Adults	General/specialized mental health services
	Intake Stabilization Unit	Adults	Crisis stabilization
Telecare, Inc.	SOAR	Adults	General/specialized mental health services
TLCS, Inc.	N/A	Adults/Homeless	General/specialized mental health services
Turning Point	Crisis Residential	Adults	General/specialized mental health services
	Crisis Residential II	Adults	General/specialized mental health services
	Integrated Services	Adults	General/specialized mental health services
	Pathways	Adults/Homeless	General/specialized mental health services
Visions Unlimited	Sacramento	Adults	General/specialized mental health services
	Galt	Adults	General/specialized mental health services
Wellness and Recovery	North Facility	Adults	General/specialized mental health services
	South Facility	Adults	General/specialized mental health services

Hospitals with Psychiatric Beds

Psychiatric hospital beds are provided in three different hospital facility types in Sacramento County: 1) freestanding Acute Psychiatric Hospitals, 2) county-designated Psychiatric Health Facilities, and 3) General Acute Care Hospitals. For every 100,000 individuals residing in Sacramento County, there are about 27 psychiatric inpatient hospital beds, or just 400 beds total.

[26] http://www.dhs.saccounty.net/BHS/Documents/MHP-MediCal-Providers/GI-MHP-Medi-Cal-Provider-List-English.pdf

The vast majority of these beds (318 beds) are provided through Acute Psychiatric Hospitals, which are subject to a federal rule called the Institutions for Mental Disease (IMD) exclusion, which prohibits Medicaid from matching payments for care and services provided for individuals ages 21-64 in IMDs.[27] IMDs are hospitals, nursing facilities, or other institutions with more than 16 beds that primarily serve individuals with mental illness.[28] Critics of the rule argue that the exclusion has forced Medi-Cal beneficiaries to seek mental health care in community hospitals. Moreover, when care for Medi-Cal beneficiaries is provided in Sacramento's acute psychiatric hospitals that are subject to the IMD exclusion, the County must cover the entire cost with local funding. Great Recession funding cuts significantly reduced to county-designated psychiatric inpatient capacity, also contributing to increases in behavioral health related emergency department visits within the County.[29]

Of the hospitals in Sacramento County that offer inpatient psychiatric beds, six provide mental health inpatient care and specialty mental health services through the Sacramento County Mental Health System— Crestwood Psychiatric Facilities in Sacramento and Carmichael, Heritage Oaks Hospital, Sacramento County Mental Health Treatment Center, Sierra Vista Hospital, and Sutter Center for Psychiatry.[30]

County Substance Use Disorder Services

Approximately fourteen providers offer substance use disorder programs available through the Sacramento County System of Care. Two of these providers, Volunteers of America – Northern California and Northern Nevada and WellSpace Health, specifically serve Sacramento's homeless population.

Table 7: Sacramento County Behavioral Health System — Substance Use Disorder Providers

Organization	Program Name	Target Pop	Description
Association for Women	Alpha Oaks	Women	Residential treatment and detoxification
	Cornerstone	Women	Residential treatment
BAART/Bi-Valley	Sacramento	Adults	Methadone
	Carmichael	Adults	Methadone
Bridges	Promise House	Women	Residential treatment and detoxification
	Men's House	Men	Residential treatment and detoxification
	Transitional Living	Adults	Transitional living / sober living
	Professional Treatment Svcs	Women/children	Transitional living / sober living
C.O.R.E.	N/A	Adults	Methadone
Organization	**Program Name**	**Target Pop**	**Description**
MedMark	N/A	Adults	Methadone
NCADD	N/A	Adults	Outpatient and Intensive Outpatient
River City Recovery	N/A	Women	Residential

[27] http://www.calhospital.org/sites/main/files/file-attachments/psychbeddata.pdf
[28] https://govt.westlaw.com/calregs/Document/IE7954190DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
[29] https://metrochamber.org/wp-content/uploads/2016/04/02_Healthcare-Mental-Health...pdf
[30] http://www.dhs.saccounty.net/BHS/Documents/MHP-MediCal-Providers/GI-MHP-Medi-Cal-Provider-List-English.pdf

Sacramento Recovery House	N/A	Men	Residential
	Gateway House	Women	Residential
	Koala House	Women	Transitional living/sober living
	Friend's House	Women	Transitional living /sober living
Organization	Program Name	Target Pop	Description
STARS	N/A	Adults	Outpatient
Strategies for Change	N/A	Adults	Outpatient and intensive outpatient facilities
Treatment Associates	N/A	Adults	Methadone
VOA	Options for Recovery	Women	Residential, transitional/sober living, detox
	CalWORKS family	Adults	Transitional living/sober living
WellSpace Health	A-House	Adults	Residential and detoxification
	J Street Clinic	Adults	Outpatient

Social Services

Health Navigation

Health navigation services help connect individuals to health coverage and other benefits through in-person, in-language assistance. Health navigators also support underserved populations —including Latinos, Asian/Pacific Islanders, African Americans, and LGBTQ communities — in accessing and navigating care. Not only is health navigation an important tool in supporting vulnerable populations, it also helps decrease the number of uninsured individuals and increase coverage renewals, creating healthier risk pools and lowering insurance costs.[31] Connecting individuals to health coverage increases access to needed medical services and preventive care and helps reduce the financial burden of high health care costs.[32]

Sacramento Covered is the region's primary health navigation organization, deploying Community Health Workers (CHW) to connect individuals and families to health coverage and social services and supporting individuals in navigating through care systems. In 2017, Sacramento Covered employed 33 full-time staff to support their Community Navigation, Hospital Navigation, and Assertive Community Outreach programs.

Benefits Advocacy and Legal Aid

In addition to the health coverage and social service assistance provided by Sacramento Covered, several other community nonprofit organizations support Sacramento's homeless population in accessing needed benefits and addressing legal barriers. Legal aid organizations, legal assistance programs and benefits counseling services in the Sacramento area include:

- Legal Services of Northern California (LSNC)
    - LSNC Health Program

[31] http://hbex.coveredca.com/data-research/library/CoveredCA_Key_Ingredients-05-18-17.pdf
[32] http://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

    - Health Insurance Counseling and Advocacy Program (HICAP)
    - Senior Legal Hotline
    - Voluntary Legal Services Program
- California Health Advocates
    - Health Insurance Counseling and Advocacy Program (HICAP)
- Loaves and Fishes
    - Legal Clinic
    - SSI Attorney
- McGeorge School of Law
    - Medical-Legal Partnership
- Sacramento Self-Help Housing
    - Renters Helpline
- Sacramento County
    - Fair Housing Renter's Helpline
- Capitol Health Network
    - Specialized Multiple Advocate Resource Team (SMART)

Connection Support and Resource Guides

There are several resources available in the Sacramento area specifically designed to direct and educate individuals on the homeless services available in the community. The primary organization serving this function is Community Link Capital Region through the 211 Sacramento service. 211 Sacramento provides free, confidential service and referral information 24 hours a day, seven days a week in multiple languages. 211 Sacramento services are also accessible to people with disabilities. The program's database includes more than 1,600 nonprofit and public agency programs.

In addition, the Sacramento Regional Coalition to End Homelessness offers the People's Guide, a printed self-advocacy tool for people experiencing homelessness and low-income people. The People's Guide is designed to support individuals in accessing needed services and supports and contains information about health care, housing, food, income, legal advice and employment from local, state and federal programs, and community services in Sacramento County.

County Department of Human Services

Many social services available to the homeless population are provided through the Sacramento County Department of Human Assistance (DHA). DHA is a gateway to receiving key benefits and services that support stability. Services include:

- **Eligibility services** for benefits including General Assistance, Cash Assistance Program for Immigrants, CalWORKS, and CalFRESH
- **Connection services** that help homeless individuals connect with services directly or through other organizations
- **Return to Residency Program**, which offers a free bus ticket that allows individuals to return to families and communities if requested

- **Motel vouchers** for the medically fragile homeless population, homeless families with small children, and other high-risk populations
- **Temporary homeless assistance for families** supporting payment for shelter and housing
- **Rental subsidies for permanent housing** available to CalWORKs families once every 12 months
- **CalWORKs Housing Support Program,** which provides families housing location assistance, deposit and first month's rent funds, and rental subsidies for up to eight months

Social Security Administration

The U.S. Social Security Administration (SSA) provides important income benefits for the homeless population that support housing access, including the SSI and SSDI assistance programs that provide payments for individuals with disability and low income. In addition, Sacramento County administers the Social Security Income/Social Security Disability Income Outreach, Access, and Recovery program (SOAR), which designed to increase access to the disability income benefit programs administered by SSA for eligible adults who are experiencing homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Employment Support and Job Training Services

> "When people get housing with employment the success rate is very high. When you only provide housing, you see them return."
>
> Homeless Services Provider

Employment services that are designed specifically for the homeless population and support meaningful and sustainable employment are an essential component supporting individuals experiencing homelessness maintain housing. Several homeless service providers, including VOA and The Salvation Army, and other local community-based organizations provide job training and career development services onsite at shelters or through day-time programming.

Table 8: Sacramento County Employment and Education Services

Organization	Program Name	Target Population	Description
Next Move	Francis House Center Job Development Program	Homeless adults	Assistance with job searches, creating resumes and cover letters, and practicing interviewing for employment
Sacramento Employment Training Agency (SETA)	Community Services Block Grant (CSBG) programs	Low-income residents that meet federal poverty income guidelines or	CSBG programs help individuals with the skills, knowledge, and motivation necessary to achieve self-sufficiency. The program also provides low-income people with immediate life necessities such as

		are recipients of TANF/ SSI	emergency food, shelter, transportation, and access to available community resources
Sacramento Employment Training Agency (SETA)	Sacramento Works Job Centers	Low-income residents that meet federal poverty income guidelines or are recipients of TANF/ SSI	12 Job Centers provide career counseling, employment referral, vocational training and a host of other resource services to assist individuals in obtaining employment, including special services for persons with disabilities
Sacramento Veterans Resource Center	Employment program	Homeless veterans	Job search workshop to assess career goals; career counseling; assistance with resume preparation, cover letter writing, and job application preparation; training and support services; outreach to homeless/ unemployed veterans
Saint John's Program for Real Change	Career education and on-the-job training	Homeless women and children	The Career Education and Placement Center (CEPC) provides career guidance, high school education and diploma, financial literacy, job readiness, computer literacy, and in-house employment training and on-the-job employment training at Plates Café and Catering, Plates Midtown, and First Steps Child Development Center
The Salvation Army	Construction training program	Formerly homeless	One-month, hands-on training program that provides students with a comprehensive introduction to the construction trades
	Culinary Arts Training Program	Formerly homeless	Supports entry-level kitchen skills development to work in food service operations, including restaurants, hotels and other industry-related organizations
VOA	Mather Community Campus	Homeless adults	12-month program provides transitional housing, case management, employment readiness, and life skills workshops, educational and job referrals
	Specialized Training Employment Program	Homeless adults	Six months subsidized paid employment, reimbursement of 100% of employee's wages at a minimum of 32-40 hours per week; job retention specialists work with candidate for one year (six months of subsidized employment and six months following), recruit, assessment, and conduct initial interview to fill open positions
	Veterans Employment Services	Homeless veterans	Employment counseling, interview preparation, job referrals
Women's Empowerment	Women's Empowerment	Homeless women	Financial literacy classes, certification, unpaid and paid job training opportunities employment through community partnerships, specialized programs in customer service and receptionist training, and professional clothing closet

Managed Care Organizations

> "The health plans come to the table because the cost of care for this population is very expensive. If you take homeless folks who are in the hospital, put them in transitional beds while you look for housing, and then wrap services around them, you reduce reoccurrence and costs."
>
> Managed Care Plan

About Medi-Cal Managed Care

The overarching goal of managed care is to provide coordinated health care that is both high quality and cost-effective. In California, the vast majority of Medi-Cal enrollees (82%) receive health care services from health plans that offer managed care in all 58 counties. These plans are called Medi-Cal MCPs.[33] In Sacramento County, the California Department of Health Care Services (DHCS) contracts directly with six MCPs and provides oversight of these plans through the Geographic Managed Care (GMC) model.

Medi-Cal MCPs are risk-bearing entities, meaning they take on risk in their contracts with the state to provide county Medi-Cal services. Rather than being reimbursed for each health care service provided to a beneficiary, plans are reimbursed through a set Per-Member-Per-Month (PMPM) rate that is based on utilization patterns for specific populations. Medi-Cal MCPs are required to provide a number of services to members, including primary care, emergency services, prescription drugs, chronic disease management, specialty care, and case management and care coordination services. MCPs also provide transportation to medical appointments and medically necessary covered services.

Medi-Cal MCPs serve individuals with mild to moderate mental health needs, while services for Medi-Cal members with serious mental health needs are "carved out" and provided through County MHPs.[34] Other Medi-Cal "carve out" services include dental care and Drug Medi-Cal services for medications excluded from MCP coverage.[35]

Managed care providers strive to keep service utilization costs within these rates by managing care for their members. If a member utilizes services with costs above the PMPM rate, the additional cost of care is absorbed by the plan. Conversely, when a member's service utilization costs fall below the rate, the plan gets to keep those additional dollars, however, MCPs are required to provide all necessary care. Plans must ensure that members utilize the right services at the appropriate level to contain costs. When members are not connected to

[33] http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_at_a_Glance_Nov2017_ADA.pdf
[34] http://www.dhhs.saccounty.net/PRI/Documents/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/Care%20Coordination%20Work%20Group/Meeting%20Materials/2017/20171204/Mental%20Health%20and%20GMC%20Data%20as%20of%20June%202017.pdf
[35] http://www.dhhs.saccounty.net/PRI/Documents/Healthcare%20Resources/GI-MCMC-Overview.pdf

preventative health care services and supports needed to maintain good health, this can lead to unmanaged conditions and high-cost utilization.[36]

Most Medi-Cal MCPs share risk through delegated contracts with Independent Physician Associations (IPAs) that provide services for their members. IPAs are networks of clinicians, including solo practitioners and medical groups, which contract with MCPs and vendors. Under a typical delegated risk model, the MCP provides administrative oversight, member services, and quality assurance, while the delegated providers deliver health care and patient management services through direct contracts with primary care and specialist physicians and clinics. Both the MCP and the delegated providers are responsible for managing risk, but the MCP is ultimately responsible for delivering care and meeting quality of care requirements.

Overview of Sacramento's Medi-Cal Managed Care Organizations

There are multiple MCPs serving Sacramento's Medi-Cal beneficiaries. Sacramento County is one of two GMC model counties in the state, meaning that multiple commercial plans provide managed care health services for the Medi-Cal population. Most, but not all, Medi-Cal beneficiaries in Sacramento County receive health care through a GMC plan. As of February 2018, 428,794 individuals in Sacramento County were enrolled in the six Medi-Cal MCPs offered through the GMC model.[37]

Table 9: Sacramento County Medi-Cal Managed Care Organizations — GMC Health Plans

Organization Name	Structure	# Medi-Cal Members in Sac County*	Medi-Cal Members Served by County Mental Health Plan**
Aetna Better Health	Delegated risk model: Primarily contracts with IPAs	1,704	N/A
Anthem Blue Cross	Delegated risk model: Contracts mostly to IPAs, but also to providers, groups, and clinics	175,463	3,679
Health Net	Delegated risk model: Contracts with IPAs	107,164	2,623
Kaiser Health Plan	Closed network	83,893	85
Molina Healthcare	Delegated risk model: Contracts with IPAs	56,711	1,704
UnitedHealthCare***	Direct provider and FQHC contracts	3,859	N/A

* Enrollment as of May 2018
** Enrollment numbers as of December 2017
*** Exiting the Sacramento County GMC in October 2018

All MCPs in Sacramento contract with providers for services, including IPAs comprised of physicians and clinics, medical groups, and individual providers that serve Medi-Cal beneficiaries throughout the City. There are four IPAs that contract with Medi-Cal MCPs in the Sacramento Area. River City Medical Group serves the largest number of Medi-Cal members in Sacramento County, managing care for about 165,000 Medi-Cal beneficiaries through

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[36] https://www.nhchc.org/wp-content/uploads/2017/06/managed-care-and-homeless-populations-linking-the-hch-community-and-mco-partners.pdf
[37] http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx; http://www.dhs.saccounty.net/PRI/Documents/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/Enrollment%20Data/2018%20Enrollment%20Data/RT-MCMC-GMC-Enrollment-Data-2018.pdf

partnerships with four of the six Medi-Cal MCPs and more than 1,600 physicians. River City Medical Group estimates that approximately 2,000 of the Medi-Cal beneficiaries they serve are experiencing homelessness.[38]

In addition, Sacramento County offers a Medi-Cal Dental Program (Denti-Cal) to eligible individuals through three commercial managed care plans — Access Dental, Health Net, and Liberty Dental. These managed care dental plans offer important benefits to the Medi-Cal population, although available Denti-Cal services are generally underutilized.

Table 10: Sacramento County Medi-Cal Managed Care Organizations —Dental Plans

Organization Name	# Members (Ages 21 +)	% With At Least 1 Annual Dental Visit	% Receiving Any Dental Treatment Svcs
Access Dental	90,220	15%	10%
Health Net	87,189	19%	12%
Liberty Dental	96,135	21%	14%

Why Homelessness Matters for Managed Care Organizations

> “People are under a lot of stress when they are living on the streets and the stressors related to a lack of housing cause a decline in health. Folks lose their medication or have it stolen or simply make poor decisions. It’s hard to stabilize a patient without a consistent environment and the result is high utilization of hospital emergency rooms.”
>
> Managed Care Plan

Individuals experiencing homelessness have higher rates of chronic health conditions than the general population.[39] These individuals struggle with severe mental illness, substance use disorders, and physical health conditions, such as hypertension, coronary artery disease, diabetes, HIV, hepatitis C, and tuberculosis.[40] Moreover, people without housing, and particularly individuals who are chronically homeless, are more likely to visit hospital emergency departments, have longer inpatient hospital stays, and be readmitted to the hospital than the general population, resulting in higher health care costs for this population.[41] Despite this population’s high level of health care needs and associated costs, homeless individuals have historically faced difficulties in accessing health coverage and preventative primary care services.[42] However, with the expansion of Medicaid coverage to include low-income adults without children through the Affordable Care Act (ACA), that trend is changing.

[38] Key informant interview, Janice Milligan. August 31, 2017.

[39] Lebrun-Harris LA, Baggett TP, Jenkins DM, et al. Health status and health care experiences among homeless patients in federally supported health centers: findings from the 2009 patient survey. Health Serv Res. 2013;48:992–1017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3681240/

[40] Valvassori P, Chronic Disease Management in the Homeless, http://www.nhchc.org/wp-content/uploads/2014/06/chronic-disease-combo-hch-conf-es.pdf

[41] UnitedHealthcare, Managed Care and Homeless Populations: Linking the HCH Community and MCO Partners, https://www.nhchc.org/wp-content/uploads/2017/06/managed-care-and-homeless-populations-linking-the-hch-community-and-mco-partners.pdf

[42] http://journals.sagepub.com/doi/pdf/10.1177/2150131914556122

From 2012 to 2014, the percentage of homeless individuals who accessed health coverage increased by 22 percentage points in Medicaid expansion states (including California), as opposed to an increase of only four percentage points in non-expansion states.[43]

At the same time, the number of individuals experiencing homelessness both statewide and in Sacramento also has increased in recent years. From 2015 to 2017, the number of individuals experiencing homelessness on a single night increased by 13% statewide and by 38% in Sacramento County.[44] These concurrent trends — the continued growth of California's homeless population and increase in this population's connection to health coverage — mean that MCPs must focus on care management strategies and practices that work for this population.

Managed Care Plan Programs Serving Individuals Experiencing Homelessness

Medi-Cal MCPs are required to provide both basic and complex case management (CCM) to their members built upon a screening and eligibility process that determine which members should receive which services. Plans enroll members in case management services through referrals and review of utilization data, information collected through the Health Risk Assessment that the plans are required to administer, and other clinical data. The Health Risk Assessment includes a question regarding the individual's current living situation, which can help plans identify homeless members.

Basic case management services are provided by the member's primary care physician, while CCM services are provided by the plan in collaboration with the primary care provider, unless the MCP chooses to delegate CCM responsibilities to an IPA. Medi-Cal MPCs generally target frequent users of high-cost health care services to receive CCM services, including homeless members. Services include outreach, health education, referrals to specialists, mild-to-moderate behavioral health services, and assistance with appointments and transportation. These services are provided telephonically and also in the field.

Table 11: Sacramento County Medi-Cal Managed Care Organizations — Highlighted Programs

Managed Care Plan	Program Name/ Location	Description
Anthem Blue Cross	Complex Discharge Planning	Partnership with hospitals and skilled nursing facilities and health home providers that targets high inpatient utilizers in Northern California. Program provides assistance with complex discharge planning and short-term telephonic case management services
Anthem Blue Cross	Readmission Reduction Initiative	Onsite LCSW at Mercy and Sutter hospitals in Sacramento that targets high inpatient and emergency department utilizers. Provides complex case management support through transitions of care from hospital visit, primary care visits and home visits
Health Net	Case Management	Team comprised of non-clinical staff, nurses and social

[43] https://www.kff.org/medicaid/issue-brief/how-has-the-aca-medicaid-expansion-affected-providers-serving-the-homeless-population-analysis-of-coverage-revenues-and-costs/

[44] http://www.hcd.ca.gov/policy-research/docs/CoordinatingCouncilMaterials.pdf, http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf

	(statewide)	workers collaborate with a multidisciplinary team of physicians, pharmacists and behavioral health specialists; facilitate care and social service coordination; provide education related to condition, health care services and resources. Programs offered include physical health case management; integrated case management – for members with physical and behavioral health needs; and high-risk OB case management
	MembersConnection Program (statewide)	Educational outreach program — health plan representatives visit members at home, help members navigate the health care system, and extend the reach of our care coordination efforts. Representatives are highly trained, non-clinical health plan staff; members of our integrated care teams; and serve as a liaison/link/intermediary between the health plan/provider and member
	Health Net Cares (Methodist Hospital)	One-year pilot program launched October 16, 2017 60-90 day, individual level intervention 16 members make up the initial cohort Care team comprised of a social worker, nurse and MemberConnections Representative Key contributor for success is collaboration and coordination with the PCP/Medical Home, Dignity Health Patient Navigator Program, and social/community support systems
Molina Healthcare	Emergency Department Support Unit (statewide)	Program is comprised of a team of telephonic RNs, staffed 24/7, whose entire focus is to support the emergency department (ED) teams caring for Molina members. Goal is to facilitate discharge from the ED to the appropriate level of care by either approving authorization for an inpatient stay, facilitating transfer to a skilled nursing facility, home health, transportation, and arranging a follow-up appointment
	Community Connectors, Case Management, and Transition Coaches (statewide)	Risk Assessments are conducted and used to build a member-centric care plan, which is then shared with the primary care physician (PCP). Case Managers work collaboratively with health care providers and other individuals that make up the member's Interdisciplinary Care Team, working to coordinate care and support achievement of medical and psychosocial goals. Transition of Care Coaches work with those members who have been admitted to the hospital helping schedule medical appointments post-discharge and arrange transportation. Medications are reviewed and members are encouraged to review new and current medications including over the counter and vitamins with their physician. Members are also referred to community resources such as meals on wheels as needs are identified. Community Connectors are an extension to the Case Managers and Transition of Care coaches. They try to locate members and assist with referring members to community resources.
UnitedHealthcare	Whole Person Care model (statewide)	Integrated behavioral, medical, and specialty member-centric model of care: 1 leadership team 1 member point of contact to coordinate overall care

		1 universal assessment and care plan 1 care management platform Individual short-term goals based on unique member needs. Field and telephonic based interventions that fit the schedule of the member

Hospital Systems

Overview of Sacramento's Hospital Systems

Four major hospital systems serve the greater Sacramento region —Dignity Health, Kaiser Permanente, Sutter Health, and UC Davis Health System. These hospital systems provide acute care and emergency services in six local hospitals within the City. Combined, Sacramento's local hospitals discharge about 110,000 individuals from inpatient care and provide emergency care through more than 450,000 emergency department visits annually.[45]

Other hospitals located within the City include Shriners Hospitals for Children — Northern California, a pediatric medical center that provides specialty care for children with complex medical needs, and Heritage Oaks Hospital, an acute psychiatric hospital. The Sacramento VA Medical Center is outside of Sacramento city limits, but within the County of Sacramento. Two additional Dignity Health hospitals are also located within the County (Mercy San Juan Medical Center in Carmichael and Mercy Hospital of Folsom).

Table 12: City of Sacramento Major Health Systems and Local Hospitals

Health System	Hospitals Within City Limits
1. Dignity Health	1. Mercy General Hospital 2. Methodist Hospital of Sacramento
2. Kaiser Permanente	3. Kaiser Sacramento Medical Center 4. Kaiser South Sacramento Medical Center
3. Sutter Health	5. Sutter Medical Center
4. UC Davis Health System	6. UC Davis Medical Center

Sacramento's hospitals provide a wide range of critical health care services for vulnerable populations, including the 37% of Sacramento County residents who are enrolled in Medi-Cal.[46] According to the most recent annual data submitted to the Office of Statewide Health Planning and Development (OSHPD), Medi-Cal patients comprise more than a third (39%) of all inpatient days at Sacramento's six local hospitals.[47]

Table 13: City of Sacramento Local Hospitals — Number of Annual Inpatient Service Patient Days

Hospital	All	MMC*	FFS**	Total Medi-Cal
Mercy General Hospital	66,071	14,721 (22%)	4,702 (7%)	19,423 (29%)
Methodist Hospital of Sacramento	95,239	15,559 (16%)	53,788 (56%)	69,347 (73%)
Kaiser Sacramento Medical Center	44,376	4,787 (11%)	1,637 (4%)	6,424 (14%)

[45] https://oshpd.ca.gov/facility-finder/, https://siera.oshpd.ca.gov/FinancialDisclosure.aspx
[46] http://calbudgetcenter.org/wp-content/uploads/Fact-Sheet_Republican-Plans-End-Medicaid-Would-Threaten-Medi-Cal-for-Millions_June-2017.pdf
[47] https://siera.oshpd.ca.gov/FinancialDisclosure.aspx

Kaiser South Sacramento Medical Center	47,056	6,579 (14%)	1,906 (18%)	8,485 (18%)
Sutter Medical Center	134,400	28,091 (21%)	12,847 (10%)	40,938 (30%)
UC Davis Medical Center	178,210	37,649 (21%)	37,066 (21%)	74,715 (42%)
Total	**565,352**	**107,386 (19%)**	**111,946 (20%)**	**219,332 (39%)**

* MMC=Medi-Cal Managed Care
** FFS= Traditional Fee-for-Service Medi-Cal

Within the six local hospitals, Medi-Cal patients utilize hospital emergency services at a higher rate than inpatient care. Data show that Medi-Cal beneficiaries comprise about half of all emergency service visits (49%). Methodist Hospital of Sacramento has the highest proportion of Medi-Cal emergency services visits per year (61%), followed by Sutter Medical Center (58%), and UC Davis Medical Center (55%).

Table 14: City of Sacramento Local Hospitals — Number of Annual Emergency Service Visits

Hospital	All	MMC*	FFS**	Total Medi-Cal
Mercy General Hospital	38,047	16,286 (43%)	2,908 (8%)	19,194 (50%)
Methodist Hospital of Sacramento	59,577	30,185 (51%)	6,133 (10%)	36,318 (61%)
Kaiser Sacramento Medical Center	102,828	32,330 (31%)	11,249 (11%)	43,579 (42%)
Kaiser South Sacramento Medical Center	117,143	32,856 (28%)	14,935 (13%)	47,791 (41%)
Sutter Medical Center	86,935	41,969 (48%)	8,227 (9%)	50,196 (58%)
UC Davis Medical Center	57,528	24,452 (43%)	6,957 (12%)	31,409 (55%)
Total	**462,058**	**178,078 (39%)**	**50,409 (11%)**	**228,487 (49%)**

* MMC=Medi-Cal Managed Care
** FFS= Traditional Fee-for-Service Medi-Cal

Although local data on the number of Medi-Cal beneficiaries experiencing homelessness and associated hospitalizations is not available, a 2014 statewide study found that 19,445 (0.5%) of the four million hospital admissions in California in 2010 were homeless patient admissions.[48] This percentage may be higher for Sacramento County. The most recent Point-in-Time Count identified more than 3,000 individuals experiencing homelessness in Sacramento County, an increase of more than 30% from the 2015 count, while the overall statewide count of individuals experiencing homelessness increased by 13% since 2015.[49]

Why Homelessness Matters for Sacramento's Hospital Systems

> "Hospitals are confronted with homelessness in the emergency department. The emergency department is the catchall for everything, but it's not the right place to resolve mental illness and other issues. Hospitals wrestle with the social determinants of health and there is increased energy in trying to find solutions to homelessness."
>
> Hospital System

[48] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4210539/
[49] https://www.sacramentostepsforward.org/wp-content/uploads/2018/02/Sacramento-PIT-2017-FINAL-170717.pdf

Persons experiencing homelessness are four times more likely to be hospitalized than the population as a whole and utilize hospital emergency departments at a higher rate than the general population.[50] Research indicates that individuals experiencing homelessness in California are also more likely to rely on hospital services to manage what are called "ambulatory care sensitive conditions" (ACSCs).[51] These are health care conditions that drive potentially preventable hospitalizations and can be better addressed in the community through primary care and stabilizing behavioral health, housing, and social services.[52] At the state-level, 9% of homeless patient hospital discharges were for ACSCs in 2010.[53]

Preventable emergency department visits and hospitalizations are also extremely expensive. In 2008, hospital costs for potentially preventable hospitalizations in California exceeded more than $3.5 billion.[54] Based on extrapolations from statewide data on homeless hospitalizations and local average inpatient hospitalization costs, it is estimated that homeless hospitalizations within the City of Sacramento incur costs of at least $53 million annually, which includes a minimum of $4.8 million for preventable hospitalizations.[55]

In addition, health systems report that homeless patients are often hospitalized for prolonged periods waiting for an appropriate discharge option, which impacts the availability of inpatient hospital beds for individuals with acute medical needs.[56]

State and federal law require non-profit hospitals to conduct comprehensive Community Health Needs Assessments (CHNAs) every three years to identify the most pressing health needs within their service areas. Sacramento's local hospitals work collaboratively to conduct their CHNAs. In the most recent CHNAs published by Sacramento's local hospitals in 2016, homelessness is consistently noted as a significant issue, but is ranked sixth out of the eight identified priority health needs for the Sacramento area (note that homelessness is included under the "Basic Needs" category).

Table 15: City of Sacramento Local Hospitals — Prioritized Significant Health Needs

Ranking	Category
1	Access to Behavioral Health
2	Active Living and Healthy Eating
3	Access to High Quality Health Care and Services
4	Disease Prevention, Management and Treatment
5	Safe, Crime and Violence Free Communities
6	Basic Needs (Food Security, Housing, Economic Security, Education)
7	Affordable and Accessible Transportation
8	Pollution-Free Living and Work Environments

[50] https://jamanetwork.com/journals/jama/fullarticle/193438
[51] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4210539/
[52] https://www.ahrq.gov/downloads/pub/ahrqqi/pqiguide.pdf
[53] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4210539/
[54] https://www.oshpd.ca.gov/documents/HID/PH/1999-2008/PH-Report-9908.pdf
[55] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4210539/, https://oshpd.ca.gov/facility-finder/, https://siera.oshpd.ca.gov/FinancialDisclosure.aspx
[56] https://www.vcstar.com/story/news/2017/05/26/new-center/334060001/

Local Hospital Programs Targeting the Homeless Population

Recognizing homelessness as a significant community health need, Sacramento's local hospitals have spearheaded and are supporting multiple programs designed to stabilize and manage the health of the homeless population. Sacramento's four major health systems support more than a dozen programs and partnerships that specifically target individuals experiencing homelessness, ranging from navigation to respite care to housing services. Many of these programs focus on the sub-set of the homeless population with mental health needs.

Table 16: City of Sacramento Local Hospitals — Homeless Programs and Partnerships

Program Type: Outreach, Navigation, & Care Coordination					
Program Name	**Target Pop**	**Hospital Partners**	**Lead Org**	**Partners**	**Services Provided**
Patient Navigator Program	Frequent users, including homeless	Dignity Health Sutter Health UC Davis Health	Sac Covered	HealthNet	Community health workers connect individuals to primary care and medical home Assistance with scheduling appointments
Downtown Sacramento Homeless Mental Health Outreach	Chronically homeless with mental health issues	Dignity Health	SSF	TLCS, Inc. Loaves & Fishes	Outreach within hospital Connection to community resources Linkage to behavioral health services
Community Navigator Program	Homeless individuals	Sutter Health	SSF	Downtown Sacramento Partnership WellSpace	Outreach outside of hospital Housing and social service navigation, collaboration with Street Nurse Program
Triage, Transport, & Treat (T3)	Frequent users, mostly homeless w/mental health issues	Sutter Health Kaiser Permanente	WellSpace	McGeorge Medical/ Legal Partnership	Outreach within hospitals Provide ongoing case management to people needing access to primary care and wrap-around services, legal support
Program Type: Respite Care					
Interim Care Program (ICP)	Homeless patients in need of temporary respite	Dignity Sutter UCD Kaiser	WellSpace Health	VOA	4-6 weeks of recuperative services and bed stay, case management and social service support, connection to BH services and medical home connection to housing
Interim Care Program Plus (ICP +)	Homeless patients in need of enhanced temporary respite	Sutter	WellSpace Health	Salvation Army, City	More intensive, enhanced ICP services, case management and social service support, connection to BH services, medical home, housing

Program Type: Primary Care					
MercyClinic Loaves & Fishes	Homeless individuals, families, & children	Dignity	Sac Co.	Loaves & Fishes	RNs identify health needs, provide first aid, connection to primary care/medical home, TB screening
The Willow Clinic	Homeless individuals, families, & children	UCD	UCD School of Medicine	Salvation Army	Open every Saturday Med school students perform basic check-up, vitals, and screening, lab work and dental extraction
Street Nurse Program	Homeless individuals	Sutter	WellSpace	SSF	Mobile RN works closely with the Community Navigator Program to connect individuals to medical care
Program Type: Behavioral Health					
Serial Inebriate Program (SIP)	Intoxicated chronically homeless individuals	Sutter	VOA	SSHH, DSP, SPD, Sac Co. DA's Office	90-day mandatory stay at VOA Comprehensive Alcohol Treatment Program; Harm-reduction approach; Alcohol addiction counseling Connection to primary care and behavioral health services; Connection to permanent housing
TLCS Crisis Respite Center	Individuals in mental health crisis, including homeless or at-risk	Dignity Sutter Kaiser	TLCS	Heritage Oaks, City, Sac Co.	24/7 non-medical services up to 24 hours Connection to additional services
Genesis Project	Homeless with mental health issues	Kaiser	Loaves & Fishes		Free mental health program
Program Type: Housing/Shelter					
Housing with Dignity Program	Homeless individuals w/ severe chronic health and mental health issues	Dignity Health	Lutheran Social Services	Mercy Family Health Clinic	Outreach in the hospital Connection to supportive stabilization apartments Intensive case management and supportive services Ongoing health care services to support transition to permanent housing
Getting to Zero	Homeless individuals	Sutter Health	Salvation Army	City of Sacramento Placer Co. SSF	Grant to the City of Sacramento to expand services at the Salvation Army's Center of Hope Emergency Shelter

Community Clinics

Overview of Sacramento's Community Clinics

Eight Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes serve the City of Sacramento —Elica Health Centers, Health and Life Organization, Inc. (HALO), One Community Health (formerly CARES), Peach Tree Health Clinic, Sacramento County Health Center, Sacramento Native American Health Center (SNAHC), and WellSpace Health. Capitol Health Network also serves Sacramento as a regional health center consortium with One Community Health, Elica Health Centers, and WellSpace Health as members.

In total, there are 42 health center service delivery and look-alike sites within Sacramento County. These community clinics provide a range of services, including primary care, substance use disorder services, mental health services, care coordination and management, mobile outreach and medical services, dental care, specialty care, respite services, and benefits assistance. Sacramento's community clinics also provide a wide range of critical health care services for vulnerable populations. According to an analysis from the California Primary Care Association, Medi-Cal patients comprise approximately 75% of payments for health centers in Sacramento County.[57]

Why Homelessness Matters for Sacramento's Health Centers

Providing services to the homeless population aligns closely to the mission, vision, and values of health centers in Sacramento. Health centers focus on providing care to underserved populations and disproportionally serve low-income patients.[58] Providing care to those experiencing homelessness is a natural extension of the care they are already providing. Though there are not specific data on Sacramento, 7% of the community clinic patient population in California is homeless.[59]

Local Health Center Programs Targeting the Homeless Population

FQHCs in Sacramento have developed programs and offer services specifically to improve the health and wellbeing of the homeless population, partnering with entities working closely with the population. Many of the FQHCs also provide substance use disorder and mental health services for their patients, ranging from screening and referrals to prescribing medication-assisted treatment.

Sacramento's FQHCs support a number of programs and partnerships that specifically target individuals experiencing homelessness, ranging from navigation to respite care to housing services. Many of these programs focus on the sub-set of the homeless population with mental health needs.

[57] https://www.cpca.org/CPCA/CPCA/About/Publications%20and%20Reports/CHC_Data/CPCA/About/CHC_Data.aspx?hkey=aa0afb8e-493a-450c-b039-13087ad22e44

[58] https://d3n8a8pro7vhmx.cloudfront.net/nachc/pages/277/attachments/original/1506109568/Americas-Health-Centers_2017.pdf?1506109568

[59] https://www.chcf.org/wp-content/uploads/2017/12/PDF-QRGFQHCs2017.pdf

Additionally, many FQHCs provide services to the homeless population that are not formally named programs. For example, Elica Health Centers works with formerly homeless individuals to identify homeless clients and typically has formerly homeless individuals on their board. They also have street teams that provide veterinarian services to homeless individuals with animals. Another example is with SNAHC, which offers phone charging stations and free wireless internet to encourage clients to come in for visits and follow-up.

Table 17: City of Sacramento FQHCs — Homeless Programs and Partnerships				
Program Type: Outreach, Navigation & Care Coordination				
Program Name	**Target Pop**	**Partners**	**Lead Org**	**Services Provided**
Triage, Transport, & Treat (T3)	Frequent users, mostly homeless with mental health issues	Sutter Health, Kaiser Permanente, McGeorge School of Law Medical/Legal Partnership	WellSpace	Outreach within hospitals Provide ongoing case management to people needing access to primary care and wrap-around services, legal support
Wellness Outside Walls (WOW)	Hard-to-reach populations & underserved students		Elica	Mobile services to hard-to-reach populations
Program Type: Respite Care				
Interim Care Program (ICP)	Homeless patients in need of temporary respite	Dignity Health Sutter Health UCD Health Kaiser Permanente VOA	WellSpace Health	4-6 weeks of recuperative services and bed stay Case management and social service support Connection to BH services and medical home Connection to housing
Program Name	Target Pop	Partners	Lead Org	Services Provided
Interim Care Program Plus (ICP +)	Homeless patients in need of enhanced temporary respite	Sutter Health Salvation Army City of Sacramento	WellSpace Health	More intensive, enhanced ICP services Case management and social service support Connection to BH services, medical home, housing
Program Type: Primary Care				
MercyClinic Loaves & Fishes	Homeless individuals, families, and children	Dignity Health	Sacramento County Loaves & Fishes	RNs identify health needs, provide first aid Connection to primary care/medical home TB screening
Street Nurse Program	Homeless individuals	Sutter Health SSF	WellSpace Health	Mobile RN works with Community Navigator Program to connect individuals to immediate medical care
Street Medicine Program	Homeless individuals	Impact Team	Elica	Provides care for high-need members of homeless population
Program Type: Housing/Shelter				
Housing with	Homeless	Dignity Health	LSS	Outreach in the hospital

Dignity Program	individuals w/ severe chronic health and mental health issues		Mercy Family Health Clinic	Connection to supportive stabilization apartments Intensive case management and supportive services Ongoing health care services to support transition to permanent housing
Program Type: Behavioral Health				
Genesis Project	Homeless individuals with mental health issues	Kaiser Permanente	Loaves & Fishes	Free mental health program that provides professional counseling

Key Informant Interview Results: Challenges, Barriers, and Service Gaps

Homeless Services, Housing Providers, and Social Services

1. Limited Housing Capacity and Lack of Housing Support Services

> "If your approach to housing homeless folks is facility-based, you will still have hundreds of people on the streets and in transitional housing. Scattered site housing requires a housing market with more movement and right now there is so much competition for housing in Sacramento. We have to do more for housing development in general so that we can have more movement and make more scattered site housing available."
>
> Homeless Services Provider

- Housing market is strained and affordable housing stock is extremely limited
  - Sacramento is 10-15 years behind to meet the demand and growth of homeless population
  - People are cycling in and out of shelters trying to get into housing
  - Individuals with vouchers are not able to get into housing
  - Scattered site supportive housing is critically needed — scattered site housing requires movement in the housing market
  - Available permanent supportive housing for this population is also limited — turnover rates for units are between 4 - 11%
  - Unlike other cities with large homeless populations that have housing funding pools, HUD is the only funder for housing in the City— there are no funding pools to address funding holes
  - Affordable housing developments must go through a lengthy and expensive application process, which adds to the cost of development
  - There is no local funding for a capitalized operating reserve that developers can use to ensure long-term sustainability of housing projects
  - Affordable housing developers frequently face resistance from neighbors who do not understand affordable housing — neighborhood concerns and NIMBYism has led some elected officials to block affordable housing developers from finding sites in their districts
- Housing support services that recruit landlords and help people maintain housing
  - Organizations that find apartments, recruit and retain landlords, and establish master leases as a strategy to help increase housing stock are lacking
  - Most service providers are not prepared nor have the funding to provide housing retention services

"Housing retention programs that keep people housed are not adequately funded and the responsibility falls to property management who are not always prepared to handle situations. This population needs serious care — many have mental health issues. I think we can find a way to keep them housed and connected to a resource team."

Homeless Services Provider

- More shelter and transitional housing with services is needed
  - There is a lack of public funding for shelters
  - HUD is focusing resources on permanent supportive housing, as opposed to transitional housing and essential transitional services— now there is no place for people to go and the pipeline is closed
- Skilled nursing facilities and respite care for the aging homeless population is lacking
  - It can be a six-month wait to get an older veteran off the street

2. Inadequate Behavioral Health Care Services for the Population

"It's really hard when you have a guest with serious mental health issues who is in a crisis. There are times when we have had to call the cops and hope that they get 5150ed just to get them connected to the services they need. Evictions due to unstable mental health conditions are an issue and happen when guests don't have their medication or refuse medication. It's very hard to get someone into treatment and services — we had one patient who waited five years to get therapy."

Housing Organization

- The unsheltered population is particularly in need of mental health and substance use disorder services
- There is a huge gap in on-demand and co-located mental health and substance use disorder services
- There is no place to get people help for drug use — substance use disorder residential treatment facilities and detox centers are very much needed
- Transitions from County Behavioral Health system to medical providers when acuity reduces from severe to mild/moderate are not successful
- Referral to County services is a barrier and long waitlists for County mental health services are driving hospitalizations
- Evictions for this population due to mental health issues are high and occur for individuals who are severely mentally ill

3. High-Level Strategic Collaboration and Planning is Lacking

- Increasing the housing supply will require a substantial structural and organizational effort across government agencies and nonprofit providers
- Sacramento's CoC has struggled to determine the areas of greatest need
  - Funding decisions do not take into account local needs when shifting funding priorities
  - There is no regional assessment of capacity and service gaps for this population to inform decision-making
- There is a need for additional communitywide input and buy-in to Coordinated Entry System on prioritization of who is selected for housing
  - Despite the fact that thousands of individuals have been connected to housing through the Coordinated Entry System based on dynamic criteria, there are perceptions that individuals are housed based on who has been on the list for the longest period of time and that the current system has led to "thousands languishing on a list to nowhere"
- More coordination and collaboration is needed between the City and County — they have different approaches and do not see where there are duplicative efforts
- Political solution is needed to resolve City and County issues and a strategic plan is necessary to move that forward

4. Service Delivery is Fragmented and Uncoordinated

> "We need more coordination and collaboration. There is not a lot of communication between the City, County, or even the organizations themselves that are doing similar work and working with the same target population. These aren't just silos, they're alternate universes."
>
> Homeless Services Provider

- Case management for individuals often ends immediately after an individual is housed or employed — individuals need more support to stay housed and keep their support

5. Population Faces Difficulty in Accessing Primary Care

> "We definitely have a client base that goes to the hospital frequently and probably doesn't need to. They don't go to their primary care setting appointments."
>
> Homeless Services Provider

- Many homeless individuals have Medi-Cal, but the population has difficulty setting up appointments and getting to them

6. Social Services and Street-Level Amenities are Needed

- Sacramento has an expensive public transportation system — population requires greater access to affordable transportation
- Health plans coordinate and reimburse for van services for non-emergency medical appointments and related services, but otherwise, service providers must use their own van services, ride share services, taxis, or bus passes to transport clients
- Population needs more income support services
- Employment services need strengthening — people need a job to go to when they are stabilized
- Housing without employment services is often not effective — those folks will lose their housing and return to the shelter
- Street-level amenities such as restrooms are nearly non-existent
- Affordable child care is a huge barrier for this population

7. Burden of Fines and Fees on Homeless Population is Substantial

- Population faces enormous barriers in addressing and resolving various fines and fees resulting from traffic citations and other minor infractions — this prevents the population from accessing needed services

8. Challenging for Navigators to Address Immediate Needs and Establish Trust

- It can be difficult for navigators to help folks with immediate needs — it takes time to get an ID and connect to services
- The chronically homeless population distrusts government and service providers — many individuals are perfectly happy retreating to the American River Parkway and staying anonymous
- Navigators are stymied by limited housing options and have “no place to navigate people to”

9. Funding Streams for Supportive Services are Unreliable

- Hospital and CoC funding for supportive programs are not dependable and HUD funding decisions do not always reflect community needs

Behavioral Health Organizations

A number of common challenges emerged for behavioral health providers that deliver services to the homeless population. Primarily, these were capacity concerns, limited housing and housing supportive services, and the need for additional outreach and navigation services.

1. Additional Behavioral Health Services are Needed to Meet Demand

- Mental health and substance use disorder needs are substantial, but providers are stretched beyond capacity
- The need for more services is particularly high for homeless individuals who are severely mentally ill (SMI) or those with co-occurring disorders — 4.5% of Sacramento is SMI and it makes more difficult when those folks are homeless too
- Diagnosis is difficult with this population, especially with substance abuse in the mix
- Folks with severe mental illness have difficulty managing relationships, housing, and illness and need additional support
- Managed Care Plan behavioral health service capacity is stretched thin
- Access to and connections with the County mental health system is problematic due to limited capacity and strains on the system
- Gaps exist in providing lower-levels of care for those with mental health needs, including outpatient services
- Population with mental health issues need follow-up appointments to renew medications or else they self-medicate and get stuck in a cycle

2. Housing Stock and Housing Supportive Services Are Too Limited

> "There is not enough housing. Some Full-Service Partnerships exist, but thousands of people are in need of housing and other services every day. The needs are overwhelming and services are woefully inadequate. The County will just send everyone to Guest House but they can't help everybody because there are just too many people in need."
>
> Behavioral Health Provider

- Demand for housing outpaces supply — individuals in need are on waitlists and unable to attain housing
- There is a need for additional housing supportive services and a focus on getting people set up once they are in housing, including incorporating family members into planning processes, supplying individuals with food and furniture
- Need for a coordinated entry system into housing
- The process for developing new housing is cumbersome and slow

3. Additional Effective Navigation and Coordination Among Service Providers is Needed

- Lack of housing options limits the ability of staff to engage individuals experiencing homelessness
- While there are organizations providing services to the homeless populations, there is not enough money to provide the level of services needed
- The population also needs additional help navigating services that are available to them
- Systems do not coordinate effectively with one another

> "The homeless community has been navigated and VI-SPDATed to death. They believed they could get housing. They were promised they could get housing. But they can't, so they've become more difficult to engage."
>
> Behavioral Health Provider

4. Hard-to-Engage Population is Particularly Difficult to Stabilize

- Individuals experiencing homelessness who are particularly difficult to engage often meet criteria but have a hard time getting connected — they miss appointments and they get dropped again which leads to unlinking them to services

5. Training for Service Providers and Tailored Services is Needed

> "I would like to see more being done for service providers. Some folks just are natural at it, they are patient. Others are not so great — they have their degree and education but they lose patience and are curt. Patients end up getting treated poorly by medical staff. EMT, first responders, and law enforcement need training."
>
> Behavioral Health Provider

- Services tailored towards LGBT youth and individuals need improvements
- First responders and law enforcement, as well as providers in general, need training to better work with the homeless population

6. NIMBYism is Stigmatizing and Prevents the Population from Accessing Needed Services

- Educating communities opposed to new facilities serving this population is a challenge — informed folks need to be incorporated and involved

Managed Care Organizations

> "The biggest breakdown and barrier is communication between providers. The hospitals, IPAs, and County all provide services for our members, and yet we don't know what those services are."
>
> Managed Care Organization

To more clearly understand the existing programs and services offered by Sacramento's MCOs targeted for individuals experiencing homelessness, key informant interviews and surveys were conducted with all six Medi-Cal MCPs in Sacramento County, as well as two of the Dental Medi-Cal MCPs serving the area and River City Medical Group. Leadership and program directors from these organizations provided insights on the specific challenges facing MCOs in serving this population, as well as opportunities to improve care and outcomes.

1. There is No Reliable Way to Identify Homelessness Status

- Beneficiary member files that come from the state do not indicate homeless status — if the address recorded is a County, a shelter, or jail address, or if a member has no address, the MCP assumes the member is homeless
- Homeless identification process is time-consuming and also inconsistent, as homeless members often slip under the radar
- Health plans are not connected to HMIS data

2. Housing Capacity is Limited and More Robust Housing Services are Needed

- Housing is the major gap in services for this population - there is a lack of permanent housing, as well as temporary housing and intermediate respite care, particularly after individuals are released from the hospital
- Housing navigation and support services that help individuals maintain housing are also lacking
- There is a need for more robust connections between MCOs and housing providers
- Plans are not aware of effectiveness of housing providers in connecting their members to housing

3. Barriers to Accessing and Coordinating with Behavioral Health Providers

- Members with behavioral health issues face more barriers in the County system
- Plans often lose track of their members in the County system and are unable to share data with the County
- County substance use disorder system is stressful for homeless members —individuals have to get on a waiting list for treatment and long wait times for treatment increases the difficulty in stabilizing patients, especially if they are living on the street
- For the population of homeless individuals with mild to moderate mental health conditions that the MCPs do not refer to the County, there are not enough mental

health and substance use disorder providers to take on the level of need that the population require

4. Lack of Coordination Among Providers

- Lack of coordination across all sectors — even when services are available it is difficult for health plans to know what is out there.
- Systems and providers are in place but they do not work in unison, to the point where a high-utilizer can have up to 50 different case plans
- Plans do not receive data about their members until after the member is seen by the provider, making it difficult to coordinate care for these individuals
- Dental plans and their providers are disconnected from substance use disorder and housing services
- County does not share behavioral health information with MCPs unless the patient or the County brings an issue to the plan — this significantly limits the ability to coordinate services and care
- County data-systems make it extremely difficult to share information with plan

5. Population Requires More Robust Navigation Services, Especially the "Treatment Resistant"

> "Identifying the social determinants of health is not enough. The population needs more than just system navigation. Service providers need to provide tools to help this population help themselves and empower them to move themselves forward."
>
> Managed Care Organization

- Several MCO representatives noted that even when individuals experiencing homelessness are identified, they are sometimes resistant to treatment
- Service providers need more training and tools to effectively serve the population

Hospital Systems

> "The biggest thing we are looking for is a highly coordinated approach to ending homelessness. We are in panic mode and everyone is trying to do things to show they are doing things. There needs to be a larger plan and Whole Person Care needs to be a piece within that larger plan."
>
> Hospital System

1. Need for City-Wide Care Coordination & Data-Sharing to Support Continuity of Care

- Connection to community resources is an incredible challenge — shared care coordination and data-sharing infrastructure is a critical need
- There is no organized data on patients being transported to the emergency department — health systems and EMS need real-time patient information
- Hospitals have no way of knowing which primary care physician is assigned to a patient in the emergency department or what programs patients are enrolled in
- Hospitals lose track of patients after discharge from the hospital — there is a need for a care plan that follows the patient
- There is often a lack of confidence from the emergency department staff that patients will be adequately cared for upon discharge, leading to longer hospital stays
- Hospitals are not always fully aware of what community resources are available

2. High-Level Strategic Collaboration is Lacking

- There is a lack of infrastructure that supports cross-organization collaboration and partnering — all organizations need to be at the table
- City and County are currently not aligned — a stronger, more collaborative relationship is needed to respond to the increase of constituent demands to address homelessness
- Whole Person Care is seen as driving a wedge between City and County

3. Population Faces Difficulty in Accessing Behavioral Health Care

- Lack of County participation is problematic — timely access to County behavioral health services is needed, as well as timely denials so that mild/moderate individuals can be served by Federally Qualified Health Centers (FQHCs)
- Individuals with traumatic brain injuries (TBI) are excluded from the County behavioral health system without a mental health (LPS) conservatorship — these individuals are also unable to access inpatient psychiatric care because they have a TBI

4. Lack of Housing Capacity and Connection to Housing Services

- Housing capacity is extremely limited
- Staff lack understanding of the criteria that makes a person eligible for housing

5. Timely Access to Primary Care Services

- Limitations in patient access to physician groups — patients visit the emergency department claiming they cannot access their IPA
- Health plans contracted to manage this population have varying success — some are more engaged and further along
- Community clinics are often at capacity, driving patients to seek care in the emergency department
- There is a need for community clinics to provide open access

6. Population Requires an Assertive Outreach Approach

- There is a need for more robust city-wide navigation resources
- Follow-up and follow-through for this population are critical, but that depends on building trust and rapport to get folks to buy into the plan
- Navigators lose track of patients because of communication barriers (lack of phone)

7. Internal Capacity Issues Present Barriers

- Internal infrastructure to connect homeless individuals to resources can be lacking
- Hospital staff need support with serving the population to avoid burnout

Community Clinics

A number of common challenges emerged for local community clinics and community-based health navigation organizations providing services to the homeless population. Primarily, these were the need for increased coordination and data-sharing, development of a high-level strategy, improved access to behavioral health, additional housing and housing supports, more transportation services, focus on assertive outreach, and improved internal capacity.

1. Need for City-Wide Care Coordination & Data-Sharing to Support Continuity of Care

- Current systems of sharing information between hospitals or emergency settings with FQHCs is limited, with different electronic medical record (EMR) systems used at each hospital
- There is limited communication between community-based organizations and other available community resources and FQHCs were identified as problematic and in need of improvement
- Late or limited reports come from hospitals, which make it difficult for FQHCs to take action and develop primary care and other plans
- Health centers have a hard time locating limited resources and do not always know the full scope of available community resources

2. Collaborative Approaches Among Key Stakeholders is Limited

- There is a limited cross-organization partnership and collaboration
- There is a lack of alignment of approaches from the City and County despite tremendous overlapping and similar needs

3. Accessing Behavioral Health Care is Difficult, Particularly with the County

- Accessing County mental health services is very difficult — one FHQC stopped referring patients to the County due to lack of coordination and an inability to gain information about the patient’s follow-up needs

- There is concern that individuals referred to the County for mental health services get lost in the already-overwhelmed system
- There are not enough assessments to discharge stable individuals into appropriate care, such as care provided at health centers

4. Housing Capacity and Housing Supportive Services are Lacking

- Housing capacity is extremely limited, including temporary housing, shelters, and permanent supportive housing
- Supportive services to help homeless individuals transition into housing based on their unique housing needs are also needed for better outcomes

5. Transportation and Mobile Services are Inadequate

- Limited transportation services currently lead to higher no-show rates and are barriers to follow-up at FQHCs
- Mobile services provided in the community were identified as an additional area of need that FQHCs want to expand

6. Population Requires an Assertive Outreach Approach

- There is a need for more outreach and navigation resources across Sacramento
- Follow-up and follow-through for this population are critical, but that depends on building trust, including finding more staff with lived experience

7. Capacity Issues at Health Centers Present Barriers

- A number of FQHCs expressed concern about being able to provide adequate services to homeless individuals in need of serious mental health and substance use disorder services
- The ability for FQHCs to analyze patient data is limited due to capacity
- Internal capacity and knowledge of community resources is lacking, making it difficult to connect homeless individuals to needed resources

Select Survey Results by Sector: Critical Service Gaps

Homeless Services, Housing Providers, and Social Services

Table 18: Services Most Difficult to Access for the Homeless Population: 1=Hardest, 10=Easiest

Service	SHRA	SSF	LSS	211	Wind	SSHH	L&F	Average
Permanent housing	**1**	**1**	**5**	**2**	**2**	**1**	**1**	**2**
Shelter, interim, or bridge housing	**NR**	**8**	**7**	**3**	**1**	**7**	**3**	**4**
Addiction treatment	**NR**	**3**	**2**	**4**	**3**	**3**	**7**	**5**
Mental health services	**NR**	**6**	**3**	**7**	**4**	**4**	**4**	**5**
Sobering center	NR	4	1	5	8	6	9	6
Assisted living services	NR	2	9	10	5	2	5	6
Recuperative care/medical respite beds	NR	5	8	6	6	5	2	6
Care coordination/navigation	NR	10	6	1	NR	8	7	7
Primary care	NR	9	4	9	7	9	6	7
Transportation	NR	7	10	8	9	8	10	9

Table 19: Needed Services for Homeless Population Not Readily Available

Provider	Response
211 Sacramento	There is a significant gap in navigation services to support the Coordinated Entry System, which affects all vulnerable homeless clients. There are no clearly defined diversion programs, limited deposit assistance (with flexibility for rental or utility uses) and a gap in damage funds and supports for stronger engagement with landlords to open up more front doors for placement. The community also appears to have a large gap/long wait times for treatment programming.
Provider	**Response**
Loaves and Fishes	Better coordination needed and a more robust Coordinated Entry System that everyone adheres to with no side doors.
Lutheran Social Services of Northern CA	Access to behavioral health is limited for those individuals who have serious mental illness, but who do not meet the targeted population. Access to residential substance abuse programs is also extremely limited.
Sacramento Self-Help Housing	Support that works closely with the property management/housing provider after the individual is housed.
Sacramento Steps Forward	County Alcohol and Drug Services residential treatment slots and specialty mental health slots for the literally homeless, board & care type services for the literally homeless, and traditional supportive housing.
Wind Youth Services	Access to "on-demand" mental health treatment — waits are currently too long for folks to wait to get the health care they need.

Behavioral Health Providers

Table 20: Services Most Difficult to Access for the Homeless Population: 1=Hardest, 10=Easiest			
Service	**TLCS, Inc.**	**Turning Point**	**Average**
Permanent housing	**1**	**1**	**1**
Addiction treatment	**6**	**2**	**4**
Recuperative care/respite beds	**3**	**6**	**5**
Shelter, interim, or bridge housing	8	3	6
Assisted living services	2	9	6
Sobering center	4	7	6
Mental health services	10	4	7
Primary care	9	5	7
Care coordination/navigation	5	10	8
Transportation	7	8	8

Table 21: Needed Services for Homeless Population Not Readily Available	
Provider	**Response**
TLCS, Inc.	Need more housing availability, AOD services including inpatient care and detox, and more rapid access to psychiatry.
Turning Point Community Programs	Safe, affordable housing units for extremely low-income individuals to access. There are strong systems of care in terms of behavioral health, physical health, and social services, but without actual housing units it is difficult to house people.

Managed Care Organizations

Table 22: Services Most Difficult to Access for the Homeless Population: 1=Hardest, 8=Easiest					
Service	**Molina**	**Kaiser**	**Anthem**	**United**	**Average**
Connection to housing/shelter	**1**	**2**	**1**	**2**	**2**
Addiction treatment linkage	**2**	**1**	**2**	**3**	**2**
Sobering center	**4**	**3**	**4**	**1**	**3**
Recuperative care/respite beds	3	4	3	4	4
Mental health service linkage	5	5	6	6	6
Transportation	7	6	8	5	7
Care coordination/navigation	6	8	5	7	7
Primary care linkage	8	7	7	8	8

Table 23: Needed Services for Homeless Population Not Readily Available	
Provider	**Response**
Anthem Blue Cross	Inpatient and outpatient substance use disorder services, including MAT, housing and job rehab support, and involuntary residential programs
Kaiser Permanente	Substance use chemical dependency, which is a carve-out from what is provided
Molina Healthcare	Workshops to help integrate homeless members back into the society, teaching and fostering new skills and counseling/emotional healing
UnitedHealthcare	Transitional housing, mobile physical and mental health providers

Hospital Systems

Table 24: Services Most Difficult to Access for the Homeless Population: 1=Hardest, 8=Easiest				
Service	**Dignity Health**	**Kaiser Permanente**	**UC Davis Health**	**Average**
Care coordination/navigation	**2**	**1**	**2**	**2**
Connection to housing/shelter	**3**	**5**	**1**	**3**
Mental health service linkage	**1**	**4**	**3**	**3**
Addiction treatment linkage	5	2	6	4
Primary care linkage	6	6	4	5
Sobering center	4	3	7	5
Recuperative care/respite beds	7	7	5	6
Transportation	8	8	8	8

Table 25: Needed Services for Homeless Population Not Readily Available	
Provider	**Response**
Dignity Health	No shelter/long-term housing or custodial placement for medically complex or severe psychiatric needs; SSI/SSDI payments not enough for long-term placement; lack of community services for dementia/TBI; lack of SNF beds for Medi-Cal (long-term) and non-ambulatory patients; placements including Board & Care and SNF for patients who fall under Megan's law.
Kaiser Permanente	Housing, behavioral health and social services.
UC Davis Health	Drug treatment/substance use disorder services, transitional programs, transgender health bed availability, assistance with IDs, treatment for IV drug users with infections (challenge to manage this population inside of a hospital).

Community Clinics

Table 26: Services Most Difficult to Access for the Homeless Population: 1=Hardest, 8=Easiest							
Service	**Elica**	**HALO**	**OCH**	**Peach**	**SNAHC**	**WellSpace**	**Average**
Addiction treatment linkage	**2**	**5**	**3**	**4**	**1**	**2**	**3**
Sobering center	**3**	**2**	**2**	**1**	**5**	**4**	**3**
Connection to housing/shelter	**6**	**3**	**1**	**2**	**3**	**3**	**3**
Mental health service linkage	1	6	5	5	4	1	4
Recuperative care/respite beds	5	1	4	3	7	6	4
Care coordination/navigation	7	7	7	7	2	5	6
Transportation	4	4	6	6	6	8	6
Primary care linkage	8	8	8	8	8	7	8

Table 27: Needed Services for Homeless Population Not Readily Available	
Provider	**Response**
Elica Health Center	Mental health supports for individuals with untreated mental illnesses and dual diagnoses
Health and Life Organization	Transportation, housing, substance abuse cessation services, food insecurity, and clothing
One Community Health	Mental/behavioral health services, addiction treatment
Peach Tree Health Care	More shelters in the downtown area
WellSpace Health	Waivers for DMV ID fees, free phone companies, County Mental Health and System of Care (AOD services)

Summary of IT Key Informant Interview and Survey Results

Inconsistency in Data-Tracking Systems

A key takeaway from the IT-focused key informant interview and survey results was the inconsistency in data-tracking systems used by Sacramento's service providers intersecting with the homeless population. More than 31 different systems were identified as being used to track data and some organizations had no data-tracking systems at all. Without common tracking systems, follow-up and sharing of information will continue to be difficult between entities. Relatedly, common systems help organizations track and follow-up with individuals to ensure they are not lost within the system. Common tracking systems become complicated, however, when entities are required to use certain data-tracking systems and have already trained staff on using them. For example, entities working with County Behavioral Health Services use Avatar to track data, and entities working with HUD use HMIS. Without changes in requirements, these systems will continue to be in place, further perpetuating the problem.

Ad Hoc Data Sharing Methodologies

A comprehensive review of key service providers intersecting with the homeless population also found that due to the lack of Health Information Exchange (HIE) organizational infrastructure in the region, data sharing between and amongst clinical and other organizations is largely performed via ad-hoc use of faxes, some one-off data feeds with individual organizations, and clinical portal access.

Need for IT Infrastructure to Support Care Coordination

The desire to more successfully communicate among the many different entities working with the homeless population was one of the most consistent issues raised in the key informant interviews and surveys. Nearly every organization interviewed raised that, currently, there are not effective ways to coordinate care and services. For example, health plans mentioned lags in information about members who visit the hospital or ED, while many community-based organizations discussed the many siloes that contribute to organizations not having the ability to know about available resources to refer clients to.

Conclusion

Although there are a significant number of services and supports targeted for Sacramento's homeless population, the lack of collaboration and coordination among service providers and lagging investments in housing and behavioral health capacity are impacting the efficacy of these efforts. However, promising developments are underway. There are now multiple efforts underway to increase coordination and improve health and housing outcomes for this vulnerable population. The City and County have not only committed significant resources towards additional service capacity for vulnerable homeless populations, but are now actively working together to develop system-wide data sharing processes and infrastructure to support better coordination of homeless services.

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About this Report

Transform Health, the consulting team for Pathways to Health + Home that includes Desert Vista Consulting, Health Management Associates, and Intrepid Ascent, was commissioned by the City of Sacramento to produce this Environmental Scan to support the development and implementation of the program.

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Appendix

I. Key Informant Interviewees — Service Delivery

Jennifer Ablog, *Community and Government Relations Manager of Greater Sacramento, Kaiser Permanente*
Jesse Archer, *Director of Youth Community Programs, Sacramento LGBT Community Center*
Kimberly Anderson, *Director Cardiovascular Services and Medi-Cal Strategic Initiatives, Kaiser Permanente*
Ben Avey, *Chief Public Affairs Officer, Sacramento Steps Forward*
Emily Baime Michaels*, Executive Director, Midtown Business Association*
David Bain, *Executive Director, NAMI Sacramento*
Kendra Barter, *Clinical Director, Sacramento Veterans Resource Centers of America*
Veronica Beaty, *Policy Director, Sacramento Housing Alliance*
Emily Bender, *Director of Programs, Sacramento LGBT Community Center*
Kelly Bennett, *Chief Executive Officer, Sacramento Covered*
Alexis Bernard, *Director of Housing, Turning Point Community Programs*
Jerry Bliatout, *Chief Executive Officer, Health and Life Organization, Inc.*
Ashley Brand, *Director of Community Health and Outreach, Dignity Health*
Kristie Brown, *Service Area Director, Revenue Cycle, Kaiser Permanente*
Joan Burke, *Director of Advocacy, Loaves and Fishes*
Edward Bynum, *Director of Special Projects, Liberty Dental Plan*
Nolan Caldwell, *Assistant Chief of Sacramento Emergency Department, Kaiser Permanente*
Danielle Cannarozzi, *Community Outreach Supervisor - Sacramento, Liberty Dental Plan*
Courtney Cook, *Director of Performance Improvement and Risk Management, Heritage Oaks Hospital**
Sandy Damiano*, Interim Director, Department of Health Services, Sacramento County*
Megan Dankmyer, *Associate Vice President of Case Management, Molina Healthcare*
Suzi Dotson, *Executive Director, Wind Youth Services*
Dion Dwyer, *Director of Community Services, Downtown Partnership*
Jeffrey Dziedzic, *Chief Operating Officer, Aetna Better Health of California*
Gennelle Eskow, *Chief Executive Officer, El Hogar*
Brian Evans, MD, *Chief Medical Officer, Mercy General Hospital, Dignity Health*
Alex Filippelli, *Mental Health Director, Gender Health Center*
Jennifer Fleming, *Project Developer, Mercy Housing*
John Foley, *Executive Director, Sacramento Self-Help Housing*
Karen Freeman, *Chief Operating Officer, Elica Health Centers**
Susan Gallagher, *Executive Director, Mental Health America of Northern California*
Sergeant Greg Galliano, *Sacramento Police Department, City of Sacramento**
Sylvia Gates Carlisle, MD, *Chief Medical Officer, Aetna Better Health of California*
Sarbjit Gill, *Clinic Manager Midtown, Peach Tree Health*
Christie Gonzales, *Behavioral Health Director, WellSpace Health*
Toi Gray, *Director of Health Information Management and Privacy Officer, Turning Point Community Programs*
Britta Guerrero, *Executive Director, Sacramento Native American Health Center*
Emily Halcon, *Homeless Services Coordinator, Office of the City Manager, City of Sacramento*
Steve Heath, *Executive Director, Capitol Health Network*
David Heitstuman, *Executive Director, Sacramento LGBT Community Center*
Beau Hennemann, *Director of Special Programs, Anthem Blue Cross*
William Henning, MD, *Chief Medical Officer, UnitedHealthCare Community Plan of California*
Jason Henry, *Director of Operations, Sacramento Veterans Resource Centers of America*
Alisha Hightower, *Director of Government Programs, Access Dental*
Elizabeth Hudson, *Director of Social Services, The Salvation Army*
Ben Hudson, *Executive Director, Gender Health Center*

David Husid, *Director of Community Development, Cottage Housing*
Brian Jensen, *Regional Vice President, Hospital Council of Northern and Central California*
Erin Johansen, *Executive Director, TLCS, Inc.*
Noel Kammerman, *Executive Director, Loaves and Fishes*
Kevin Kandalaft, *Chief Executive Officer, UnitedHealthcare Community Plan of California*
Manjit Kaur, *HMIS Program Manager, Sacramento Steps Forward*
Patty Kleinknecht, *Executive Director, The River District*
Dorothy Landsberg, *Associate Dean of Experiential Learning, McGeorge School of Law*
Lois Little Wolf, *Serna Program Director, Cottage Housing*
Ryan Loofbourrow, *Executive Director, Sacramento Steps Forward**
Cathy Lumb-Edwards, *Director of Geographic Managed Care, Kaiser Health Plan*
Blanca Martinez, *Director of Case Management, Molina Healthcare*
Lydia Mata, *Director of Case Management, Anthem Blue Cross*
Jill McGougan, *Director of Strategic Initiatives Policy and Government Advocacy, Molina Healthcare*
Jaime Melconoff, *Associate Vice President of Health Plan Operations, Molina Healthcare*
Lacey Mickelburgh, *Clinical Legal Fellow, McGeorge School of Law Medical-Legal Partnership*
Janice Milligan, *Vice President of Community Relations and Program Development, River City Medical Group*
Lieutenant Daniel Monk, *Sacramento Police Department, City of Sacramento*
Sarah O'Daniel, *Assistant Director, Sacramento Housing and Redevelopment Agency*
Robert O'Reilly, *Vice President of Government Contracts, Molina Healthcare*
Nick Osterman, *Director of Behavioral Health, Anthem Blue Cross*
Leslie Parker, *T3/HART Program Manager, WellSpace Health*
Tim Perkins, *Manager of Geographic Managed Care, Kaiser Health Plan*
Alicia Pimentel, *Program Manager Northern Counties, Anthem Blue Cross*
A. Jonathan Porteus, PhD, *Chief Executive Officer, WellSpace Health*
Jennifer Rasmussen, *Vice President of Healthcare Services, Molina Healthcare*
Carol Roberts, *President and Chief Executive Officer, Lutheran Social Services of Northern California*
Robynne Rose-Haymer, *Executive Director, Next Move*
Geoffrey Ross, *Assistant Director, Sacramento Housing and Redevelopment Agency*
Al Rowlett*, Chief Executive Officer, Turning Point Community Programs*
Darryl Rutherford, *Executive Director, Sacramento Housing Alliance*
Matthew Schueren, *Chief Financial Officer, Molina Healthcare*
Eric Schwimmer, *Whole Person Care Liaison, Anthem Blue Cross*
Shawn Silva, *Chief Executive Officer, Heritage Oaks Hospital*
Nicola Simmersbach, *Regional Director, Turning Point Community Programs*
Mark Talavera, *Medical Director, Anthem Blue Cross*
Kay Temple Kirk, *Respite Program Manager, Gender Health Center*
Keri Thomas, *Director of Community and Government Relations, Sutter Health*
Abbie Totten, *Vice President of Government Programs, Policy, and Strategic Initiatives, Health Net*
Sharon Unterreiner, *Director of System of Care, Aetna Better Health of California*
Tammy Vallejo, *President, e49 Corporation*
Christy Ward, *Chief Executive Officer, One Community Health*
Michelle Watts, *Vice President of Programs, Sacramento Steps Forward*
Diana White, *Chief Operations Officer, Turning Point Community Programs*
Hazaiah Williams, *Community Development Director, Elica Health Centers*
Steve Worthington, *Emergency Shelter Supervisor, The Salvation Army*
Holly Wunder-Stiles, *Director of Housing Development, Mutual Housing*
Uma Zykofsy, *Behavioral Health Services Director, Sacramento County*

* Individual is no longer with the organization

II. Key Informant Interviewees — IT and Data Sharing

Richard Abrusci, *Chief Operations Officer, Goodwill Industries of Sacramento Valley and Northern Nevada*
Guillermo Albert, *Consultant, Health and Life Organization, Inc.*
Kimberly Anderson, *Director Cardiovascular Services and Medi-Cal Strategic Initiatives, Kaiser Permanente*
Chad Augustin, *Deputy Chief, Sacramento Fire Department, City of Sacramento*
Kelly Bennett, *Chief Executive Officer, Sacramento Covered*
Bobby Bliatout, *Chief Information Officer, Health and Life Organization, Inc.*
Mark DeClue, *Service Area CIO for Sacramento Region, Dignity Health*
Sundeep Desai, MD, *Chief Health Information Officer for Valley Unit, Sutter Health*
Matt Foy, *Data Analyst, Sacramento Step Forward**
Sergeant Greg Galliano, *Sacramento Police Department, City of Sacramento**
Anthony Genovese, *Data Analytics Manager, One Community Health*
Steve Heath, *Executive Director, Capitol Health Network*
Kevin Isbell, *Executive Director, Care Delivery Technology Services – Analytics and HIE, Kaiser Permanente*
Manjit Kaur, *HMIS Program Manager, Sacramento Step Forward*
Gabriel Kendall, *Director of Community Relations & Program Development, 211 Sacramento*
Nick Lee, *Vice President of Operations, Sacramento Step Forward*
Victoria Lewis, *Director of Health Informatics, Elica Health Centers*
Cathy Lumb-Edwards, *General Managed Care Director – Sacramento Region, Kaiser Health Plan*
Ted Lynch, *Project Director, Northern California Health Connect, Kaiser Permanente*
Maria MacGunigal, *Chief Information Officer, City of Sacramento*
Michael Marchant, *HIE and Integration Manager, UC Davis Health*
Janice Milligan, *Vice President of Community Relations and Program Development, River City Medical Group*
Derek Parker, *Data Lead, Sacramento Fire Department, City of Sacramento*
Dalip Rai, *Health Informatics Specialist, WellSpace Health*
Ignacio Ruiz, *Information Technology Finance & Administration, City of Sacramento*
Mrudul Sadanandan, *Information Technology Manager, City of Sacramento*
Lorena Sanchez, *Director of Programs, Sacramento Covered*
Renee Singley, *Director of Business Services, WellSpace Health*
Kobi Sonoyama, *Technology Director, River City Medical Group*
Jeff Steiger, *Area Information Officer – Sacramento Region, Kaiser Permanente*
Kim Turner, *HIE Implementation Lead, Kaiser Permanente*
Jeff Ugai, *Director of Privacy and Customer Advocacy, Bitfocus (HMIS vendor)*
Michelle Watts, *Vice President of Programs, Sacramento Step Forward*
Chris Weare, *Manager of Data Analytics & Research, Sacramento Step Forward*
Joil Xiong, *Chief Operations Officer, Sacramento Covered*

* Individual is no longer with the organization

III. Organizations Surveyed

- Access Dental Plan
- Anthem Blue Cross
- Community Link Capital Region/211 Sacramento
- Dignity Health
- Elica Health Centers
- Health and Life Organization, Inc.
- Kaiser Permanente
- Lutheran Social Services of Northern California
- Molina Healthcare of California
- One Community Health
- Peach Tree Health
- River City Medical Group
- Sacramento Covered
- Sacramento Housing and Redevelopment Agency
- Sacramento Loaves & Fishes
- Sacramento Native American Health Center Inc.
- Sacramento Self-Help Housing
- Sacramento Steps Forward
- TLCS, Inc.
- Turning Point Community Programs
- UC Davis Health
- UnitedHealthcare Community Plan of California
- Volunteers of America — Northern CA and Northern Nevada
- WellSpace Health
- Wind Youth Services