City Strategies to Support Homeless and At-Risk Residents in Light of COVID-19

July 30, 2020







Lauren Lowery

Program Director,

Housing & Community Development

National League of Cities

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Welcome & Introductions



Agenda

- Welcome & Introductions
 - Lauren Lowery, National League of Cities
- Homelessness & COVID-19
 - Nicola Smith-Kea, Criminal Justice Manager, Arnold Ventures
- City of Houston, TX
 - Marc Eichenbaum, Special Assistant to the Mayor for Homeless Initiatives
- City of Rapid City, SD
 - Mayor Steve Allender, City of Rapid City
- Sonoma County, CA
 - Barbie Robinson, Director of Health Services
- Q&A with Panelists
- Wrap-Up & Closing Remarks

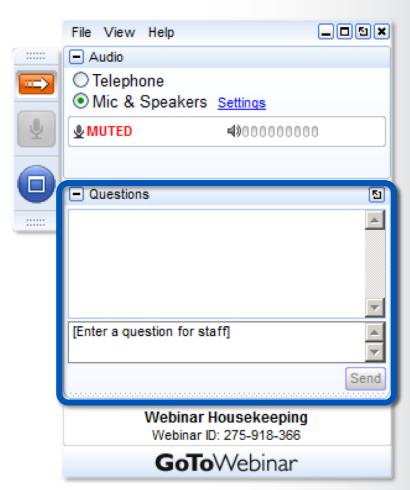


Housekeeping

- **Duration**: 1:30 p.m. 2:45 p.m.
 - This webinar is being recorded and the slides will be shared.

Technical Details:

- Submit questions for panelists through the Q&A box and indicate who the question is for, if appropriate.
- All attendees are muted to ensure sound quality.



Speakers





Nicola Smith-Kea
Criminal Justice Manager
Arnold Ventures



Marc Eichenbaum

Special Assistant to the

Mayor for Homeless

Initiatives

City of Houston, TX



Mayor Steve Allender City of Rapid City, SD



Barbie Robinson

Director of Health Services

County of Sonoma, CA





Nicola Smith-Kea
Criminal Justice Manager
Arnold Ventures

Homelessness & COVID-19





Marc Eichenbaum

Special Assistant to the

Mayor for Homeless

Initiatives

City of Houston, TX

City of Houston, TX

Houston's Community-Wide COVID-19 Homeless Housing Program

Marc Eichenbaum
Special Assistant to the Mayor for Homeless Initiatives











Overview – Houston's Homeless Response System

System
Transformation...

Using evidence based practices and...

Unprecedented collaboration between the public and private sectors.



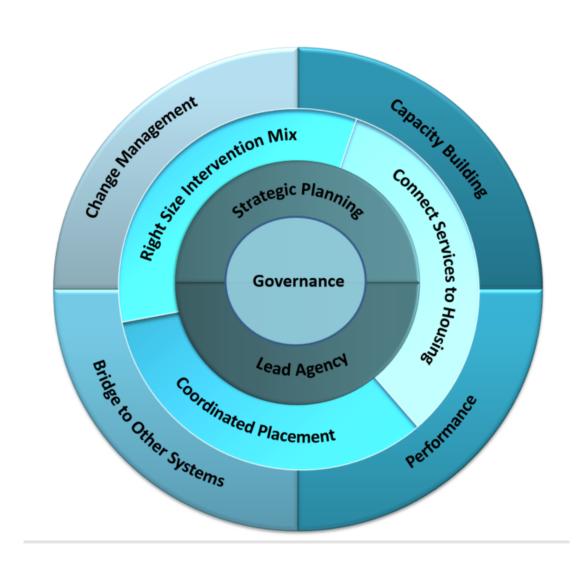
A diverse collection of independent providers employing lots of methods seeking various goals

Homeless Response System

An integrated network of providers coordinating efforts & resources to maximize impact.

Overview – Houston's Homeless Response System

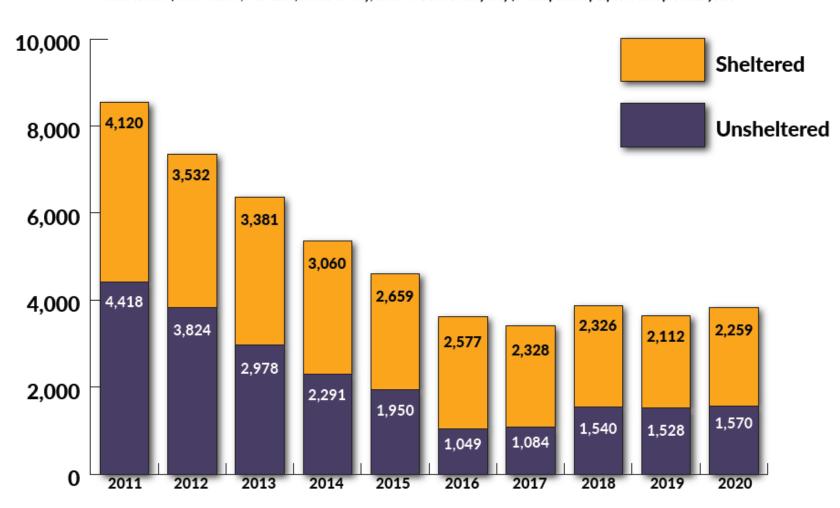




Overview – Houston's Homeless Response System

PIT Counts 2011-2020*

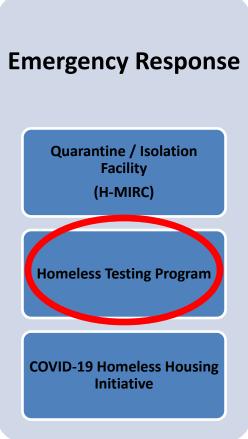
includes data from Houston, Pasadena, Harris County, and Fort Bend County only for comparison purposes with previous years

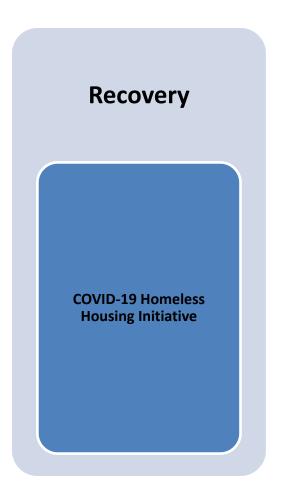


COVID-19 Response: Homeless

Three Tier Response



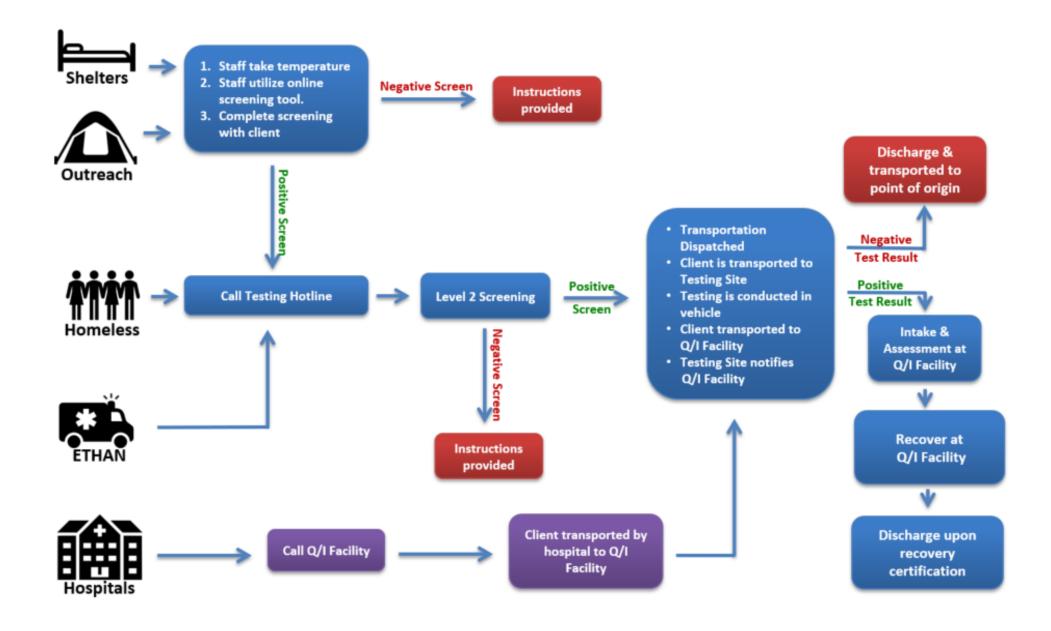




Homeless Testing Program

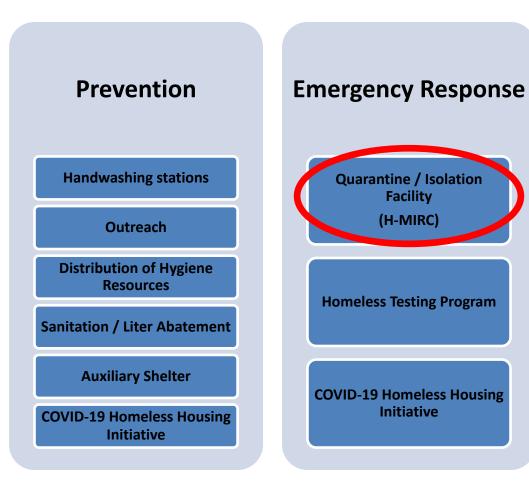
Phase 1	Homeless Testing (referral) – Main Site a) Shelters b) Outreach Teams & Service Providers c) Homeless Individuals d) ETHAN (ER Diversion)	symptomatic
Phase 2	Unsheltered Testing – Ancillary Testing Site at largest day shelter	asymptomatic
Phase 3	Shelter Testing – Mobile Testing Unit a) Baseline Testing b) Response to Positive Cases	asymptomatic
Phase 4	Surveillance Testing Program - Shelters	asymptomatic

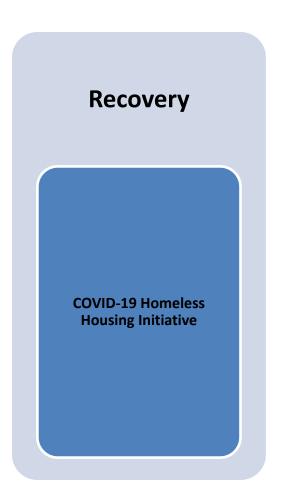
Testing Process / Workflow



COVID-19 Response: Homeless

Three Tier Response

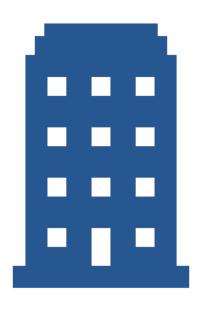




Quarantine / Isolation Facility

H-MIRC

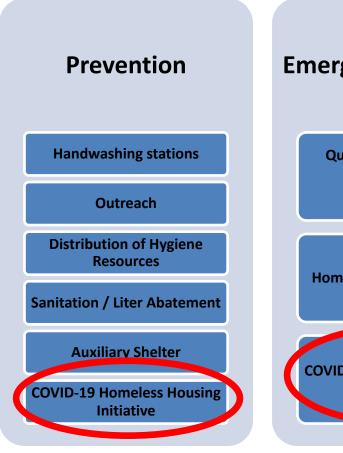
Homeless – Medical Isolation Recovery Center

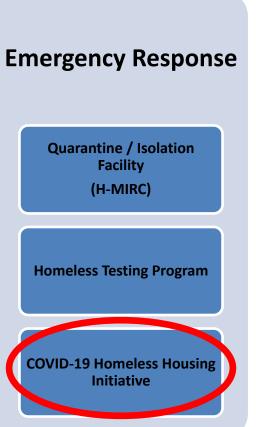


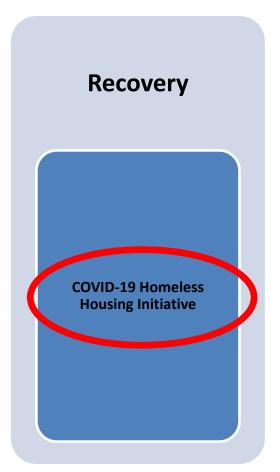
- City & County Joint Initiative
- 186 Rooms
- Option K for 3,000 Additional Rooms
- Funding Sources & Split
- Operations
- Patient/Clients

COVID-19 Response: Homeless

Three Tier Response







Program Characteristics



House 5,000 Individuals



\$65 Million



2 Years (Housing – Year 1)



Joint Collaboration

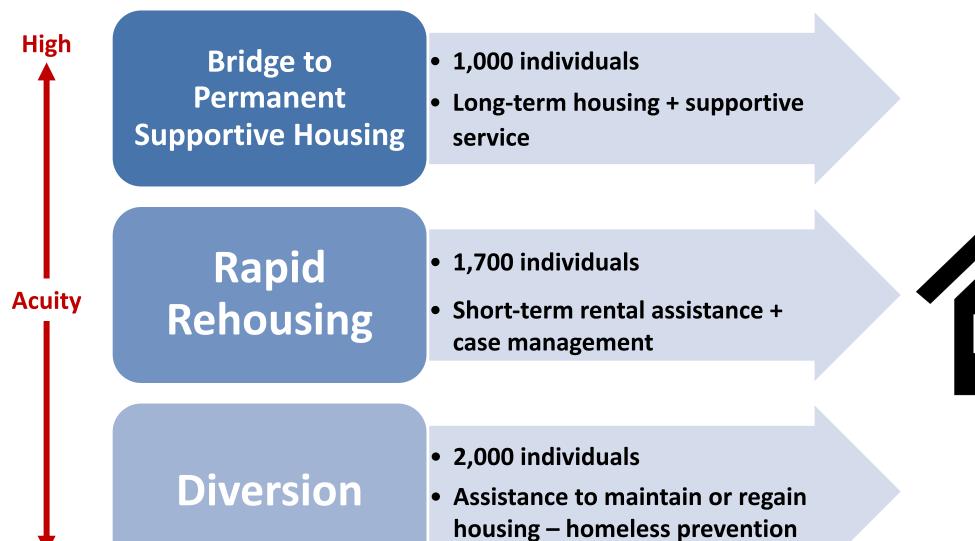


Planning & Coordination

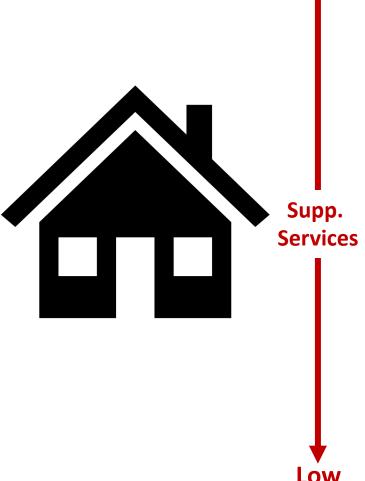


Infectious Disease Control Response

Three Main Components

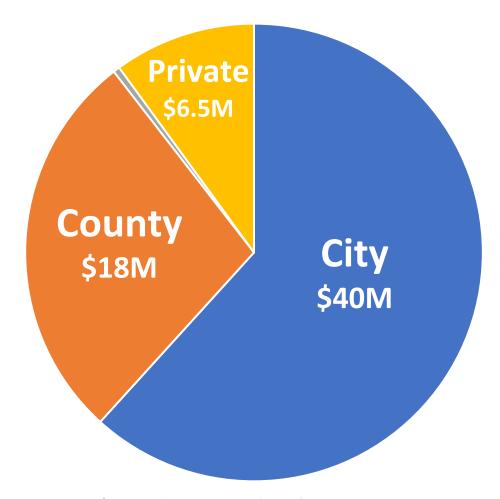


Low



High

Program Funding



- 90% of Funding = Federal
- 70% of Funding = COVID related (federal)

City			
HOME TBRA	\$8M		
HUD-COVID			
ESG-CV I	\$6.5M		
ESG-CV II	\$9M		
CDBG-CV	\$11.7M		
CARES-T	\$4.8M		
County			
County			
CDBG	\$5.6M		
HUD-COVID			
ESG-CV I	\$3.5M		
ESG-CV II	\$6.9M		
CDBG-CV	\$1.8M		
State			
ESG-CV	\$300K		
Private			
Pending	\$6.5M		

Startup Timeline

Early July 2020

- City Council and Commissioners Court pass initial funding items.
- Workgroups begins to develop program components.
- City/County release Joint RFP.

Late July

- Joint City/County committee makes subrecipient funding recommendations for first \$32M.
- Funding contracts drafted; negotiations with applicant agencies begin.

Mid-September

- First subrecipient contracts presented to Commissioners Court for approval.
- Program management staff hired at the Coalition.
- Subrecipients begin to hire outreach, case management and housing navigation staff.

Early October

- Subrecipient program training complete.
- Program begins first clients enrolled in Program; housing search begins.

Mid-July

- First RFP deadline; first round of applicants reviewed.
- Program management positions at the Coalition for the Homeless posted and applicants interviewed.
- Overall program organization and design finalized.

August

- Programmatic milestones/goals and policies/procedures finalized.
- First subrecipient contracts presented to City Council for approval.

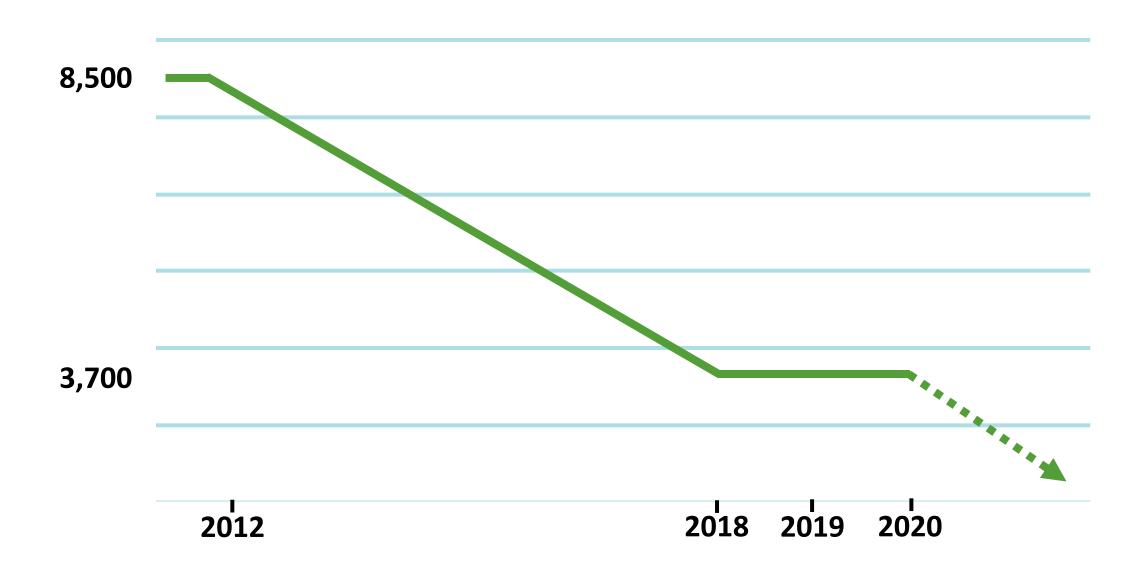
Late September

- Case management and housing navigation program training begins.
- 48-hr unit inspection process developed.

Mid-October

- First Client(s) housed.
- First 100 units inspected and under contract.

Homeless Population – Houston / Harris County



Marc Eichenbaum Special Assistant to the Mayor for Homeless Initiatives

Marc.Eichenbaum@HoustonTX.gov















Mayor Steve Allender City of Rapid City, SD

Rapid City, SD

PROTECTING THE HOMELESS

Rapid City / Pennington County, South Dakota



OVERVIEW

Rapid City – 77,000 people

- 12% Native American permanent residents
- Additional 11% Transient Native Americans from neighboring reservations

Homelessness – the seen and unseen

- The outdoor homeless are nearly all Native American
- High percentage are addicted to alcohol, other substances

Early efforts to protect the homeless

- Mostly from crimes against the homeless
- 2003-2008 timeframe



PROGRESSION OF SERVICES

Strategy Shift

- 2010 Hope Center
 - Private, day services only
- 2018 Quality of Life Unit
 - Police, IACP Collective Healing Grant,
- 2019 Care Campus
 - Pennington County Health and Human Services: Case management, economic assistance, transitional housing, veterans' services, medical assistance.
 - **Detox services:** 28 male beds, 16 female beds.
 - Outpatient treatment: Methamphetamine, intensive outpatient services, moral recognition therapy, cognitive behavioral interventions, after care, intermediate correctional intervention
 - Residential treatment: 32 male/32 female beds, Meth, Alcohol, opioids, heroin,
- Crisis Care Center: 8 beds. < 24 hour mental health services.
- 2021 One Heart Campus



COVID SPECIFIC

- Creation of an emergency shelter
 - First applied for Emergency Solutions Grant awarded to Volunteers of America
 - Too complicated and not substantial enough
 - City/County shelter organized by Emergency Management
 - Opened May 22nd
 - Civic Center
 - 100 beds
 - Full-time staff
 - Funded by City/County
 - Reimbursed by State (federal)
 - Chronic homeless patients



COVID SPECIFIC

Emergency Shelter Patients

- Never rose above 15
- Often single-digits
- Closed on July 30th
 - Case monitoring will remain in effect
 - May reopen at a later date, if needed.







Barbie Robinson
Director of Health Services
County of Sonoma, CA

County of Sonoma, CA



July 30, 2020



ACCESS Sonoma: Enabling multi-discipline teams to deliver safety net services to county residents with complex needs

Barbie Robinson, Director of Health Services, County of Sonoma

The Challenge

Sonoma County 3rd highest homeless population in U.S. large suburban counties

- In the 2019 Point in Time Homeless Count, Sonoma County has the 3rd highest percentages of unsheltered homeless individuals.*
- Significant contributors to Sonoma County's homeless problems are high housing costs, low vacancy rates, and displacement due to the recent wildfire disasters, lack of adequate behavioral health services.





The Challenge

Siloed Programs

+ Siloed Systems

+ Siloed Funding

= Poor Outcomes









- Services and programs are not integrated
- Staff across programs do not systematically collaborate to support clients.
- Inefficient service delivery.
- Unable to share key information across programs that would enable more effective service delivery.
- Categorical funding limit ability to pool funding across programs to build collaborative programs.
- Lack of integration barrier to support vulnerable clients.
- Poor outcomes for improved well-being and self sufficiency.
- Costly and administratively burdensome



The Solution

Integrated Care Management



+ Braided Funding

Successful Outcomes



- Safety net Front-line staff and community partners working together
- Coordinated problemsolving
- Coordinated goal-setting



- Sharing data across siloes
- Access to critical information to inform care management and service needs.
- Integrated care plan anytime anywhere



- Pooled funding to build shared data systems and integrated care management teams
- Fund gaps in collaborative care system



- Housing and sheltering
- Behavioral health and medical services
- Economic assistance
- Food assistance
- Improved well-being and stability



ACCESS Sonoma Organizational Leadership



- Policy Development
- Discharge Planning
- Interim Encampment Policy

- Funding Decisions
- Staffing Decision
- Cohort Selections
- Budget Planning



ACCESS Sonoma Cohorts

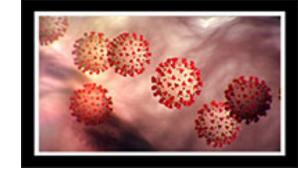
3971
Participants
across
6 cohorts

- 1. **COVID-19-Vulnerable** Launched May 14, 2020
- 2. Homeless Encampment (HEART/JRT) Launched Dec. 24, 2019
- 3. High Needs Homeless Launched Feb. 1, 2018
- 4. Emergency Department High Utilizers Launched May 21, 2019
- 5. **Emergency Rapid Response** 2017 Complex Fires and 2019 Kincade Fire
- 6. **Mental Health Diversion** Launched November 5, 2019



COVID-19 Cohort

Target outreach: homeless, 65 years of age or older and those under 65 with serious underlying health conditions (respiratory illness, heart conditions, diabetes, cancer, etc.)



Covid-19

- Launched May 14, 2020
- (177) COVID-vulnerable sheltered
- (107) Individual needs assessed for safety net services & housing
- (107) ACCESS enrolled
- (46) Voucher Applications Submitted

Covid-19 Services Provided

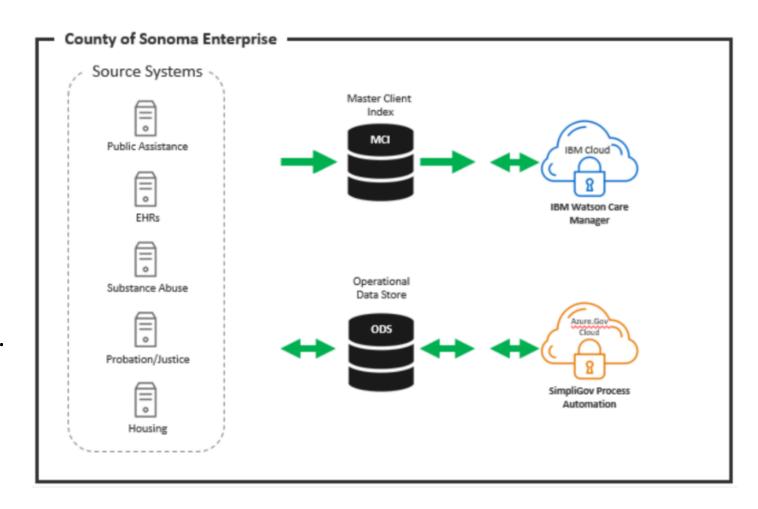
- Medi-Cal Enrollments
- CalFresh enrollments
- SSI Enrollments
- Shelter Placements



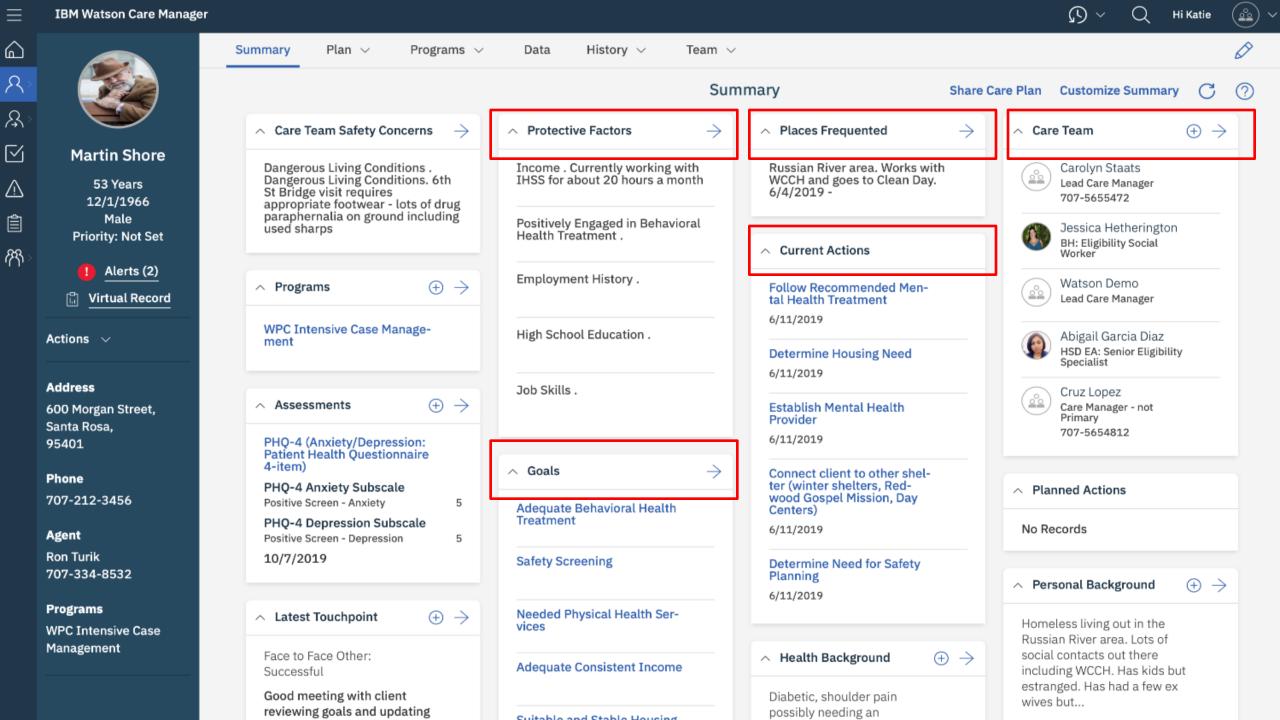
ACCESS Sonoma Key Components – Integrated Data Systems

The ACCESS Data Hub

- Integrated data hub combines data from safety net source systems.
- Integrated holistic view of the client
- Cloud-based, mobile care coordination shared by all team.
- Community-based organization participation and referral capability.







In Conclusion

- Model is a blueprint that is scalable across cities, counties and states.
- The ACCESS Initiative has been highly successful in its short time helping vulnerable individuals to achieve stable housing, independence and stability in their lives.
- Award-Winning Initiative that has won 3 awards in 12 months: Financial Times Intelligent
 Business Award, National Association of Counties Achievement Award and the IBM Watson
 Health Award.
- Local Jurisdictions are interested in replicating...cities, counties, and states across the country have reached out and expressed interest in our approach.





Q&A with Panelists



- Submit questions for panelists through the Q&A box.
- Be sure to include which panelist you would like your question to be directed to.



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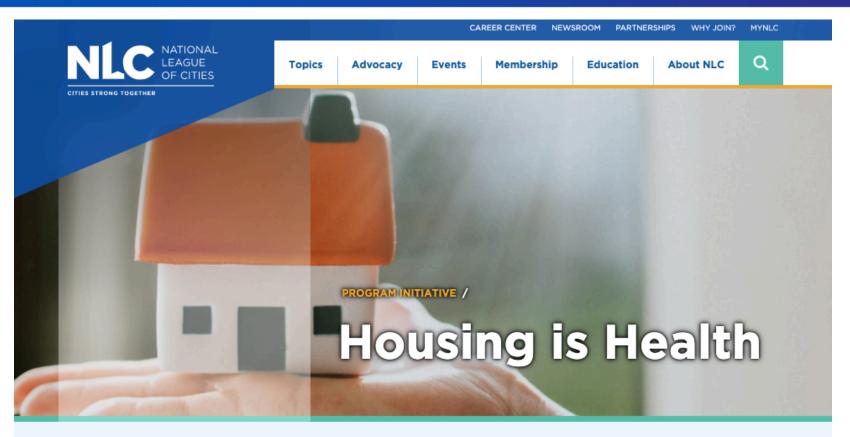


Program Director,
Housing & Community Development
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Wrap-Up & Closing Remarks

Stay Tuned: Housing is Health





Comments or Questions?

Lauren Lowery
Program Director, Housing and Community
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Center for City Solutions
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Housing and health go hand-in-hand. An affordable, safe and permanent home is essential to good health. A new series from the National League of Cities, Housing is Health, will dive into the nature of the challenge cities are facing today when it comes to ensuring the health and safety of residents. From offering reopening and recovery approaches for addressing homelessness and housing insecurity, to sharing considerations of housing quality and hazards, this series of blogs and webinars will explore and discuss key issues and considerations.

Register: Cities of Opportunity Learning Lab





Comments or Questions?

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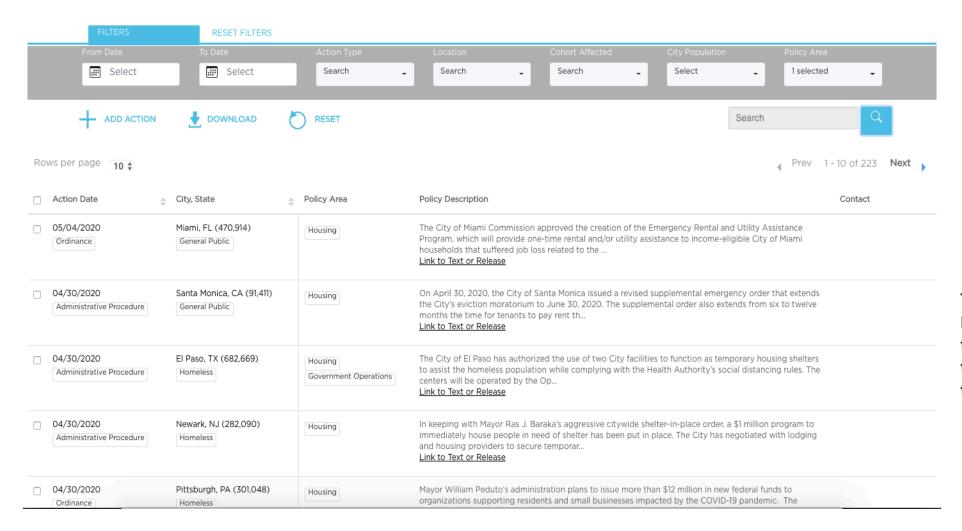
Join Us!

The Learning Lab is a peer-to-peer virtual forum for city leaders to work together to advance equity by addressing the root causes of poor health. Municipal officials participating will engage in curated, peer-led discussions, and access a participant-only online platform through the Cities of Opportunity (CoO) web portal. Topics the Lab will explore include financing, data, civic engagement, race and equity, and how communities can build back better from the COVID-19 pandemic.

SIGN UP >

COVID-19 Local Action Policy Tracker





Bloomberg Philanthropies

The National League of Cities and Bloomberg Philanthropies have teamed up to collect and share actions taken by local leaders in response to the COVID-19 Pandemic.



"Cities aren't asking for a federal bailout. This is a partnership during a time of crisis to help America bounce back. We not only want America to survive, but thrive. Cities are the engine of the American economy. We want to get our engines running – and we can, if we stand together."

Joe Buscaino, Los Angeles

Council President Pro Tempore

President, National League of Cities

ESSENTIAL S

nlc.org/CitiesAreEssential



Keep the Conversation Going!

- Share what you learned today with colleagues and your city team
- Sign-up for the NLC e-newsletters to receive updates and COVID-19 response information
- Submit what your city is doing to NLC's COVID-19 local action tracker
- **Complete** the follow-up survey to let us know what you thought of today's webinar and what other topics would be of interest for cities responding to the pandemic.



QUESTIONS? GET IN TOUCH.

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