



PLAN TO  
ADDRESS  
HOMELESSNESS  
IN STANISLAUS  
COUNTY

JANUARY 2019

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# Plan to Address Homelessness in Stanislaus County

## SUMMARY

Stanislaus County is the fourth largest County in the San Joaquin Valley. The total area encompasses approximately 1,495 square miles and there are nine incorporated cities: Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford. Stanislaus County's total population is approximately 547,899. ([US Census](#)). On any given day in Stanislaus County approximately 1,661 people are homeless, according to the 2017 Point-in-Time Count. This population includes special subpopulations including veterans, families with children, unaccompanied youth and individuals suffering from severe mental illness and co-occurring disorders.

The recognition of homelessness as a social and economic issue is uniting community leaders, service providers, businesses and the public and private sectors in adopting best practices to end homelessness and chronic homelessness, and improving the system to rapidly re-house individuals and families. Federal funding for homelessness requires such multisector partnerships and in Stanislaus County those efforts are organized through the Stanislaus Community System of Care (CSOC), which has strong representation from diverse public, nonprofit and private-sector agencies, individuals, and advocates. State government, too, has recognized the need for collaborative community responses to homelessness, and has increased the availability of flexible funding to local communities to ensure they have the resources to tackle this problem.

This Plan to Address Homelessness in Stanislaus County provides a road map for implementation of new funding sources, including No Place Like Home (NPLH), California Emergency Solutions and Housing Program (CESH), and Homeless Emergency Aid Program (HEAP), as well as how to better align existing resources to respond to the needs of the community's homeless population. Completed in January 2019, it meets the threshold requirements for the NPLH funding and includes sections relevant to the NPLH target population of families and individuals living with serious mental illness (SMI) who are homeless, chronically homeless, or at risk of chronic homelessness. It is accessible to the community online.

Guided by multiple government and community partners, the plan consolidates and updates community planning and feedback processes from the past four years, and draws upon the work of community leaders and agencies at the front lines of serving homeless people and families. Included in the plan are strategies designed to strengthen and further unite the efforts of government and community partners in multiple sectors: housing and shelter providers, healthcare providers, the members of the CSOC, housing developers, law enforcement/justice system stakeholders, behavioral health/substance abuse treatment agencies, emergency response system members, faith-based

community, educational leaders, people with lived experience of homelessness, and a wide range of service providers.

In the coming year, the Stanislaus CSOC will bring the insights and experiences of these partners together to create a new governance structure that aligns multiple funding sources and coordinates efforts across jurisdictional lines and service sectors to, fully implement a coordinated entry process, increase available outreach, provide housing and services targeted to the community’s most vulnerable, create better data to monitor and report results, and align efforts with national and state strategies and best practices.

### 5 Core Strategies for Addressing Homelessness:

As more fully outlined within this plan, community stakeholders agreed upon five core strategies to help guide work across sectors in the upcoming year.



# HOMELESSNESS IN STANISLAUS COUNTY

Stanislaus County tracks the number of people experiencing homelessness through several data collection tools. Point-in-Time (PIT) Counts provide a snapshot of people experiencing homelessness on a single day, while other data sets, including Longitudinal Analysis System data as discussed below, represent the total number of people experiencing homelessness or seeking homeless services over a distinct period of time like the fiscal year (FY).

## PIT Background & Description

The Point-in-Time (PIT) Count is a one-day, unduplicated count of all people in a community who are experiencing homelessness. The PIT Count is conducted during the last 10 days of January and a full PIT Count is performed at least every other year of both sheltered and unsheltered homeless individuals. Each community’s local Continuum of Care (CoC) is mandated by the U.S. Department of Housing and Urban Development (HUD) to conduct the count to estimate the number of Americans without safe and stable housing. [Note: The CSOC functions as the CoC for Stanislaus County.] The PIT Count helps communities understand the dimensions of the problem of homelessness, improve system efficiency, target scarce resources, and promote effective interventions to help eradicate the problem.

According to PIT Counts over the last five years the number of people experiencing homelessness in the Stanislaus CoC service area fluctuated between approximately 1,300 and 1,600.

Year	Number of People Experiencing Homelessness
<a href="#">2018</a>	1,356
<a href="#">2017</a>	1,661
<a href="#">2016</a>	1,434
<a href="#">2015</a>	1,408
<a href="#">2014</a>	1,156

Data from the 2017 PIT Count represents the most recent comprehensive PIT Count data collected on both sheltered and unsheltered people experiencing homelessness on a single day and is therefore described in detail below. To complement the 2017 PIT data, this plan also discusses the most comprehensive data available on the number of homeless individuals served throughout the 2017 and 2016 FY (October 1 through September 30).

## 2017 PIT Count

Communities count people experiencing homelessness by using HUD definitions for homeless, chronically homeless, and specific HUD definitions for other subpopulations. For the purposes of the PIT Count and other data collection, unsheltered persons are staying in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or on the street and sheltered homeless persons are defined as a homeless person currently residing in emergency shelter, transitional housing or safe haven.

The 2017 PIT Count revealed a total of 1,661 sheltered and unsheltered people experiencing homelessness in the Stanislaus CoC service area. A majority (1,221) of homeless and chronically homeless individuals in the Stanislaus CoC service area are located in the City of Modesto with a significant number of persons also located in Turlock and Ceres.

People Experiencing Homelessness in Stanislaus County	Number
Number of Sheltered Persons	821
Number of Unsheltered Persons	840
<b>Total Number of People Experiencing Homelessness in Stanislaus</b>	<b>1661</b>

#### *Chronically Homeless Persons*

As part of the PIT Count, the number of chronically homeless individuals in the community was recorded. The applicable definition of chronic homelessness can be found in HUD’s Final Rule Defining Chronic Homelessness: a chronically homeless person is an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for 1) At least 1 year or on at least four separate occasions in the last 3 years; and 2) The individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

The 2017 PIT Count found that chronically homeless persons comprised 178 of the total persons experiencing homelessness. Further, there were 150 chronically homeless households without children, 27 chronically homeless households with at least 1 adult and 1 child, and 1 chronically homeless household with only children.

#### *Youth*

The 2017 PIT Count also found that there were 103 unaccompanied youth under the age of 25 who met the HUD definition of homelessness, as well as 16 unaccompanied youth in transitional housing, 19 in emergency shelters, and 2 unaccompanied youth under 18.

#### *Other Special Populations*

The 2017 PIT Count further identified the number of persons in the following special/vulnerable populations who are experiencing homelessness:

Special Populations of Persons Experiencing Homelessness	Number of Persons
Veterans	100
Persons Currently Homeless because of Domestic Violence or Assault	157
Persons with Chronic Substance Abuse	254
Persons with HIV/AIDS Related Illness	17

## Longitudinal Analysis System Data

The PIT Count represents the number of homeless persons at a single point in time, providing a limited snapshot of the community's numbers. The Longitudinal Systems Analysis (LSA) report, by contrast, uses Homeless Management System (HMIS) data to examine the total number of homeless persons served by the CoC during a specific period of time. The LSA was first launched by HUD in 2018, and includes additional data points previously not captured by the prior annual report called the Annual Homeless Assessment Report (AHAR). Stanislaus County's December 2018 LSA reported the following data on the current state of homelessness in the Stanislaus CoC service area:

From October 1, 2017 through September 30, 2018, the Stanislaus CoC served 5,904 unduplicated persons. Of the total number of persons served there were 1,370 adults, 233 adults with children, and 16 unaccompanied youth who were living on the street or in emergency shelters or safe havens. The report also revealed the following numbers of chronically homeless households served in the Stanislaus CoC service area during this period:

Chronically Homeless	Number of Persons
Chronically Homeless Households with Adults Only	726
Chronically Homeless Households with Adults with Children	37
Chronically Homeless Households with Only Children	2
Chronically Homeless Veterans	71

## 2019 PIT Count

Stanislaus County will be using a new approach for the 2019 PIT Count in an effort to improve the accuracy of the homeless count. The CSOC is utilizing the County's Office of Emergency Services' (OES) Incident Command System (ICS) to help structure this year's count. ICS is not only a field-level response system used to account for individuals in the community during times of crises or emergencies, but also can be used for planning large events. The ICS system, based on management by objectives, will help structure the PIT Count in a formalized manner for data collection and reporting. It is expected that this approach could lead to a significant increase in the number of homeless individuals counted in Stanislaus County and will provide a more accurate snapshot.

## Health/Mental Health Among Persons Experiencing Homelessness

### *Homeless Persons Experiencing Serious Mental Illness*

The U.S. Census reported that 9.2% of the population of Stanislaus County identified as having a mental or physical disability. According to the 2017 PIT Count, there were 229 total persons experiencing both homelessness and severe mental illness and of these 229, 62 were in an emergency shelter, 42 were in transitional housing and 125 were unsheltered.

### *Homeless Persons Experiencing Co-Occurring Disabilities or Disorders*

For FY October 1, 2016 to September 30, 2017<sup>1</sup>, HMIS data reported that Stanislaus County served 322 homeless clients who experienced both a physical *and* mental health condition at program start and 195 clients served who reported substance use *and* a mental health condition at program start. For the same reporting period, there were also 133 clients in rapid re-housing (RRH) or permanent supportive housing (PSH) with both a physical *and* mental health condition at program start and 77 with substance abuse *and* mental health condition at program start.

*Children with Mental Health Issues or Serious Emotional Disturbance*

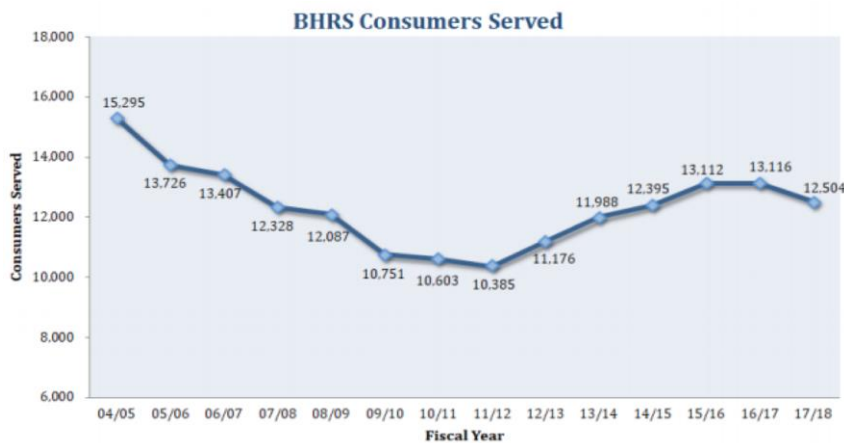
During FY October 1, 2016 to September 30, 2017, according to HMIS reports, there were 23 individuals who were under 18 at the time of enrollment who were homeless or chronically homeless and experiencing mental illness. There were also 99 individuals under 18 who were living in a homeless or chronically homeless household and experiencing mental illness.

The 23 participants referenced above received services through Behavioral Health & Recovery Services (BHRS) in Stanislaus County. BHRS offers a Children’s System of Care, the Stars Behavioral Health Group, to target and serve children and youth with serious mental health issues and who are at risk for suicide, violence, residential instability, co-occurring issues of substance use and mental health, criminal justice involvement, and involuntary hospitalization.

Further, [Kidsdata.org](http://Kidsdata.org), which tracks local data on over 600 measures of child health and well-being, reported that per data collected by the California Office of Statewide Health Planning and Development in 2016, there were 568 youth (homeless and housed) between the ages of 5-19 in Stanislaus County who were hospitalized for mental health issues.

*Behavioral Health Services*

BHRS is the primary provider of mental health and substance abuse recovery services for homeless and low-income youth and adults in Stanislaus County. Over the last ten years, the number of participants receiving behavioral health services has fluctuated between approximately ten and fifteen thousand annually. During FY 2016-2017, BHRS served a total of 13,116 clients and in FY 2017-2018, 12,504 individuals received behavioral health services from BHRS.



<sup>1</sup> To complement the 2017 PIT data, this plan discusses the most comprehensive data available on the number of homeless individuals served during the 2017 and 2016 FY (October 1-September 30).  
 Plan to Address Homelessness in Stanislaus County



# RESOURCES AND PARTNERS

The Stanislaus Homelessness System of Care consists of County, municipal, and community-based resources, leveraging a combination of local, state, federal, and private funds. For communities that receive funds under the Continuum of Care (CoC) Program of the Homeless Emergency Assistance and Rapid Transition to Housing Act (Hearth), HUD charges them with specific responsibilities. Up until 2017, the Housing Authority of the County of Stanislaus had been the “lead applicant” for the local CoC and the coordinating body recognized by HUD. Throughout its 20-year history as the CoC’s lead applicant, the Housing Authority helped bring in over \$100 million in resources into the region. In 2017, The Stanislaus County Housing and Supportive Services Collaborative/Continuum of Care and the Homelessness Action Council (HAC), a stakeholder group that emerged as a result of an initiative known as Focus on Prevention, merged to consolidate the community responses to homelessness and formed the Stanislaus Community System of Care (CSOC). The City of Modesto then became the “lead applicant” starting with Fiscal Year 2017-2018 CoC Funding. Through the planning processes described in the Community Input section later in the plan, and ongoing implementation work, the CSOC and its partners continue to work across multiple sectors to serve people experiencing homelessness.

## Historic Context

In 2014, the Stanislaus County Board of Supervisors launched the Focus on Prevention Countywide initiative with the aim to improve the quality of life for all Stanislaus residents and families through coordinated prevention efforts that work across multiple sectors and address root causes. These sectors include arts, entertainment and sports; business; education; faith; government; healthcare; media; non-profits; neighborhoods; and philanthropy. The initial area of focus was preventing and reducing homelessness and a Homelessness Action Council (HAC), consisting of CoC members, convened to develop results, indicators, and strategies to guide this effort.

The HAC began meeting in May 2015 to map the current realities for people who are experiencing homelessness or at risk of homelessness in Stanislaus County. The HAC developed recommendations for high-leverage strategies that can have both immediate and long-term positive impacts on preventing and reducing homelessness. In December of 2015, the HAC reached consensus and endorsed a set of priority results, indicators and strategies. This set of results and strategies are now known as the “Common Agenda to Prevent and Reduce Homelessness in Stanislaus County.”

Homeless service providers and agencies have convened to develop a new system of care in which all sectors have a role and are contributing to the desired results and acknowledge that service providers and partners can accomplish much more working together rather than separately.

Multiple partners have since participated in a variety of workgroups to provide input on the restructuring of the County’s Homelessness Community System of Care, which united the Focus on Prevention Homeless Action Council and the Continuum of Care. A multisector leadership collaborative of 25 board members, named the Stanislaus Community System of Care (CSOC) Council, was established to provide overall guidance for the Homelessness Community System of Care and function as the Continuum of Care leadership body.

# Focus on Prevention Core Strategies

Instead of isolated interventions of the past, multiple homelessness service agencies and community partners in Stanislaus County have come together to align their efforts and form partnerships that have resulted in a Homelessness Community System of Care.

In December of 2015, the HAC reached consensus and endorsed a set of priority results, indicators and strategies. This set of results and strategies are now known as the “Common Agenda to Prevent and Reduce Homelessness in Stanislaus County.”

The CSOC, along with input from the Countywide initiative Focus on Prevention, developed core strategies that guide practice and form the basis of this updated plan. Each core strategy was shaped with input and data from past and current plans and reports relating to experiences of homelessness.

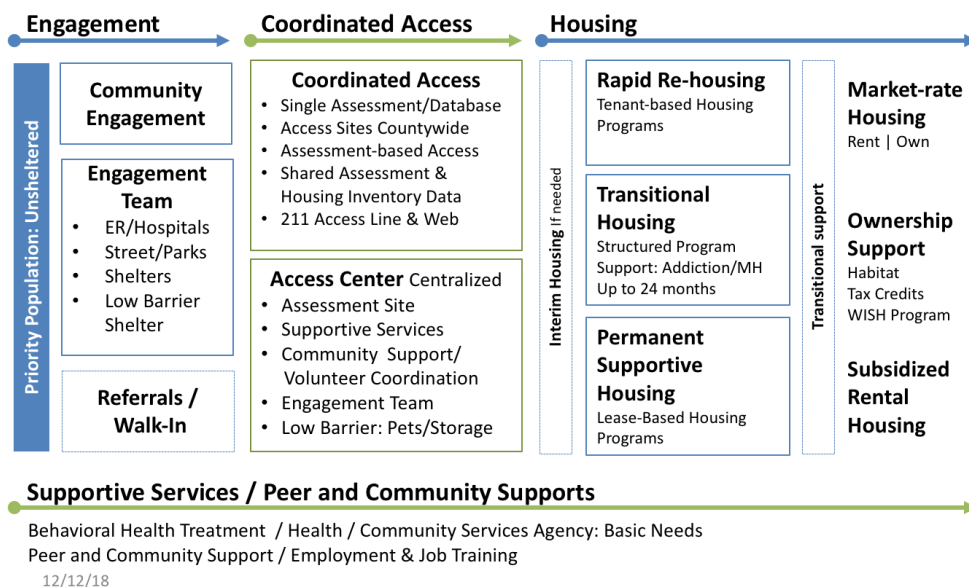
The Focus on Prevention core strategies:

1. **Outreach and Engagement:** Improving community-based outreach and engagement strategies with a focus on identifying individuals who are not currently connected to services, and as trust is established, those individuals are introduced and connected to a variety of health, housing and community services and supports.
2. **Coordinated Access:** Developing a Countywide coordinated access system that integrates all public- and community-based services and community supports.
3. **Housing:** Improving access to temporary, transitional, and permanent supportive housing
4. **Supportive Services:** Increasing the availability, effectiveness and alignments of homelessness services and community supports that help people escape from and stay out of homelessness



## Community System of Care

Acting together to reduce and prevent homelessness



12/12/18

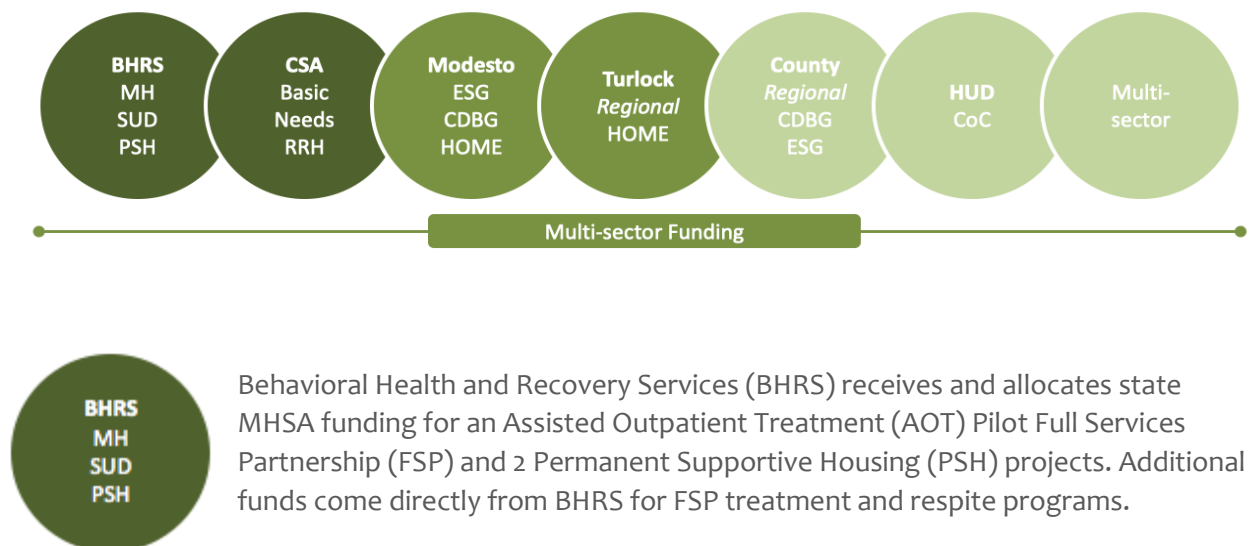
## Governance Restructuring

Over the past few years, the CSOC has made great progress in further developing the local homeless system of care and implementing the Focus on Prevention core strategies. However, as the community has worked to implement the Focus on Prevention strategies, changes to the CSOC’s governing body have been identified as a need to ensure continued success. Working towards a solution to this issue, a CSOC Restructuring Workgroup is currently in the process of forming a new, collaborative governance structure that will allow for greater accountability, participation, and ownership. This new governance structure will work in collaboration with CoC programs and leadership, community partners, and local government to develop a vision, strategy, and funding alignment plan and to generate data and outcomes relating to the homeless system of care. With more aligned implementation efforts, the new governance structure will not only facilitate greater participation by the County and local communities, but also better aligned funding and programs to best address and end homelessness.

The CSOC, the Collaborative Applicant, Focus on Prevention, and representatives of Stanislaus cities and the County are currently working together through the CSOC Restructuring Workgroup to develop a long-term sustainable leadership and organizational structure and action plan. Further development, coordination and Implementation efforts will take place in 2019.

## Funding

Countywide there is a diverse, multisector funding approach toward preventing and ending homelessness that leverages local, state, and federal funding streams. Within the County, entities receive funding streams from federal and state Emergency Solutions Grants (ESG), federal HOME Investment Partnerships Program (HOME), Continuum of Care program (CoC) and Community Development Block Grants CDBG funding, as well as state Homeless Emergency Aid Program (HEAP), California Emergency Solutions and Housing Program (CESH), and Mental Health Services Act (MHSA) funding.





The Stanislaus Community Services Agency provides support through the County's StanWORKs Division, and administers the state's CalWORKS program, and through the Stanislaus County General Assistance/Relief Program (GA/GR).



The City of Modesto serves as its own Entitlement Jurisdiction and receives and administers CDBG funds, HOME funds, and ESG funds. Affordable housing, fair housing, ending chronic homelessness, public services, public facilities improvements, and public improvements are priorities for funding, with a majority allocated towards affordable housing in FY 2018-2019.



The City of Turlock and Stanislaus County HOME Consortium (includes cities of Ceres, Hughson, Newman, Oakdale, Patterson, Waterford and the unincorporated areas) receives HOME funds. The City of Turlock contracts independently with each of the Stanislaus Urban County members and is also a CDBG Entitlement Jurisdiction.



The Stanislaus Urban County (includes cities of Ceres, Hughson, Newman, Oakdale, Patterson, Waterford and unincorporated areas) receives CDBG and ESG funds. Most of Stanislaus Urban County's CDBG funding is allocated toward infrastructure development needed to provide decent housing and a suitable living environment. ESG program funding provides emergency shelter and rental assistance to those experiencing homelessness or at risk of experiencing it.



The Stanislaus County Continuum of Care (CoC) receives HUD CoC funding, a majority of which funds Permanent Supportive Housing Projects (PSH). Additionally, HUD funding supports Homeless Management Information Systems and other housing projects.

### **Upcoming and Recently Awarded Funding Streams**

In addition to the above-mentioned funding streams, the County, as the administrative entity of the community system of care, will also use funding from No Place Like Home (NPLH), California Emergency Solutions and Housing funds (CESH), and Homelessness Emergency Assistance Program (HEAP) funds to make further progress towards the goals and strategies outlined in this plan.

#### *No Place Like Home*

- Stanislaus County will apply for funds to build permanent supportive housing serving the NPLH target population of individuals living with serious mental illness who are homeless, chronically homeless, or at-risk of chronic homelessness.

### *CESH*

- Stanislaus County will receive \$1,025,620 within FY 2018-2019 to build its capacity to implement best practices and monitor outcomes of its efforts to end homelessness. Those funds will be spent on Coordinated Entry System development, planning activities, and upgrades to the Homeless Management Information System (HMIS).

### *HEAP*

- Stanislaus County has been awarded \$7,236,985.95 in HEAP funding to create an Access Center Hub and Satellite, a one-stop shop and access point with direct links to emergency shelter beds, youth navigation center and youth supportive services, as well as flexible funding for prevention, diversion, targeted subsidies and services for target populations not served by existing programs.

### **Other Funding Sources**

In addition to the primary funders of homelessness housing and services outlined above, extensive governmental and private funding and resources are made available throughout the community. Notably, the Stanislaus Regional Housing Authority administers HUD funding for Housing Choice Vouchers, some of which are set aside for people experiencing homelessness or for those ready to move on from permanent supportive housing, and closely collaborates with the CSOC. In addition, the Veterans Administration (VA) funds housing vouchers, medical care, outreach, and other services for veterans. The state and federal Departments of Justice, local law enforcement agencies, and emergency medical and healthcare organizations provide funding for collaborative efforts to identify and treat people experiencing homelessness, and family service agencies, child welfare and educational agencies, mental health and community clinics, philanthropic and faith-based organizations fund and participate in the wider system of care for those at risk of or experiencing homelessness. For a fuller picture of the organizations forming the Homelessness System of Care Countywide, see Appendix D for a list of partners.

## **CURRENT SERVICES AND PROGRAMS**

### **Outreach and Engagement**

The County has multiple innovative programs and services across sectors that focus on outreach and engagement, including a consolidated Outreach and Engagement Center (OEC) in Modesto. Teams from Behavioral Health and Recovery Services (BHRS), OEC, and others work with the community to continuously identify individuals who are not currently connected to services. Across the community, there is a particular focus on identifying individuals who may otherwise not seek or obtain assistance, and the County has several efforts to engage those at risk of homelessness involved in the Criminal

Justice System that are documented in the *County Efforts to Prevent Criminalization of Homelessness* section of this plan. The following are some of the various Outreach and Engagement programs:

### **Outreach and Engagement Center (OEC)**

The Outreach and Engagement Center (OEC) coordinates the provision of multiple services throughout the County for those experiencing homelessness. Teams from OEC go out 5 days a week to connect people directly with benefits and services to engage those who may otherwise not seek assistance. The OEC also serves as a physical entry point for support through assessments and referrals, and is open for walk-in access Monday through Friday.

### **Stanislaus Homeless Outreach Program (SHOP)**

SHOP provides culturally competent mental health services to individuals with SMI and a history of homelessness or have mental health and co-occurring issues of mental health and substance abuse. Clients may be uninsured or underinsured and involved with other agencies. The program goals are to reduce the risk for emergency room use, contract with law enforcement, homelessness, and psychiatric hospitalization for Transitional Age Youth (TAY) ages 18 to 24, adults 26-59, and older adults 60+ with a serious mental illness or co-occurring substance use. Within SHOP, there are 5 Full Service Partnership (FSP) teams serving different populations and 3 levels of care that include an FSP using the ACT Model, intensive services support, and wellness/recovery. Funding for SHOP is provided under the Community Services and Supports (CSS) category of County MHSAs funding. In FY 2016-2017, 85% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and a decreased need for extensive and expensive services.

### **Central Star Youth with Serious Emotional Disorder**

This program is a Full-Service Partnership (FSP) that provides behavioral health services, including outreach and engagement, to high-risk children and youth with serious emotional disturbances (SED) and their families. This FSP provides 24/7 crisis response, outreach and engagement, and on-site intensive mental health services. Since its initial launch in March of 2017, the program has served 23, exceeding its 15-client target, with 83% of discharged individuals meeting goals or transitioning to a lower level of care.

### **Garden Gate Respite (GGR)**

A residential based respite program that targets TAY, adults, and older adults from diverse and/or underserved populations who are either known or suspected to experience mental illness, and are either homeless or at risk of homelessness, incarceration victimization, and/or psychiatric hospitalization. GGR provides crisis intervention and basic needs such as food, clothing, shelter, individual needs assessment to facilitate targeted crisis intervention case management and support services and linkage to outreach and engagement services. In FY 2016-2017, 86% of clients surveyed indicated that they deal more effectively with daily problems as a result of services. Through stakeholder and client feedback, gaps in services for respite care for families, effective collaboration with the County's new Outreach and Engagement Center, and low-barrier shelters that allow pets were identified as challenges that were incorporated into this plan.

## **Multidisciplinary Teams and Criminal Justice Collaborations**

Homeless, Drug, Mental Health Courts, CARE, and other services and programs relating to criminal justice diversion and prevention are discussed in the *County Efforts to Prevent Criminalization of Homelessness* section.

## **Coordinated Entry**

Coordinated Entry is a powerful tool, promoted and mandated by HUD and California's Department of Housing and Community Development, that is designed to ensure that people experiencing homelessness and those at risk of homelessness are quickly matched to the supportive services, shelter, and housing that most effectively and efficiently end their homelessness. Coordinated entry works by assessing individuals' needs, using a centralized matching system for all housing and homelessness services in the community, and prioritizing the most vulnerable for immediate placement in the most intensive housing interventions.

In addition to prioritizing resources for the most vulnerable individuals and families, who are least likely to resolve their homelessness on their own, coordinated entry ensures that people experiencing homelessness are not sent through a confusing and overwhelming maze of different housing and services applications. The coordinated entry process uses a "no wrong door" approach, which ensures individuals and families are connected to housing through coordinated and accessible process that assesses and meets each household's needs to obtain and maintain housing.

Key to the effectiveness of the coordinated entry system is universal adoption and alignment among housing and service providers through shared data systems and centralized placements. Stanislaus County launched its Coordinated Entry access and assessment systems through outreach workers at the Outreach and Engagement Center, who use a standardized triage tool called the VI-SPDAT, and the CoC's Homeless Management Information System (HMIS), administered through the City of Modesto. The CSOC, County and City of Modesto continue to invest in shared systems to better coordinate services and programs, and in 2019 are launching a re-design of the Coordinated Entry system procedures to ensure effective implementation over the entire system of care. The community's planned Access Center Hub will play an integral part in that implementation. The following provides a brief overview of the Outreach and Engagement Center.

### **Outreach and Engagement Center (OEC)**

In addition to engaging in outreach and engagement work, OEC also provides a space to coordinate the provision of multiple services until the Access Center and Hub is built. OEC facilities house the Homeless Court Program, staffing from CSA, BHRS, the Chief Executive Office, and other co-located homelessness service provider and community partners to facilitate coordinated efforts. CES assessment is available to all service providers of OEC, and the County is currently working towards a single assessment/database and shared Housing Inventory Data that will be used by OEC's Housing Assessment Team.

## Shelters

Shelters in Stanislaus County receive a combination of federal, state, local, private, and foundation funding from a diversified stream of sources including: the County's BHRS and CSA, federal CoC, ESG, and CDBG programs, community foundations, and others. In total, there are 14 shelters represented on the 2018 HUD Housing Inventory Count (HIC), including several for specific populations like youth, families, or adults. There is a continued dedication to low-barrier, housing-focused shelters to move those without a place to live into permanent housing, and clients from the We Care Program, Children's Crisis Center, Community Housing and Shelter Services (CHSS), and Family Promise were able to receive rapid re-housing assistance to become stable housed. The County is currently exploring locations for an Access Center Hub that will have additional emergency shelter beds.

As reported in the current Stanislaus Urban County Consolidated Plan, ESG funding was used to provide shelter to 4,439 people experiencing homelessness since the start of the plans' implementation in 2015. In FY 2017-2018 alone, providers within the Stanislaus Urban County, excluding the City of Modesto, provided shelter to 2,762 people experiencing homelessness, exceeding the expectation of 1000 and demonstrating the need for additional shelter beds. Within the City of Modesto, similar utilization has been reported with the City meeting 97% of their goal for the same time period. Stakeholder and client feedback cited the need for shelter that accommodates safe storage for pets and belongings, as well as links to housing and mental health treatment.

The following is a list of shelters in the CoC service area:

### *Families:*

#### **Community Housing and Shelter Services (CHSS)**

TANF Motel Vouchers – 33 beds for family units, 98 family beds

WHSP – 9 beds for family units, 41 family beds

#### **Interfaith Hospitality Network operated by Family Promise**

4 beds for family units, 10 family beds

### *Mixed Populations:*

#### **Mission operated by Modesto Gospel**

6 beds for family units, 16 family beds, 124 adult only beds

#### **Turlock Gospel Mission**

4 beds for family units, 11 family beds, 11 adult only beds, 39 seasonal beds

#### **Haven Shelter operated by Haven Women's Center**

4 beds for family units, 10 family beds, 4 adult-only beds

### *Adults:*



### **Berberian Shelter operated by the Salvation Army**

120 adult only beds, 24 overflow beds

### **We Care Shelter operated by the We Care Program**

49 adult only, seasonal beds

### **HOST operated by Helping Others Sleep Tonight**

13 adult only beds, 23 seasonal beds

### **Warming and Cooling Center operated by Modesto Gospel Mission**

30 adult only beds

### **Garden Gate Respite operated by Turning Point**

11 adult only beds

#### **Youth:**

### **Marsha's House and Verda's House operated by Children's Crisis Center**

8 child only beds for Marsha's House, 7 for Verda's House

### **Hutton House operated by Center for Human Services**

7 child only beds (homeless and runaway youth ages 13-17)

## **Housing**

Increasing access to housing plays a key role in the community's response to homelessness. The County leverages a number of funding streams to increase access and is in the process of applying for No Place Like Home funding to increase access to Permanent Supportive Housing (PSH) units for the NPLH target population. A large majority (84%) of the County's housing units were classified as single-family units in 2014, and addressing the insufficient supply of affordable housing has continuously been identified by stakeholders as a top issue. Increasing subsidies and strategies to promote affordable, accessible housing for low, very low, and extremely low-income households is a priority for the County and guides its RRH, PSH, TH and Shelter programs.

### **Rapid Re-Housing (RRH)**

Rapid Re-Housing (RRH) connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Assistance can be in the form of financial assistance (rental subsidies, utilities, deposits) and/or housing location assistance and stabilization services including intensive case management to assist participants with housing stability. The exact form of the assistance is tailored to the needs of each household, with the goal of helping them achieve permanent housing without need for subsidies as quickly as possible – with HUD-funded programs limiting housing subsidies to 2 years, plus additional stabilization services. In total, there are 6 RRH providers represented on the 2018 Housing Inventory Count (HIC), including providers for specific populations like families and adults. Funding for RRH is provided by federal and state funding

streams like CoC, CDBG, ESG, SSVF, and HEAP. Both within the Stanislaus Urban County and the City of Modesto, RRH has surpassed performance goals, with the Urban County already at 150% of its performance goal for the 2015-2020 period.

*Families:*

**HCD RRH Operated by Community Housing and Shelter Services (CHSS)**

3 beds for family units, 10 family beds

**City of Modesto RRH operated by Family Promise**

3 adult only beds

*Adults:*

**ESG RRH operated by We Care Program**

**2 adult only beds (City of Turlock)**

*Mixed Populations:*

**Westcare San Joaquin Valley Veterans**

14 adult only beds

**SSVF CCD RRH operated by Catholic Charities of the Dioceses of Stockton**

4 adult only beds

**Community Housing and Shelter Services**

1 adult only bed

**Permanent Supportive Housing (PSH)**

Permanent Supportive Housing (PSH) is an integral part of the response to homelessness. PSH provides long-term supportive housing for homeless individuals and households, and is often targeted to those experiencing chronic homelessness. A majority of HUD Continuum of Care (CoC) funding supports individuals in PSH, and the County is aggressively working to expand the amount of available PSH units through new funding streams like No Place Like Home. In 2016, the County Board of Supervisors approved a Master Plan for Permanent Supportive Housing funds in collaboration with the Stanislaus County Affordable Housing Corporation (STANCO) to guide BHRS's efforts to develop additional housing for individuals dealing with severe mental illness. The master plan outlines priorities for financing and location, and instructions on implementation of the guidelines. In addition to working with MHSA funds, the County works collaboratively with partners, including local housing authorities, the VA, developers, and funders to increase the number of long-term supportive housing units and subsidies to house those most in need of long-term supports.

*Families:*

## Community Housing and Shelter Services

### **Permanent Supportive Housing for Families with Children #1 & 2**

6 beds for family units, 12 family beds. Targeted to chronically homeless families

### **Permanent Supportive Housing Households in Recovery**

9 beds for family units, 27 family beds, 1 adult only bed

### **Stanislaus County Affordable Housing Corporation**

6 beds for family units, 17 family beds

### *Mixed Populations:*

#### **Community Impact Central Valley (CICV): SHP and HALO VET**

5 beds for family units, 11 family beds, 35 adult only beds

#### **Stanislaus County Housing Authority: SPC, HCV VASH, HUD VASH**

48 beds for family units, 176 family beds, 202 adult only beds

#### **Stanislaus County Affordable Housing Corporation**

1 bed for family units, 2 family beds, 5 adult only beds

Housing & Support Services staff maintain an office at each of the apartment complexes to provide close monitoring and support to individuals and their families. Some of the on-site supports focus on a variety of groups and/or basic independent living skills to include, but not be limited to: community group, peer support, cooking group, hobbies, basic computer training, money management/budgeting, cooking/nutrition, hygiene care, transportation; shopping, household management, recreational/socialization skills, conflict resolution etc.

#### **Turning Point**

1 bed for family units, 3 family beds, 14 adult-only beds

Targeted to chronically homeless individuals/households with disabling psychiatric disability

### *Adults*

#### **Community Impact Central Valley (CICV): HALO**

24 Adult only beds

#### **Stanislaus County Housing Authority: Miller Pointe and Glendale Quarters (VASH)**

19 Adult only beds

#### **Turning Point**

1 bed for family units, 1 family bed, 11 adult only beds

Targeted to chronically homeless families/individuals with disabling psychiatric disability

## We Care Permanent Housing

4 Adult only beds for chronically homeless adults

### Supportive Services

Stanislaus County and nonprofit partners offer a wide range of supportive services for those experiencing homelessness in the form of behavioral health treatment, health, basic needs, peer and community support, housing and eviction support, and employment and job training. There are also providers within the community that offer services to specific populations like youth, veterans, and survivors of domestic violence. Through its Focus on Prevention and multidisciplinary team work, the County has been increasing the availability, effectiveness, and alignment of homelessness services and community support systems, with a key focus on coordinating efforts. Funding for supportive services comes from a variety of sources, and is implemented through a variety of agencies.

In FY 2018-2019, supportive services through the County working towards reducing and preventing homelessness are being funded and implemented through BHRS, the Community Services Agency (CSA), Health Services Agency (HSA), Public Defender's Office, and the District Attorney's office. The Outreach and Engagement Center (OEC) has been instrumental in connecting people experiencing homelessness to Supportive Services, and 44% of walk-ins received supportive services between 10/31/17 and 6/30/18. Stakeholder feedback has identified the need for better coordination of services within the County, and increased coordination has been adopted as a key goal of this plan, along with a new Access Center Hub to facilitate increased access to services as well as housing.

### **Behavioral Health and Recovery Services (BHRS)**

Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health and recovery services. BHRS provides integrated mental health services to adults and older adults with a serious mental illness and to children and youth with a serious emotional disturbance. BHRS also provides outpatient and residential alcohol and drug treatment and prevention services and serves as Stanislaus County's Public Guardian. Between FY 2016-2017, each of the 6 Full-Service Partnership (FSP) programs through BHRS served those at risk of homeless or who were already experiencing homelessness or had the goal of reducing experiences of homelessness. The BHRS programs that have outreach and engagement components are listed in the *Outreach and Engagement* section. Between July of 2016 and June of 2017, clients that participated in an FSP for at least one year saw a 27.6% reduction in experiences of homelessness. For supportive housing projects, BHRS partners with the County Housing Authority and STANCO, and provides the supportive services for PSH units.

#### **High Risk Health and Senior Access FSP**

This program is a Full Service Partnership (FSP) that provides mental health services to adults with co-occurring health and mental health disorders. The program offers two levels of care: FSP and Intensive Support Services. This allows individuals to enter the program at an appropriate level of service for their need and then move to lesser or greater intensities of service if necessary. A graduated level of care allows more individuals to access the FSP level of service when needed.

Target Population:

Transition Aged Young Adults (TAY) 18-25, Adults 26-59, and Older Adults 60+ with significant ongoing and potentially chronic health conditions are co-occurring with serious mental illness. Individuals served are also at risk for homelessness, institutionalization, hospitalization, nursing home care or are frequent users of emergency rooms.

## **Community Services Agency (CSA)**

The Stanislaus Community Services Agency works with the people of Stanislaus to help with a safe place to live, access to food, health care, and opportunities to work. CSA's mission is to serve the community by protecting children and adults and assisting families towards independence and self-sufficiency. CSA provides supportive services through the County's StanWORKs division. StanWORKs administers CalWORKs and the General Assistance/Relief Program (GA/GR). Through CalWORKs, housing assistance and supportive services are provided in collaboration with BHRS, the Sheriff's Office, Employment Development Department (EDD), Stanislaus County Economic Development Corporation, Social Security Office, Community Housing and Shelter Services, Housing Authority and others.

### **General Assistance/Relief (GA/GR) Program**

The Stanislaus County GA/GR provides financial assistance to residents of Stanislaus County who have no other means of support. It is a cash assistance program for adults who are indigent, impoverished and/or incapacitated. GA/GR is a loan program that provides employment and disability services including SSI Advocacy.

### **Housing and Disability Advocacy Program (HDAP)**

The Housing and Disability Advocacy Program (HDAP) assists disabled individuals, who are experiencing homelessness, apply for disability benefit programs while also providing housing assistance. HDAP has four core requirements that are offered to recipients: outreach, case management, disability advocacy, and housing assistance.

### **CalWORKs**

The California Work Opportunity and Responsibility to Kids (CalWORKs) program is the California version of the Federal Temporary Assistance to Needy Families program (TANF) and is operated by the StanWORKs division in Stanislaus County. CalWORKs provides time limited cash benefits to families with children when one or both parents are absent, disabled, deceased or unemployed. Those eligible for CalWORKs automatically qualify for Medi-Cal and may also qualify for CalFresh.

### **Homeless Assistance Program**

The CalWORKs Homeless Assistance Program serves eligible CalWORKs recipients or apparently eligible CalWORKs applicants, who are homeless or at risk of homelessness. CalWORKs Homeless Assistance can provide payments for temporary shelter for up to 16 consecutive calendar days, as well as payments to secure or maintain housing, including a security deposit and last month's rent, or up to two months of rent arrearages.

### **Housing Support Program**

Housing Support Program is administered through CalWORKs. This program offers financial

assistance and several wrap-around supportive services, including, but not limited to: rental assistance, security deposits, utility payments, moving costs, hotel and motel vouchers, landlord recruitment, case management, housing outreach and placement, legal services, and credit repair.

### **Family Stabilization Program**

Family Stabilization Program is designed to provide support to CalWORKs families in crisis during the process of engagement in the Welfare-to-Work program. Crises include but not limited to homelessness or imminent risk of homelessness. Examples of services provided under this program include emergency shelter and movement to transitional housing.

## **Partners in Ending Homelessness**

Working to reduce and prevent homelessness in Stanislaus County is a collaborative process involving a coalition of federal, state, local, and private entities. Funding comes from a combination of HUD programs, state funding streams like the Mental Health and Services Act (MHSA), local general funds, foundations, and private entities. The community works across sectors and agencies, and the CSOC that leads homelessness efforts is led by a 25-member Council representing all major sectors of the community. The Focus on Prevention Initiative additionally works to improve the quality of life of all Stanislaus residents and families through coordinated prevention efforts and partnerships with: government, business, health, non-profit, philanthropy, education, family, neighborhood, media, arts, entertainment, and sports.

In addition to the partners referenced in the “*What Community Input Led to This Plan?*” section and this section, the community has partnerships across sectors of care, including:

- **Affordable Housing Developers**
- **Agencies that serve survivors of human trafficking**
- **Children and Family Services**
- **City and County Departments**
- **Criminal Justice Systems**
- **CoC/Non-CoC Funded Youth Homelessness Organizations**
- **County Behavioral health**
- **Public Health**
- **County Health Plan**
- **Disability Advocates**
- **Disability Services**
- **Domestic Violence Advocates**
- **Education**
- **Employment Services**
- **EMS/Crisis Response Teams**
- **Faith-based community**
- **Homeless or Formerly Homeless Persons**
- **Homeless Services and Food Providers**
- **Housing Support Services and Programs**
- **Jurisdictions within Stanislaus County**
- **Landlords**
- **Local Hospitals**
- **Mental Health Service Organizations**
- **Mental Illness Advocates**

- Other Homeless Subpopulation Advocates
- Senior Services
- Shelter Providers
- Street Outreach Teams
- Substance Abuse Advocates
- Substance Abuse Service Organizations
- Tenant Advocates
- Veteran service providers
- Youth service providers
- Youth Advocates

## EFFORTS TO PREVENT CRIMINALIZATION OF HOMELESSNESS

The community of Stanislaus County has placed a focus on preventing criminalization of homelessness through several forward-thinking programs developed to provide an alternative to the criminal justice system for people experiencing homelessness who have interactions with the justice system and offer additional opportunities for supportive service intervention and care for this population.

### Homeless Court

The Homeless Court is an alternative to the traditional criminal justice court system. The court session is focused on homeless and formerly homeless individuals and assembles every other month to resolve traffic, infractions and non-violent minor misdemeanor cases, operating out of the Stanislaus Outreach and Engagement Center.

Participants are referred to the Homeless Court through homeless service providers and must apply for the program well in advance of the court date. An Outreach and Engagement Case Manager is then assigned to each individual to assist in navigation through the Homeless Court process. On the participant's scheduled court date, an assigned Public Defender appears with them and makes a presentation to the court showing how the participant has progressed and how circumstances have changed since the participant was originally charged with the offense, ticket or fine to facilitate resolution outside of the criminal justice system.

### Mental Health Court

The Stanislaus Mental Health Court provides an alternative form of justice focused on the collaborative process of rehabilitation. Instead of imposing incarceration, the Mental Health Court enables clients to receive treatment, connect with local services, and resolve their cases.

The Court is focused on individuals who have become judicially involved primarily due to their mental health crises. Clients may also be experiencing homelessness or chronic homelessness. Before each court session, the client's treatment team meets with the Court and attorneys from the Public Defender's Office to discuss each client's progress, potential sources of concern, and goals for advancing through the program. During the court appearance, the participant and public defender engage in an active, non-adversarial conversation with the Court and treatment team about their

progress. The entire collaborative process seeks to empower individual independence and result in dismissal of their cases.

A significant number of individuals experiencing homelessness and chronic homelessness or who are at risk of chronic homelessness, are affected by serious mental illness. The Mental Health Court provides an individualized treatment plan for each participant based on their diagnosis and response to treatment while also keeping them out of the criminal justice system, in part, to increase their opportunities for future housing and employment opportunities.

## Drug Court

Drug Court offers an alternative to jail for defendants charged with certain drug offenses. Current defendants qualify for drug court if they have a non-violent pending drug possession offense.

The Stanislaus Drug Court operates in a collaborative manner, with a judge, District Attorney (DA), PD and Probation Officer all working together to assess individual needs and develop a treatment plan for willing participants. Staff work with participants of the Drug Court for 12 to 18 months to help them stabilize and reduce rates of recidivism.

## CARE Team

The CARE Team works through the Outreach and Engagement Center in the City of Modesto, to identify clients who are homeless or chronically homeless, are high utilizers of the social service systems, and have a high level of interaction with the criminal justice system. The CARE Team is made up of social workers, case managers, a public health nurse, and law enforcement officials and became fully operational in August of 2018.

As of December 2018, the CARE Team identified 143 homeless and chronically homeless clients who are high utilizers of the social service system and have frequent contact with law enforcement, and worked to contact and assist this subpopulation to prevent criminalization of homelessness as well as provide comprehensive supportive services. Of these 143 identified persons, 85% had court cases in the system and 70% have a past felony conviction. Additionally, 73% currently receive mental health treatment.

The CARE Team works to supplement the work of the Homeless Court by addressing the legal needs of clients in the larger Court system. The CARE Team assists participants in showing up for Court dates, and providing documentation of proof of entrance into drug/mental health treatment and the presentation of other mitigating factors to the Courts.

An initial review of individual data showed that for the top two high utilizers had drastically reduced interactions with the criminal justice system after beginning to work with the CARE Team. According to CARE staff, the first went from 21 recent interactions with police prior to working with the CARE Team to 1, and the second highest utilizer went from 17 recent interactions with police to 0.

The CARE Team has regular case conferencing meetings with an Intervention Team made up of individuals from the Modesto Police Department, the Stanislaus County District Attorney's Office, Modesto City Attorney's Office, and CSA in which they discuss individual participant needs and



actions to be taken. This case conferencing process places a heavy focus on how participants can be kept out of the criminal justice system by diverting them into supportive service opportunities.

## Probation Case Management

In addition to the several venues for alternative justice described above, Stanislaus County has also cultivated a practice of focusing additional assistance and services to homeless individuals on probation. If an individual is identified as having experienced homelessness prior to incarceration, they will be assigned a specific probation officer who works with homeless individuals so they can receive specialized case management services to give them the best chance of success while on probation.

## Post Incarceration Diversion

For adults recently released from custody, the County addresses housing issues through the Day Reporting Center (DRC). The Sheriff's Department conducts Probation Orientation meetings at the DRC in which several programs have participated in the past including Solidarity, Teen Life Challenge, and Modesto Gospel Mission. As a result of the CoC's coordination with the Probation Department and the Sheriff's Office a diversion program was started in 2016. The diversion program helps persons experiencing homelessness who would otherwise be jailed for minor crimes obtain services at the Salvation Army shelter facility, where they receive overnight shelter and case management services.

## WHAT COMMUNITY INPUT LED TO THIS PLAN?

This plan integrates a wide range of cross-sector stakeholder feedback into its findings and strategic goals. Over the past five years, Stanislaus County and public and private partners have conducted multiple planning processes relating to homelessness, housing, and physical and behavioral health. During each of these planning processes, extensive outreach was conducted through focus sessions, summits, surveys, informant interviews, and others. The feedback and data gathered, and findings and conclusions based upon it, form the foundation of this plan as updated by ongoing analysis, implementation, and feedback.

Prior and continuous planning efforts relating to homelessness includes:

### Consolidated Plan, Housing Element Update, Fair Housing Choice

Each year the United States Department of Housing and Urban Development (HUD) provides funding for housing and community development programs to the city of Turlock, Modesto, and the larger Urban County. Each planning process has aspects that relate to homelessness, and the Consolidated Plans require a homelessness needs assessment, a facilities and services analysis, and a strategy to address identified issues. For the 2015-2020 Stanislaus Urban County and City of Turlock Regional Consolidated Plan, the Stanislaus County 2015-2023 Housing Element Update, and the 2015-2020 Regional Analysis of Impediments to Fair Housing Choice, community outreach was conducted concurrently and included 4 community workshops across the County, 1 stakeholder meeting, and a print and online survey. The community participation process for plans started in October of 2014 with workshops around the community and ended December of 2014 with the closing of the print and online survey. Outreach efforts reached more than 600 participants and more than 40 local agencies including representation from the local CoC, housing and homeless service providers, those with lived experiences of homelessness, and County representatives within housing and social services, among others.

In addition to the extensive planning process conducted in 2014, HUD also requires a Consolidated Annual Performance and Evaluation Report (CAPER) that solicits and reports on Countywide feedback multiple times a year. This allows for a continuous evaluation of Consolidated Plan goals and progress. Outreach in 2018 for this was conducted in August and September, and is done annually at a minimum.

Furthermore, the City of Modesto engages in their own specific Consolidated Planning process. The city holds a minimum of two neighborhood meetings each year at different times and different locations to accommodate different households. The city also conducts a minimum of one community meeting annually with service providers as the primary audience. In 2017, the city process had representation from providers of health, social and fair housing services, including those focusing on children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, the homeless and the chronically homeless.

### BHRS, MHSA, AOT Planning Processes

The Stanislaus County Behavioral Health and Recovery Services (BHRS) seeks input on a continuous basis from people with diverse cultural and lived experiences. BHRS and its partners agencies in the Plan to Address Homelessness in Stanislaus County

Mental Health Services Act come together to form the Representative Stakeholder Steering Committee (RSSC) and publicly meet annually at a minimum. Since 2014, the RSSC has met eight times across the County. RSSC stakeholder representation includes County behavioral and public health, public and private health care organizations, law enforcement, probation, housing, education, faith-based community, adults and seniors with serious mental illness, and families of children, adults, and seniors with serious mental illness.

In 2017, BHRS conducted an assessment of its Assisted Outpatient Treatment (AOT) programs, based on community feedback and analysis of existing treatment and services. The aim of the assessment, titled *Laura's Law Assisted Outpatient Treatment Summary and Recommendations*, was to provide feedback on implementation of the 2002 law that authorizes the provision of AOT to eligible individuals on an involuntary basis via a process of court ordered intensive outpatient treatment. Feedback included approximately 200 unduplicated individuals. Representatives included advocates, consumers, behavioral health providers, police and probation departments, homeless service providers, elected officials and judges, and family members of those with serious and persistent mental illness (SPMI). Five community forums were held with stakeholders between March and June of 2017, with one session conducted in Spanish and another specifically targeted for consumers. An online survey was also developed to solicit additional community input for those unable to attend the in-person sessions. Recommendations included strategies for strengthening the existing system of care for people with serious and persistent mental illness, including improving links to and options for housing for those individuals.

## Focus on Prevention Homelessness Initiative

Launched as a collaborative effort, the Focus on Prevention Initiative includes representatives from: the arts, entertainment and sports; business; education; faith; government; healthcare; media; non-profits; neighborhoods; and philanthropy. Through the initiative, a Homelessness Action Council (HAC) started gathering input to inform future planning efforts mentioned in the *Focus on Prevention Core Strategies* explained in detail in the *Historic Context* section.

The HAC began meeting in May 2015 and over 150 people participated in seven half-day sessions between May and December 2015, including people who have been and are currently homeless, neighbors of parks impacted by homelessness and vagrancy, and homelessness service providers. Out of the multiple convenings, a Common Agenda was developed that led to the exploration of a “one-stop” Access Center that had additional community meetings, including a day-long visioning process in 2017 that included 80 stakeholders. This visioning process then led to a shared vision statement and draft visioning document, and the Initial Outreach and Engagement Center that opened in summer of 2017. These multiple efforts of the HAC have since informed and been consolidated into the CSOC.

## Community Assessment, Response & Engagement (CARE) Workgroup

On December 11, 2017, the City of Modesto and the Stanislaus County Chief Executive Office convened over 50 public and private sector leaders who had authority over resources or policies that served high-need individuals and families those experiencing homelessness. Members of this leadership group were asked to commit themselves or a representative to participate in a 90-day

planning process, creating the first CARE workgroup. The first meeting was held December 21, 2017, and the planning process completed on March 21, 2018. The CARE workgroup and leadership included City of Modesto and County elected officials, representatives from the County’s Community Services Agency, Chief Executive Office, Department of Aging and Veterans Services, Probation Department, Behavioral Health and Recovery Services, local law enforcement, hospitals, and others included in Appendices B and C.

## Stanislaus Community System of Care (CSOC)

The CSOC includes a multisector leadership collaborative that carries out the responsibilities required under HUD regulations, set forth at 24 CFR 578 – Continuum of Care (CoC) Program. Since 2017, the governing body of the CoC has been the CSOC Leadership Council and includes 25 members representing the multiple public, private, and nonprofit partners and jurisdictions in the system of care. A list of the CSOC Leadership Council roles can be found in Appendix A. The CSOC meets on a monthly basis to identify gaps and issues for those experiencing homelessness and those at risk of experiencing it. The CSOC meetings are public and the community’s service providers and stakeholders have the opportunity to provide comment and feedback. County and other public-sector staff regularly attend and participate in CSOC meetings. The CSOC Leadership Council, led by its Advisory Council and other key stakeholders, guided the drafting and approval of the plan.

# SERVICE AND OUTREACH CHALLENGES

## Challenges to Providing Homeless Services

Stanislaus County has cultivated diverse partnerships and resources in the continued effort to prevent and end homelessness, but, like other communities, the County experiences a number of challenges in providing housing, services, and conducting outreach to persons experiencing homelessness. Over the past several years, Stanislaus County has engaged in robust planning and community stakeholder engagement processes, as outlined in the “Community Input” and “History” sections of this plan, to further efforts to best identify the gaps in the current system of care and plan for the future.

Those stakeholder engagement processes provide the foundation for community reports that identify the challenges and barriers to the delivery of homelessness service and specific barriers to housing and other services for people experiencing mental illness, substance abuse, or co-occurring disorders.

To collect community feedback on the nature of these barriers for this plan, United Way of Stanislaus sent out a November 2018 [survey](#) to homeless service providers, community stakeholders, behavioral health providers, individuals with lived experience of homelessness and family caregivers of persons with serious mental illness, and received 176 responses. The responses affirmed and provided current context for the challenges and barriers identified throughout the County’s past and ongoing planning processes.

The most frequently cited barriers and challenges were:

### **1. Need for More Affordable Housing**

The number one barrier identified by respondents of the survey and throughout County reports, was the lack of affordable housing in Stanislaus County. Community members emphasized the need for more housing through construction, rehabilitation, renovation of public and/or vacant buildings, including the rehabilitation and conversion of vacant motels into affordable housing units.

The Housing Elements of the General Plan for Stanislaus County, a report required by the California Legislature, identified that local development standards regarding zoning, building or design often restrain development of housing opportunities for homeless and low-income individuals. Without additional available affordable housing, rapid re-housing providers often must compete against each other for the same limited housing stock. In CoC meetings throughout 2018, community members frequently reported that landlords are unwilling to rent to people experiencing homelessness, even when additional subsidies are offered. Community members proposed strategies that support the use of existing and new rental subsidies including increasing subsidy amounts, using flexible funds for deposits and mitigation funds to engage private landlords more effectively, while also building relationships with developers to facilitate affordable housing development and the creation of more affordable housing units.

## **2. Need for More Shelters**

Another key challenge cited by survey respondents, community meetings, and community reports, is the need for low-barrier shelters that accommodate people, possessions, and pets. While emergency shelter services do exist in Stanislaus County, there is not enough space to adequately house all participants in need. Once participants begin receiving emergency shelter services, due to the lack of affordable housing as described above, it can take time to transition participants into permanent housing. In CoC meetings and the survey, community members described this dilemma, and the need for alternative housing solutions, such as tiny homes, shared housing, and forms of “bridge” housing so that persons experiencing homelessness can have access to shelter and supportive services as they are connected to permanent housing services.

## **3. Need for Increased Community Awareness to Change Negative Perceptions of Homelessness**

Community members identified misperceptions of homeless people as a barrier to effective implementation of programs and services for people experiencing homelessness. These misperceptions often lead to community opposition and neighborhood resistance to affordable housing development and homeless service implementation.

Community members suggested public relations/social marketing campaigns to address this problem. Changing the community’s perception of the reasons for homelessness and who people experiencing homelessness are, will lead to additional support and resources for effective homelessness interventions.

## **4. Identified Gaps in Resources Needed to Serve People Experiencing Homelessness**

Agencies and municipal and nonprofit partners throughout the community provide robust supportive services to individuals experiencing homelessness and barriers to housing, including health, mental health, substance abuse and other barriers. Survey respondents and past planning processes identified the need for more robust resources that were more accessible, and better aligned with the provision of outreach, shelter, and housing, with emphasized the following as areas of specific need:

- Lack of housing available for [homeless Transition Age Youth \(TAY\) population](#);
- Lack of access to affordable or free legal services;
- Lack of adequate resources and services in the community for transgender and LGBTQ youth;
- More immediately available in-patient substance abuse treatment;
- Medical respite sites or other options for individuals needing medical intervention or short-term stability;
- Housing navigation to help individuals locate housing;
- Lack of affordable and accessible transportation; and

- Lack of outreach and supportive staff with behavioral health training.

## 5. Better Alignment of Services and Clear Leadership Structure

Stakeholders and providers identified the need for better alignment of services to maximize funding opportunities and use of resources. The re-organization of the CSOC governance structure seeks to address this specific barrier and facilitate the coordination of existing resources while aligning funding to create additional resource opportunities.

## Challenges to Providing Services to the NPLH Target Population

The NPLH target population presents unique challenges to effectively providing services and outreach. The need for comprehensive and accessible mental health care [has grown rapidly in the County](#) according to stakeholders and community reports. An additional purpose of the recent survey process was to collect information on the challenges and barriers experienced by the NPLH target population specifically. Of the 176 responses, 60% of the respondents were homeless or chronically homeless service providers and 78% served adults who are experiencing homelessness and have a serious mental illness. Roughly 33% of the respondents served children who are experiencing or at risk of homelessness and have a serious emotional disturbance.

In addition, several recent community reports provided insight into the challenges and barriers to serving this population including: The Mental Health Services Annual (MHSA) Update<sup>2</sup>, The 2017 Stanislaus Senior Health Report<sup>3</sup>, The CARE Report, and the 2017 and 2018 Behavioral Health Annual Reports<sup>4</sup>.

Behavioral health providers, individuals with lived experience, and family caregivers of persons with serious mental illness identified the following challenges to serving the NPLH target population:

### 1. Better Data Collection Practices

Stakeholders reported that there is a lack of infrastructure to ensure quality data on both adult and children NPLH participants. Community members and providers reported several barriers to effective data collection:

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<sup>2</sup> The Annual Update summarizes Stanislaus County's progress in implementing all services and activities, including highlights and challenges from July 1, 2016 through June 30, 2017. This update is developed with feedback from the MHSA Representative Stakeholder Steering Committee (RSSC). The committee is comprised of one primary member and one alternate from the following groups and communities: Behavioral Health and Recovery Services; Stanislaus County Chief Executive Office; Community Consumer Partners; Contract Providers of Public Mental Health Services; Stanislaus County Courts; Diverse Communities; Education; Family Member Partners; Health Care: Public and Private; Law Enforcement; Stanislaus County Probation Department; Housing: Public and Private; Public Mental Health Labor Organization; Regional Areas; South and Westside; Senior Services; Social Services; and the Veterans community.

<sup>3</sup> The purpose of the 2017 Senior Health Report is to identify and assess issues and concerns that are specific to older residents of the County. Data was collected through a 2013 survey targeted to Stanislaus residents age 60 and over.

<sup>4</sup> The Behavioral Health Annual Report is drafted by the Behavioral Health Board. The Board is appointed by the Board of Supervisors and is an advisory body to the Board of Supervisors and the local Behavioral Health Director.

## **A. Data Entry Challenges**

Stakeholders identified that a lack of technology for outreach workers (smart phones, Ipads, and laptops), made intake and data collection in the field challenging, potentially limiting the quality of data collected. Further, stakeholders reported individuals with mental health conditions often don't have proper identification, which makes them difficult to enter into and track as they move through the behavioral health and homelessness systems.

The MHSA Update stated that another challenge was timeliness of service entries (days between services delivered vs. entered in the BHRS system). The MHSA Update reported that for service entries, 8% were over 16 days late; 27% were 11 to 15 days late; 58% were 4 to 10 days late; and, only 7% under 3 days late. This has the potential to effect data quality as well as the proper tracking of performance measures and outcomes. Delayed entries may indicate a lack of sufficient resources and staff capacity, as described in further detail below. In addition, the MHSA Update also found that for some behavioral health organizations high turnover was an additional barrier to timely and accurate data entry.

## **B. Data System Challenges**

BHRS has a well-developed system for collecting data used in performance measures analysis including: BHRS' Electronic Health Record and the Mental Health Services Act Data Collecting and Reporting (DCR) systems, according to the 2018 Behavioral Health Annual Report. However, this system is not fully integrated with data systems capturing statistics on persons experiencing homelessness in Stanislaus. In the CARE Report, the CARE team identified that while the City of Modesto and County provide engagement and services/supports for homeless individuals, there is currently no coordinated way of knowing the extent, problem, or effectiveness of each system as it relates to the individual needs of homeless individuals experiencing mental illness due to this gap in the system.

Another challenge in understanding the needs of children and adolescents experiencing homelessness concurrent with serious emotional disturbance, is lack of an integrated data system that currently collect this level of information. BHRS collects data related to the number of children treated for behavioral health and substance abuse issues, but this data does not inform how many of these children or their families are also experiencing homelessness. Additionally, while school districts and the Office of Education are able to capture data regarding the number of children and adolescents experiencing homelessness who receive special education services for "emotional disturbance," this definition is inconsistent with the definition as housed in the Mental Health Services Act (WIC Section 5600.3).

## **2. Alignment of Behavioral Health and Coordinated Entry Systems**

The CoC and County has developed a coordinated entry system that will prioritize the most vulnerable individuals experiencing homelessness in Stanislaus County into housing. However, this system is not yet fully integrated with behavioral health services in the



community and providers and stakeholders identified that alignment of these two separate systems will be necessary to effectively prioritize and place NPLH participants.

Stakeholders also reported additional challenges to coordinating service delivery among all behavioral health and social service providers, including coordinating around hospital discharges, to ensure warm hand offs for participants. The CARE Team further identified that staying in contact with NPLH eligible persons is a constant barrier, due to the lack of a comprehensive referral process between programs. People move around and often have to be re-engaged or re-referred. Additional coordinated resources are required to ensure that participants receive ongoing case management to get them successfully and sustainably placed in permanent housing, through the coordinated entry system. Possible solutions to this challenge are discussed in the Prioritization/Placement of NPLH Units section below.

### **3. Need for Additional Mental Health and Substance Abuse Services**

Stakeholders identified a lack of sufficient behavioral health and substance use treatment programs as a primary barrier to stable housing. One challenge that underlies this barrier is the current lack of a CoC governance structure to properly align and allocated funding resources. This challenge will be addressed through the CSOC governance re-structuring process, discussed above.

Another challenge identified as an additional barrier to the creation of behavioral and substance abuse resources is neighborhood mistrust of shelters, homeless resources, and housing projects. This mistrust limits opportunities to locate additional resources and services throughout the community. The Stanislaus County Behavioral Health Board Annual Report detailed the need for community engagement to combat these misunderstandings of people experiencing homelessness and mental illness. Engagement and education will be required to build consensus around development of additional mental health and substance abuse resources.

# SOLUTIONS TO HOMELESSNESS

Addressing the ongoing need to house the community’s most vulnerable requires a comprehensive, aligned effort from a wide variety of government and community partnerships. The No Place Like Home housing and interventions serving the NPLH target population will be fully integrated into the systems change and planning processes designed to address individuals experiencing homelessness.

Communitywide efforts will be aligned around five core strategies derived from the Common Agenda and the strategies developed by Focus on Prevention, the CSOC, County and City working groups, and community partnerships over the past several years. These strategies will be supported by goals and action items derived from existing and planned initiatives in order to build upon successful foundations of prior planning efforts and ongoing implementation of resources.

Community feedback helped shape these strategies and goals. In addition to drawing upon the planning processes and reports outlined in the sections above, United Way of Stanislaus sent out a November 2018 [survey](#) to homeless service providers, community stakeholders, behavioral health providers, individuals with lived experience of homelessness and family caregivers of persons with serious mental illness, and received 176 responses. The responses affirmed and provided updated context for the strategies and goals for this plan. Additionally, drafts of these strategies were presented and discussed during three CSOC meetings from November 2018 through January 2019, attended by a diverse and committed group of community stakeholders, including housing and service providers and people with lived experience of homelessness.

## **1. OUTREACH AND ENGAGEMENT: Improve community-based outreach and engagement strategies with a focus on reaching those not currently engaged with the community system of care, and connecting them to a full range of health, housing, and community services and supports**

- 1.1 Create a multijurisdictional, multiagency strategy to address unsheltered homelessness individuals that emphasizes links to coordinated entry, housing, and services for the hardest to serve
- 1.2 Create and support multidisciplinary teams with full access to the wide range of mainstream benefits, health and behavioral health supports, employment, housing, and other identified needs
  - 1.2.1 Align existing outreach efforts from all partners, such as Homeless Engagement and Response Team (HEART), Community Assessment Response and Engagement (CARE), the Outreach and Engagement Center (OEC) teams, veterans outreach teams, and others
- 1.3 Create distinct strategies to reach hard-to-engage subpopulations, including those with serious mental illness
  - 1.3.1 Identify and obtain outreach team members with lived experience of homelessness, substance abuse, military service, youth homelessness

and other backgrounds as peer navigators to best engage those least likely to access the system of care

**2. COORDINATED ACCESS: Fully implement a Countywide coordinated entry system that integrates all public- and community-based services, and is linked to outreach, engagement, shelter, and housing**

- 2.1 Re-evaluate Coordinate Entry System processes to ensure full implementation across region, subpopulations, and with access for those least likely to engage with services
- 2.2 Engage, assess, and prioritize housing/services for all sheltered and unsheltered people experiencing homelessness within 1 year
- 2.3 Establish a network of centralized Access Hub and satellite locations across the County to provide coordinated assessments/links to shelter and housing as well as diversion and prevention
- 2.4 Align access sites/outreach workers to ensure ability to make referrals to BHRS, health services, and other stakeholders
- 2.5 Ensure all referrals for state- and federally funded housing programs and units occur through community adoption and refinement of a coordinated entry system
  - 2.5.1 Create a veterans by-name list that coordinates prioritization and placement of veterans into targeted and mainstream resources
- 2.6 Implement problem-solving, diversion, and prevention programs to help people retain housing, avoid entry to shelter system, and obtain housing through use of flexible funds and problem-solving techniques
- 2.7 Create inventory and document eligibility requirements for current housing vouchers and available units to consolidate availability of and information about resources
- 2.8 Create housing navigation teams and coordinate unit identification, landlord engagement, and placement efforts

**3. CREATION OF AND ACCESS TO HOUSING: Increase affordable housing options and improve access to temporary, transitional, and permanent housing so that homelessness is rare, brief, and nonrecurring.**

- 3.1 Increase supply of housing units targeted to homeless individuals in Stanislaus County through public-private partnership, as well as state/federal funds
  - 3.1.1 Production of new units, rehabilitation, acquisition
- 3.2 Increase available permanent housing rental subsidies (PSH, RRH, HUD-VASH, SSVF)
- 3.3 Increase and cultivate landlord engagement and expand pool of units eligible for subsidy placement

- 3.3.1 Establish landlord engagement teams, housing navigators, and landlord mitigation/incentive funds
    - 3.3.2 Coordinate landlord engagement and recruitment efforts across the system of care
  - 3.4 Expand Rapid Re-Housing (RRH) and increase successful outcomes through robust connection to services and case management
    - 3.4.1 Set performance goals for RRH so that 85 percent of households who exit RRH do not return to homelessness within 12 months
  - 3.5 Increase shelter capacity and ensure shelters are low-barrier, housing first, and targeted to needs of unsheltered and underserved subpopulation
    - 3.5.1 Provide youth shelter for 18- to 25-year-olds
    - 3.5.2 Ensure shelters and housing programs provide storage space for client belongings, accommodate pets and household members
  - 3.6 Ensure all shelters are linked to system of care and housing-focused, including access to coordinated entry system, case management, healthcare, and other services
  - 3.7 Preserve existing housing through diversion, prevention, and use of flexible funds
- 4. SUPPORTIVE SERVICES: Increase the availability, effectiveness, and alignment of services and community resources that help people prevent and exit homelessness and remain stably housed**
  - 4.1 Ensure all housing programs offer robust and effective support services to ensure housing stability and decrease exits to homelessness
  - 4.2 Provide discharge planning so that individuals leaving public institutions or other systems of care avoid becoming homeless
    - 4.2.1 Collaborate with hospitals, emergency services to create respite beds and other options for discharged individuals needing care
  - 4.3 Ensure all outreach/shelter/housing programs link participants to mainstream benefits and employment services to ensure exits to and retention of permanent housing
- 5. STRENGTHENING THE SYSTEM OF CARE: Increase community awareness and participation, leadership accountability and implementation of best practices to address homelessness through a greater level of participation by County and city leaders and community stakeholders to form one vision, one strategy, one delivery system, and one report card**

- 5.1 Enhance governance system to provide aligned funding, decision-making, and system performance targets, and establish lead agency/ies and committees for implementation of policy and funding initiatives
- 5.2 Increase resources toward the homelessness system of care by including engagement of decisionmakers and funders in designing the solutions to homelessness
- 5.3 Build data quality and system capacity through alignment and/or integration of data reporting systems, including Homeless Management Information System (HMIS) and the Coordinated Entry System (CES)
  - 5.3.1 Ensure outreach teams and other providers obtain necessary resources to use and enter data to ensure system capacity and effectiveness
- 5.4 Establish system-wide performance measures and indicators of success to ensure accountability for housing and supportive services outcomes
- 5.5 Create and provide regular reporting on a data dashboard to leadership and community stakeholders for monitoring performance outcomes
- 5.6 Build capacity of local providers to ensure education, collaboration and implementation of best practices across the system of care

## NO PLACE LIKE HOME DATA COLLECTION

As discussed throughout this plan, the County and CoC gathers multiple data streams of information about people experiencing or at risk of homelessness, and about those accessing emergency medical, behavioral health and other services targeted to those experiencing mental illness, addiction, or co-occurring disorders. In addition, other data systems track individuals in criminal justice system. The County will continue to improve and align data collection systems to track progress towards ending homelessness and collect the information necessary to monitor outcomes of the use of federal and state funded interventions including NPLH. The County will collect and review data from multiple sources, including the Homeless Management Information System (HMIS), annual compliance reports, demographic surveys, project performance reports, utilization records from the corrections system, and utilization records from the health care system. The County will also build upon existing infrastructure and frameworks to align data management and reporting systems to further compliance with various funder requirements.

### HMIS

The Stanislaus HMIS is operated by the City of Modesto, and uses Social Solutions ETO – Enterprise Nonprofit Software to track universal and program-specific data. Currently, there are 81 projects set up in HMIS and 75 active projects consisting of both federally and privately funded programs. All projects funded through the Continuum of Care and/or the Emergency Solutions Grants program are required to use HMIS. Over the next five years, the City of Modesto expects the number of providers using HMIS to significantly increase based on a growing interest in statistical performance evaluation and the increasing number of funding streams that require the use of HMIS, as well as through the facilitate outreach by the City of Modesto to these organizations. The Stanislaus County HMIS will also track data that is acquired by the Multidisciplinary Street Outreach and Engagement Team, the Access Center, and 14 different Access Points throughout the County, as part of the process of operating the Stanislaus Coordinated Entry System, which is also administered by the City of Modesto. The Coordinated Entry System will use HMIS to aggregate data about the vulnerability and needs of clients who are or may be experiencing homelessness, including Vulnerability Assessment – Service Prioritization Decision Assistance Tool (VI-SPDAT) scores, the housing needs and preferences of each client, and notes from each client’s case conferences. This allows the City of Modesto to ensure that the widest possible range of clients are tracked in the system, and gather reliable information about the County’s progress toward providing housing for all of its residents. The Stanislaus HMIS will be a crucial part of the system in place to collect the data needed for the reports required by No Place Like Home, as well as a crucial part of the County’s efforts to track progress toward its goal of ending homelessness.

### Annual Compliance Reports

California’s Code of Regulations Title 25 §7325 requires that all government-funded rental housing developments submit an independent audit prepared by a certified public accountant within 90 days after the end of each project’s fiscal year. NPLH Program Guideline Sections 214(a) and 214(b) makes this requirement applicable to all units funded by NPLH. These audits serve as an “annual compliance report” in that they confirm that payments are reasonably current on all loans and that each

program is continuing to engage in eligible activities and spending their grant funding on eligible costs for eligible clients.

The County will collect and review annual compliance reports from all NPLH-funded projects at least annually in order to confirm that these reports are being fully, accurately, and promptly completed. Projects that have not correctly completed their annual compliance reports will receive technical assistance and more intensive monitoring. Data from the annual compliance reports, including the amount of money being spent on affordable housing by private and public sources, will help the County keep track of its progress toward the goals in this Strategic Plan.

## Demographic Reports

To better measure how well each subpopulation is being served, the County will prepare demographic reports showing the numbers and characteristics of homeless and formerly homeless people who are benefiting from the homeless system of care, including projects funded by No Place Like Home (NPLH). With the exception of project occupancy restrictions and the number of tenants who served on active duty in the US armed forces, all demographic data required by No Place Like Home (NPLH) Section 214(e) will be tracked by the Stanislaus HMIS, including:

- Project location, services, and amenities;
- Number of units funded through each stream of funding assistance;
- Number of individuals and households served; and
- Homeless status, veteran status, disability status, and mental health status (no information on specific diagnoses will be collected).

Project occupancy restrictions are tracked by individual agencies and will be collected and reviewed by the County on annual basis as part of its oversight of any NPLH grants. HMIS already identifies all veterans, including both veterans who served on active duty in the U.S. armed forces and those who did not. The County will ensure that NPLH grantees interview their veteran clients after program entry to attempt to determine whether these clients served on active duty and collect and tabulate this information at least once per year. As appropriate, the County will also gather data directly from property managers and lead service providers to ensure that the County has all of the information needed to assess progress under this Strategic Plan and compile all necessary demographic reports and financial audits as required by the NPLH Program Guidelines.

## Project Performance Reports

To better measure how well each subpopulation is being served, the County will prepare performance reports showing the extent to which each project (including projects funded by NPLH) is successfully assisting persons who are or were experiencing homelessness. All of the performance data required by No Place Like Home (NPLH) Section 214(e) is tracked by the Stanislaus County HMIS, including:

- Average project vacancy rate;
- Gender, race, ethnicity, and age of heads of household;
- Income levels and changes in income of NPLH tenants;

- Length of stay of NPLH tenants;
- Homelessness status (prior to entry) of NPLH tenants;
- Length of prior episodes of homelessness;
- Exit destinations of tenants who leave NPLH housing; and Deaths in NPLH housing.

As appropriate, the County will also gather data directly from property managers and lead service providers to ensure that the County has all of the information needed to assess progress under this Strategic Plan and compile all necessary performance reports and financial audits as required by the NPLH Program Guidelines.

## Additional NPLH Data Points

### *Health Outcomes for NPLH Participants (Emergency Room and Hospital Admissions)*

The County (CSA) will track interactions with the healthcare systems for NPLH participants before and after move-in through regular case conferencing with BHRS staff. BHRS is able to track emergency room visits as well as the number of hospital admissions and in-patient stays before and after move-in as well as the number of in-patient days, of clients that receive BHRS mental health or substance abuse recovery services. As a partner in implementing the NPLH projects, BHRS will run reports on each NPLH client receiving services through BHRS before move-in, and bi-annually after move-in, to assess any fluctuations in this number. The BHRS will bring this information for analysis and discussion to case conferencing meetings with other NPLH staff to assess progress under this Strategic Plan and compile all necessary information as required by the NPLH Program Guidelines.

### *Number of Arrests and Returns to Jail or Prison of NPLH Participants*

The County will track NPLH participant interactions with the criminal justice system by building upon existing partnerships with law enforcement, as well as the Stanislaus Public Defender (PD) and District Attorney's (DA) offices.

The County has worked collaboratively with law enforcement, the PD and DA offices to create several interventions and programs to decriminalize homelessness and mental illness in Stanislaus County. For example, as discussed in detail above, the CARE Team targets a population of persons experiencing homelessness who have frequent interactions with law enforcement.

Currently, criminal justice partners on the CARE Team run reports on number of arrests and interactions with law enforcement for the subpopulation serve, and present this information in a case conferencing environment. This existing partnership will be built upon to capture the number of arrests and returns to prison/jail for NPLH participants, by engaging law enforcement or individuals from the PD and DA's office to engage in case conferencing processes for NPLH participants, so criminal justice data for this population can be collected and used to assess program success and comply with the NPLH Program Guidelines.



## PRIORITIZATION/PLACEMENT FOR NPLH UNITS

The Stanislaus CoC (CSOC) has developed a coordinated entry system, mandatory for CoC- and ESG-funded housing and services, and adopted by other community-based housing targeted for people experiencing homelessness. The CE system is designed to create a centralized community queue for housing and services that prioritizes the most intensive interventions and immediate placements for the most vulnerable individuals in the community.

Individuals or families in need initiate a request for services through designated Access Point(s) or through outreach workers or a 24-hour 211 call center. Outreach teams are deployed to ensure that highly vulnerable people least likely to engage in services or with an access point are included in the assessment and referral process. Outreach workers affirmatively target for services people who may experience barriers to accessing the assessment and referral system, and the CSOC evaluates its systems to ensure that all housing and supportive services are marketed and available to all eligible person regardless of race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, or gender identity.

Those individuals are assessed for homelessness status, their housing needs, and their vulnerability using factors like high acuity of health and other needs, length of time homeless, risks of harm and/or exploitation, interaction with emergency services and legal issues. Those scoring as the most vulnerable and in need of assistance will be prioritized for appropriate housing for which they are eligible. Eligibility is set by the housing program's restrictions or availability for certain subpopulations: for example, HUD-VASH vouchers are reserved for qualified veterans; and certain projects are reserved for families with children or those who are receiving CalWORKS benefits.

The prioritization list, or community queue, will be managed through a case conferencing system in which outreach workers, housing navigators, and other staff discuss eligibility and appropriate placement of those individuals receiving housing interventions.

The CSOC is currently assessing the CE system to expand participation of shelter, prevention/diversion, housing and service programs, and redesign the system to incorporate newly funded access points that are better linked to shelter. As part of that assessment, in 2019 the CSOC will hold multiple stakeholder meetings, identify barriers to implementing best practices, and create a pathway for sustainable change. Incorporating individuals identified as eligible for NPLH units into the CE system for placement into those units will be one of the strategies for implementation.

Placement into NPLH units through the CE system could happen in several ways. The CSOC HMIS system, the data foundation of the CE system, identifies individuals who meet the HUD definition of chronically homeless through compiling information about episodes of homelessness and other risk factors. Such information provides the basis of eligibility under the NPLH's definition of "at risk of chronic homelessness." Additional NPLH-specific factors could be added to the HMIS intake form, including presence of a serious mental disorder/presence of a seriously emotionally disturbed child, and the community queue further configured to identify the NPLH target population. Stanislaus County has applied for additional funding to upgrade its HMIS and CE capacity, and integrating NPLH eligibility and placement information shall be part of that work.

In the interim or outside of HMIS data, the CE System's collaborative assessment and case conferencing system could be implemented to ensure that households eligible for NPLH units are

Plan to Address Homelessness in Stanislaus County

fully identified and assessed. The CE system has a system for identifying eligibility factors like veteran status, receipt or eligibility for specific services like CalWORKS, and the CE system outlines a confidential assessment, prioritization, and placement process for survivors of domestic violence and other vulnerability victimization households. This process allows providers to maintain confidentiality and safety for their clients while also ensuring that these households have access to the full array of housing opportunities in the community. Key to this parallel system is collaboration with victim services providers, who assess household eligibility and vulnerability for inclusion into a separate community queue for survivors. Similarly, individuals eligible for NPLH units could be identified and prioritized using a standard assessment tool by BHRS teams, working in collaboration with the CE system housing navigation/prioritization team.

# APPENDICES

Appendix A: CSOC Council Roles

Appendix B: CARE Leadership

Appendix C: CARE Workgroup

Appendix D: Partners in Responding to Homelessness

Appendix E: Source Plan Lists

## Appendix A: CSOC Council Roles

CSOC Council Members		Elected/Appointed By
<b>FUNDERS</b>	Behavioral Health & Recovery Services Director	Position <sup>1</sup>
	Community Service Agency Director	Position <sup>1</sup>
	Entitlement Jurisdiction - Modesto: Community Development Manager	Position <sup>2</sup>
	Entitlement Jurisdiction - Turlock: Assistant to the City Manager for Housing and Economic Development	Position <sup>2</sup>
	Entitlement Jurisdiction – Stanislaus County: Director of Planning & Community Development	Position <sup>1</sup>
	Non-Entitlement Jurisdiction – Riverbank: Representative	City Manager
<b>HOUSING/SERVICE PROVIDERS</b>	Non-profit housing provider: Permanent Supportive Housing	General Membership
	Non-profit housing provider: Transitional/Rapid Re-Housing	General Membership
	Non-profit housing provider: Emergency shelter	General Membership
	Youth services provider	General Membership
	Victims services provider	General Membership
	Housing Authority of Stanislaus County representative	Executive Director
	VA Palo Alto Health Care System, Supervisory Social Worker and HUD-VASH Program Team member	Position
	Health Care provider	Focus on Prevention
Stanislaus County Director of Aging & Veterans Services	Position	
<b>BROADER COMMUNITY</b>	3 people who are or have experienced homelessness	General Membership
	Advocate for people who are homeless	General Membership
	Faith sector representative	Focus on Prevention
	Neighborhood representative	Focus on Prevention
	Education community representative	Focus on Prevention
	Business community representative	Focus on Prevention
	Philanthropy representative	Focus on Prevention
Law Enforcement representative	Law Enforcement Executives	

<sup>1</sup> A designee may be assigned by the Stanislaus County Chief Executive Officer.

<sup>2</sup> A designee may be assigned by the City Manager.

## Appendix B: 2018 CARE Leadership

Last Name	First Name	Title	Organization
Ah You	Kristi	City Council - District 3	Modesto City Council
Anderson	Tony	Executive Director	Valley Mountain Regional Center
Armendariz	Rick	Assistant Police Chief	Modesto Police Department
Basnight	Mark	Nursing Administrator	Doctor's Medical Center
Bearden	Belinda	Director, Patient Care Services	Doctor's Medical Center - Emergency/Trauma Departments
Brandvold	Ted	Mayor	City of Modesto
Buckles	Debra	Public Guardian	Stanislaus County Behavioral Health and Recovery Services
Christianson	Adam	Sheriff	Stanislaus County Sheriff's Department
Davis	Lonny	Representative	Davis Guest Homes
DeGette	Rick	Director	Stanislaus County Behavioral Health and Recovery Services
DiCiano	Francine	Chief Executive Officer/President	United Way of Stanislaus County
Douglass	Scotty	Executive Director	Stanislaus County Regional 911
Esparza	Pam	Chief, Consumer and Family Affairs	Stanislaus County Behavioral Health and Recovery Services
Ernst	Alan	Chief	Modesto Fire Department
Fladager	Birgit	District Attorney	Stanislaus County District Attorney's Office
Grewal	Daljit	Registered Nurse	Doctor's Medical Center - Behavioral Health Center
Hamasaki	Mike	Chief Probation Officer	Stanislaus County Probation Department
Hartley	Marc	Deputy County Counsel	Stanislaus County Counsel
Harwell	Kathy	Director	Stanislaus County Community Services Agency
Hawn	Brad	Stewardship Council Chair	Neighborhood's Inc.
Hayes	Jody	Chief Executive Officer	Stanislaus County Chief Executive Office
Hill-Thomas	Patricia	Chief Operating Officer	Stanislaus County Chief Executive Office
Huber	Christine	Assistant Director	Stanislaus County Community Services Agency - Adult, Child, & Family Services
Kirk	Warren	Chief Executive Officer	Doctor's Medical Center
Lamberen	Jeff	Public Authority	Stanislaus County Community Services Agency
Lee	Mary Ann	Managing Director	Stanislaus County Health Services Agency
Lopez	Joe	Interim City Manager	City of Modesto
Meredith	Becky	Deputy Executive Officer	Stanislaus County Chief Executive Office
Mukherjee	Uday	Medical Director	Stanislaus County Behavioral Health and Recovery Services
Murdock	Richard	Chief	Modesto Fire Department
Olsen	Kristin	County Council - District 1	Stanislaus County Board of Supervisors
Palomino	Margie	Director	Stanislaus County Department of Aging and Veterans Services
Panyanouvong	Kevin	Manager IV	Stanislaus County Behavioral Health and Recovery Services
Pierce	Janice	Director, Case Management/UR/Social Services	Doctor's Medical Center - Case Management/SS
Ramirez	Juan	Manager III	Stanislaus County Community Services Agency
Rees	Annette	Deputy District Attorney	Stanislaus County District Attorney's Office
Rocha	Tina	Deputy Executive Officer	Stanislaus County Chief Executive Office
Sandu	Sonny	Public Defender	Stanislaus County Public Defender's Office
Skiles	Dale	Fire Warden	Stanislaus County Office of Emergency Services
Stanford	Edward	Chief Medical Officer	Doctor's Medical Center
Swift	Hugh	Court Executive Officer	Superior Courts Chief Executive Office
Thrasher	Debra	Compliance/Project Manager	Stanislaus County Health Services Agency
Trompetter	Phil	Special Reserve	Modesto Police and Forensic Psychology
Vaishampayan	Julie	Public Health Officer	Stanislaus County Health Services Agency
Walker	John	Public Health Officer	Stanislaus County Health Services Agency
Warr	Jewel	Senior Management Consultant	Stanislaus County Chief Executive Office
Withrow	Terry	Board Supervisor - District 3	Stanislaus County Board of Supervisors
Zoslocki	Bill	City Council - District 4	Modesto City Council

## Appendix C: 2018 CARE Workgroup

Last Name	First Name	Title	Organization
Anderson	Tony	Executive Director	Valley Mountain Regional Center
Armendariz	Rick	Assistant Police Chief	Modesto Police Department
Bettis	Alisa	Health Care Quality Services Manager	Stanislaus County Health Services Agency
Breazeale	Dwaine	Captain/County Coordinator and Corps Officer	Salvation Army
Casiano	Erlinda	Manager IV	Stanislaus County Community Services Agency
Christianson	Adam	Sheriff	Stanislaus County Sheriff's Department
Clifton	Lisa	Management Consultant	Stanislaus County Chief Executive Office
DeAlba	Rigo	Police Lieutenant	Modesto Police Department
Delgado	Martha	Lieutenant	Modesto Police Department
Dockery	Cherie	Associate Director	Stanislaus County Behavioral Health and Recovery Services
Doering	John	County Counsel	Stanislaus County Counsel
Doyle	Lance	Quality Improvement/Trauma Coordinator	Mountain-Valley EMS Agency
Erickson	Jill	Director	Stanislaus County Department of Aging and Veterans Services
Findlen	Brian	Captain	Modesto Police Department
Goulart	John	Senior Deputy City Attorney	City Attorney's Office
Graves	Heather	Public Information Officer	Modesto Police Department
Hammond	Mike	Sergeant	Modesto Police Department
Hartley	Marc	Deputy County Counsel	Stanislaus County Counsel
Herrera	Emily	Adult Division Director	Stanislaus County Probation Department
Imperial	Ruben	Deputy Executive Officer	Stanislaus County Chief Executive Office
Johnson	Barbara	Clinical Psychologist	Valley Mountain Regional Center
Kegley	Ryan	Veterans Services Representative	Stanislaus County Department of Aging and Veterans Services
Lillie	Michael	Fire Division Chief	Modesto Fire Department
Martinez	Frank	Lieutenant, Bureau of Inmate Services	Stanislaus County Sheriff's Department
Martinez	Damian	Senior Management Consultant	Stanislaus County Chief Executive Office
Meredith	Becky	Deputy Executive Officer	Stanislaus County Chief Executive Office
Muniz	Veronica	Homeless Court Coverage Supervisor	Turning Point Community Programs
Murdaugh	Cindy	Deputy Director	Mountain-Valley EMS Agency
Pannu	Sweena	Deputy Public Defender	Stanislaus County Office of the Public Defender
Ramirez	Juan	Manager III	Stanislaus County Community Services Agency
Reed	Nicholas	Crime Analyst	Modesto Police Department
Rees	Annette	Deputy District Attorney	Stanislaus County District Attorney's Office
Rocha	Tina	Deputy Executive Officer	Stanislaus County Chief Executive Office
Stanfield	Steve	Lieutenant	Modesto Police Department
Swift	Hugh	Court Executive Officer	Superior Courts Chief Executive Office
Valencia	Ivan	Lieutenant	Modesto Police Department
Vickery	Amy	Public Information Officer	Stanislaus County Chief Executive Office

## Appendix D: Partners in Responding to Homelessness

- **Affordable Housing Developers**
    - STANCO
    - Habitat for Humanity
    - Central Valley Coalition for Affordable Housing
    - EAH, Inc
    - Visionary Home Builders
    - Self Help Enterprises
    - Stanislaus County Housing Authority
  - **Agencies that serve survivors of human trafficking**
    - Haven Women’s Center
    - Without Permission
  - **Children and Family Services**
    - Family Promise of Greater Modesto
    - Salvation Army
    - Parent Resource Center
    - Center for Human Services
    - Children’s Crisis Center
    - Representative Stakeholder Steering Committee (RSCC) for MHSA
  - **City and County Departments**
    - Stanislaus County
      - Behavioral Health and Recovery Services
      - Chief Executive Office
      - Community Services Agency
      - Planning and Community Development
    - Housing Authority of the County of Stanislaus
    - Stanislaus County Board of Supervisors
    - Department of Aging and Veterans Services
  - Modesto
    - Community Development
  - Turlock
    - Housing Services Division
    - Neighborhood Services
  - Riverbank
    - City Manager
    - Riverbank Police Services
- **Criminal Justice Systems**
    - Stanislaus County Courts
    - Stanislaus County Probation Department
    - Stanislaus Sheriff’s Office
    - Turning Point - Homeless Court Program (HCP)
    - Representative Stakeholder Steering Committee (RSCC) for MHSA
  - **CoC/Non-CoC Funded Youth Homelessness Organizations**
    - Stars Behavioral Health Group
    - Hutton House
    - Center for Human Services
  - **County Behavioral Health**
    - Stanislaus Behavioral Health and Recovery Services (BHRS)

- Representative Stakeholder Steering Committee (RSCC) for MHSA
- **Public Health**
  - Sutter Health
  - Doctor’s Medical Center
  - Representative Stakeholder Steering Committee (RSCC) for MHSA
  - Golden Valley Medical Center
- **County Health Plan**
  - Health Plan of San Joaquin
- **Disability Advocates**
  - Disability Resource Agency for Independent Living
- **Disability Services**
  - Community Impact Central Valley
  - Valley Mountain Regional Center
  - Modesto Independent Living Center
  - Howard Training Center
- **Domestic Violence Advocates**
  - Haven Women’s Center
- **Education**
  - Ceres Unified School District
  - Stanislaus County Office of Education
  - Stanislaus County Office of Education Homelessness Education and Support Services
- **Employment Services**
  - Opportunity Stanislaus
  - Central Valley Opportunity Center
  - Employment Development Department EDD
- **EMS/Crisis Response Teams**
- **Faith-based community**
  - St. Vincent DePaul
  - One Church
  - Catholic Charities
  - Redeemer Church
  - Modesto Gospel Mission
  - Family Promise of Greater Modesto
  - Grace Lutheran Church
  - Emmanuel Lutheran Church
  - Interfaith Ministries
  - Salvation Army, Modesto
  - City Ministry Network
  - Cross Point Community Church
  - Centenary Methodist Church
  - Light of Christ Lutheran Church
  - St. Francis Episcopal Church
  - Congregation Beth Shalom
  - The Lord’s Closet
- **Homeless or Formerly Homeless Persons**
  - Local CoC board
- **Homeless Services and Food Providers**
  - Modesto Gospel Mission
  - Salvation Army, Modesto
  - Helping Other Sleep Tonight (HOST)
  - Oakdale Rescue Mission
  - Turlock Gospel Mission
  - United Samaritans Foundation
  - Turning Point
  - Angels for the Homeless
  - Interfaith Ministries
  - WeCare
- **Housing**
  - **Housing Support Services**
    - Habitat for Humanity
    - Project Sentinel



- Turning Point Community Programs
  - **Permanent Supportive Housing**
    - Community Impact Central Valley
    - Community Housing and Shelter Services
  - **Rapid Re-Housing**
    - San Joaquin Valley Veterans
    - Community Housing and Shelter Services
    - Family Promise of Greater Modesto
  - **Transitional Housing**
    - We Care Program Turlock
    - Community Impact Central Valley
    - Community Housing and Shelter Services
    - Center for Human Services
    - STANCO
  - **HIV/AIDS Services and Programs**
    - Community Impact Central Valley
- **Jurisdictions within Stanislaus County, including the following cities and towns:**
  - Modesto
  - Turlock
  - Riverbank
  - Hughson
  - Newman
  - Oakdale
  - Patterson
  - Ceres

- Waterford
- Unincorporated Areas
- **Landlords**
- **LGBT Advocates**
- **Local Hospitals**
  - Sutter Health Memorial Medical Center
- **Mental Health Service Organizations**
  - Turning Point Community Programs
  - Telecare
  - Stanislaus Multi-Cultural Community Health Coalition West Modesto
  - Center for Human Services
  - Representative Stakeholder Steering Committee (RSCC) for MHSA
  - Stars Behavioral Health Group
- **Mental Illness Advocates**
  - National Alliance for the Mentally Ill
  - Representative Stakeholder Steering Committee (RSCC) for MHSA
- **Other Homeless Subpopulation Advocates**
  - United Way
  - United Samaritans Foundation
- **Senior Services**
  - Salvation Army
  - United Samaritans Foundation
  - Stanislaus County Department of Aging and Veterans Services
- **Shelter Providers**
  - We Care Program Turlock
  - The Salvation Army Berberian Shelter
  - Haven's Emergency Shelter Program
  - Modesto Gospel Mission

- Center for Human Services
- Turlock Gospel Mission
- Host House
- **Street Outreach Teams**
  - Telecare
- **Substance Abuse Advocates**
- **Substance Abuse Service Organizations**
  - Salvation Army
  - Center for Human Services
  - Aegis Treatment Center
  - Representative Stakeholder Steering Committee (RSCC) for MHSA
  - Valley Recovery Resources Redwood Family Center
- **Tenant Advocates**

- Project Sentinel
- **Veteran service providers**
  - Community Impact Central Valley
  - San Joaquin Valley Veterans
  - Representative Stakeholder Steering Committee (RSCC) for MHSA
  - Catholic Charities
  - Stanislaus County Department of Aging and Veterans Services
- **Youth advocates/service providers**
  - Center for Human Services
  - United Way
  - Children’s Crisis Center
  - Stars Behavioral Health Group
  - Center for Human Services

## Appendix E: Source Plan Lists

- 2007 Stanislaus Housing & Support Services Collaborative (SHSSC) – “The Collaborative”
- 2011 Modesto Blue Ribbon Commission on Homelessness
- 2016 Community Health Needs Assessment
- Stanislaus Urban County and City of Turlock Regional Consolidated Plan Fiscal Years 2015-2020
- City of Modesto Consolidated Plan 2015-2020 and 2015-2016 Annual Action Plan
- Stanislaus County 2015-2023 Housing Element Update
- Final Regional Housing Needs Plan for Stanislaus County 2014-2023
- Stanislaus Urban County 2018-2019 Annual Action Plan
- 2017-2018 Stanislaus Urban County Consolidated Annual Performance and Evaluation Report (CAPER)
- City of Modesto 2018-2019 Annual Action Plan
- 2017-2018 City of Modesto Consolidated Annual Performance and Evaluation Report (CAPER)
- 2017 Laura’s Law Assisted Outpatient Treatment Executive Summary
- Stanislaus County Behavioral Health Board Annual Report 2018
- Stanislaus County Behavioral Health and Recovery Services MHSA 2018-2019 Annual Update
- 2018 CARE Program Report