

Encampment Outreach Pilot Report-Out

August 31, 2021



Introductions

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Project Overview

- CDC Foundation funding
- June 2020 - August 2021
- Immediate support for encampment residents
- Longer term support for outreach infrastructure

Main Project Activities and Goals

- Feedback collection from outreach and housing workers; community groups; and advocates
- Development of community-wide standards for street outreach
- Research focused on Temporary Shelter Models
- Launch of the Sacramento County Encampment Team Work
- Distribution of basic needs supplies

Common Themes from the Focus Groups

- A lack of unified or coordinated services for unsheltered individuals, especially individuals living in encampments.
- Due to the patchwork approach to outreach, individuals experiencing unsheltered homelessness seem confused about the role of navigators, creating challenges for building trust and moving individuals towards housing.
- On-going challenges with connecting unsheltered individuals to a consistent outreach worker or navigator.
- Lack of capacity in available emergency shelter and permanent housing beds.
- Lack of support from local government on providing basic amenities like trash removal, water, and portable toilets to individuals living in unsheltered locations.

Community-Wide Standards for Street Outreach

Purpose: better align the work of all outreach workers and navigators operating in Sacramento County.

- Clarify the **role** of street and encampment outreach
- Integrate **racial equity** as an outreach approach
- Develop local expertise in **Housing Problem Solving**
- Effectively link and connect individuals seeking assistance to **emergency shelter** and **Coordinated Entry**
- Improve Homeless Management Information System (HMIS) **data quality**
- Increase **system-level coordination** and collaboration

Temporary Shelter Models Presentation

- Homebase conducted and presented research on the issue of unsheltered homelessness and **other communities' responses** to this issue.
- The presentation focused on **innovative models** for responding to unsheltered homelessness with a focus on temporary shelter models like tiny homes, sanctioned encampments, and safe parking.
- Though still emerging, many communities have **successfully utilized temporary shelter models** as a short term stepping stone away from encampments.
- These sites allow for the ability, time, and safety for case workers to develop relationships with the participants.

Sacramento County Encampment Team

Phase 1: Plan and Identify Sites

Phase 2: Introductions and Communication

Phase 3: Connections to Key Resources, including Support in Meeting Basic Needs

Encampment Sites Served

Site 1: Bowling Green Park, located in the unincorporated area of South Sacramento

Site 2: Fruitridge – a location around 44th Street, nearby the intersection with Fruitridge Road

Site 3: French Road and Florin Road, located at the intersection of French and Florin and around Florin and Power Inn Roads

Site 4: Governors Circle, which had two targeted sites – individuals on the street and individuals in the canal

Challenges with Moving Individuals into Emergency Shelter

- Even low-barrier emergency shelters have **rules**, including curfews, required schedules, restrictions on outside food, and limitations on alcohol and drug use. While these rules have benefits for maintaining the health and safety of residents and staff, they can also limit individual freedom.
- Staying in emergency shelter often requires **living among strangers**, which can be challenging for individuals that prefer to live in self-selected encampment communities or alone.
- Individuals experiencing long-term homelessness may have **past negative experiences** with stays in or trying to access shelter.
- Some individuals may have been **traumatized by past experiences in other institutions** (e.g., jails, prisons, foster care, in-patient behavioral health treatment), which can make stays in emergency shelter, especially congregate settings, a challenge.
- Due to limitations in capacity, individuals often have **few choices** in the specific emergency shelter available, which can vary widely by geographic location, size, structure, target population, and cultural competency.
- Some emergency shelters place limitations on an individual's ability to bring in **pets** and **possessions** (including survival gear), as well as putting limitations on the ability of **families** (including self-selected) and **partners** to stay together.

Working as a Team

- Being a **site based interdisciplinary team** allowed us to focus more on our needs as a team instead of as individual members
- Weekly brainstorming sessions, data tracking, and access to leadership allowed us to better identify **opportunities and challenges**.
- Our scale as a team allowed for **increased productivity and streamlined opportunities** for conducting assessments, requesting behavioral health and identifying shelter options.
- Allowed for different **rapport building approaches** by team members towards clients.
- Developed more **knowledge of the system** by peer sharing knowledge.
- **Ability to pivot** an approach or a site if our approach was not working.
- Outreach and engagement can be **draining and demanding**, working as a team allowed for moral and peer support of staff.

Who is The Homeless Encampment Team

- A licensed Clinician with Sacramento County, Department of Health Services, Division of Behavioral Health (BHS)
 - Outreach to help build rapport and trust.
 - Once a resident consents, the Clinician can:
 - Provide Mental health assessments that help identify needs and eligibility for relevant services
 - “Refer” the resident to the mental health provider
 - Any resident not interested in referrals to mental health services were given resources that would be helpful
- A Housing Navigator contracted through Sacramento County Department of Human Assistance (DHA) to help with housing resources
- Case Conferencing

Outreach and Engagement





- One of the most important steps to completing an assessment and linking residents to mental health services is building rapport and trust.
- Rapport and trust are built over time with consistent, transparent presence and communication, through a process we call *outreach* and *engagement*
 - Outreach is the activities of showing up, being present and attempting contact with residents
 - Once a resident consents to a conversation, we are in the *engagement* phase.
- Our Substance Use Prevention and Treatment program obtained dozens of backpacks filled with items for men's or women's needs. Backpacks were distributed successfully and helped break the ice to facilitate *engagement* and building of rapport.



Screening and Assessment



- After we build rapport and trust, we obtain formal consent from the resident to complete a *screening* and hopefully an *assessment*
 - *Screening* is a quick review of circumstances, symptoms and impairments usually to determine potential eligibility for a program
 - *Assessment* is more in depth evaluation of everything contained in the screening plus psycho-social history. *Assessments* can help ensure that referrals to programs are more likely to filter down to the best program to meet the needs of the resident.

Program Types:	Low Intensity	Low to Moderate	Moderate Intensity Provider	High Intensity Full Service Partnerships and Wraparound
Housing Interventions	Wellness and Recovery Centers; Guest House	Regional Support Teams Children's FIT	TCORE Children's FIT	SOAR, ARISE [~] , ISA, SEWP, Pathways ^{~*} , TLCS New Direction ^{^~*} , Children's Wraparound
Prevention: Short-term financial support, which ends when the risk of homelessness is resolved.	Independent		Semi-Supportive	
Rapid ReHousing: Short-term financial support up to 12 months. Room and Boards are often used.	Semi-Independent		Semi-Supportive	
Permanent Support Housing Non-Chronic: Client is literally homeless and linked to a high intensity mental health provider with intensive case management services.			Semi-Supportive	
Permanent Supportive Housing Chronic: Client has documentation verifying chronic homelessness and is linked to a high intensity mental health provider (FSP) with intensive case management services.			Semi-Supportive	
	 Severe mental illness & functional impairment must be relative to service intensity			
	Helps people who need brief interventions to return to previous level of functioning and developmental status.	Helps people with mental health issues maintain recovery from past episodes of significant impairment	Helps people with severe mental illness who need ongoing multi-disciplinary outpatient treatment but do not require intensive or frequent contact. Supports are used with minimal assistance.	Helps people with severe mental illness who need intensive support and treatment but need minimal support in the community

*Built units requiring chronic homeless

~Built units requiring non-chronic homeless

^Direct access to HUD chronic vouchers

Encampment Team Data



Total residents across 3 encampments= 23

- Total engaged residents that consented to enrollment in HMIS= 70% (16)
 - Of those, 75% (12) agreed to an assessment and a referral to a mental health provider
 - It is important to note, that at this stage, the outreach and engagement starts over since this provider is new to the resident
 - Of those, 41.7% (5) showed up to their first appointment and therefore officially “linked”
 - Of those, 80% (4) stayed in some sort of mental health service
 - Of those, 20% (1) was housed

What Happened to the 12 Referrals?



11 of the 12 residents were referred to low to moderate intensity mental providers.

- Geographically located near the encampments on major bus lines
- Almost all referred to Wellness and Recovery Center on Bowling Dr. Services include:
 - Mental health and case management services
 - Flexible housing dollars
 - Peer support
 - Medication supports
 - Self-help groups
 - Drop in center. The drop in center is popular for individuals experiencing homelessness because it gives a safe place to do laundry and take a shower
- Services are generally office based and providers lack the staffing resources to do thorough outreach and engagement in the community

What Happened to the 12 Referrals?



- Out of the 11 residents referred to low to moderate services, only 36% (4) showed up to their 1st appointment
- 1 out of 12 residents was referred to a Full Service Partnership, which is our most intensive mental health outpatient programming.
 - This resident was the only one housed thus far.

Collaboration and Coordination



- Better informed system partners
- Cross pollination of ideas
- Breaks down silos
- Networking and professional relationships
- Breaking down barriers
- Sharing a common mission
- Improves service provision

What Did We Learn From This Pilot?



- The importance of cultural humility. No shame, no blame. Just because they are residing in an encampment does not mean you can just walk into their home.
- Backpacks were a powerful engagement tool because they helped meet some of the residents' basic survival needs
- The value of close collaboration and coordination across partners

What Did We Learn From This Pilot?



- Even when residents consented to a referral to a mental health provider that could assist in a multitude of ways, there were still barriers that made it difficult for the resident to show up as evidenced by a 36% show rate
- The only client that was housed was linked to a Full Service Partnership which has the resources to conduct relentless outreach and engagement
- We need to do a better job of supporting residents to their linkages

Behavioral Health Recommendations



- Continue with engagement tools like backpacks, waters and snacks
- Continue with collaborations for more focused and intentional engagement
- Create a more robust outreach and engagement team
 - Include peers with lived experience to help with engagement
 - Increase staffing resources to transport, facilitate and support residents to their appointments to improve linkage successes
 - Use vehicles that allow flexibility so residents can take along their valuable items when they choose to

Potential Long-Term Solutions

- Increase the availability of shelter and permanent housing
- Increase garbage collection and other sanitation services
- Prioritize essential encampment cleaning processes; return the public space to its intended purpose when possible, and provide planning, coordination, and clarity of roles
- Construct or rehabilitate affordable housing
- Coordinate outreach teams
- Leverage and coordinate with volunteer outreach groups
- Create a flexible pool of funding for outreach workers to meet the survival needs of individuals living in encampments
- Build a network of outreach workers with different language abilities

What Comes Next?

- Development of Encampment Response Approach, focusing on unincorporated County and Parkway
 - Contracted and County outreach and service staff
 - Expanded sheltering opportunities
 - Flexible funding for housing connections
 - Continuation of sanitation and debris services
- Multi-disciplinary County team supporting people in encampments and surrounding community
- On-going coordination with cities in County on encampment strategies and services