

Santa Rosa Homeless Collective

Workgroup 5: Accountability

As of March 29, 2017

PURPOSE

Provide a high-level summary of the accountability workgroup's chartered objectives, findings, and methodology.

EXECUTIVE SUMMARY

The Santa Rosa Homeless Collective is a group of cross-sector collaborators who utilize the collective impact strategy as a way to leverage shared expertise, resources and data to improve our homeless, housing and services system which will allow all members of our community to have a safe place to live.

The Santa Rosa Homeless Collective set five goals/strategies for an initial work plan. One of the initial goals was to focus on accountability within the system of care for those who are service resistant. This will work to break continuous cycles of criminal justice system interactions, incarceration, and frequent utilization of emergency response system/hospitals by providing participant-centered supportive housing interventions in alignment with a Housing First philosophy. The Accountability Workgroup identified seven recommendations to move forward as best (or promising) practices for policy consideration. This report will cover an overview of the Santa Rosa Homeless Collective, the process the Workgroup took to get to its recommendations as well as the recommendations including implementation steps and recommended outcomes.

SANTA ROSA HOMELESS COLLECTIVE OVERVIEW

The Santa Rosa Homeless Collective (SRHC) is a grass-roots organization that is focused on promoting cross-sector collaboration and is overseen by a Steering Committee. SRHC is an aligned effort with the County of Sonoma Continuum of Care and after extensive research and analysis, SRHC identified five primary work priorities listed here:

- **Workgroup 1:** Permanent Housing for those who are experiencing homelessness
- **Workgroup 2:** Homelessness Diversion and Housing Retention
- **Workgroup 3:** System Collaboration and Coordination
- **Workgroup 4:** Public Education and Communication
- **Workgroup 5:** Accountability

SRHC ensures that all decisions and work maximizes the collective impact strategy and all recommendations must be in alignment with a Housing First intervention. The collective impact strategy follows the following five conditions:

- **Common Agenda:** All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
- **Shared Measurement:** Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

- **Mutually Reinforcing Activities:** Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
- **Continuous Communication:** Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.
- **Backbone Support:** Creating and managing collective impact requires a dedicated staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

WORKGROUP 5 PURPOSE, OBJECTIVES, PARTICIPANTS, AND PROCESS

The purpose of the Accountability Workgroup was to research, analyze, and recommend best practices to hold the service system accountable to ensuring that frequent utilizers of the criminal justice and emergency response system are served, and to identify the portion of those who are service resistant and how their actions might negatively impact the community, including others who are experiencing homelessness.

The **objectives of the group** include the following:

1. Assess the current impact on the community by homelessness, including impacts to those who are living in homelessness, businesses, residential neighborhoods, non-profit organizations and governmental services.
2. Identify current accountability practices and assess effectiveness.
3. Conduct research of best (or promising) practices to reducing community impacts.

The **participating organizations/individuals** in the workgroup include the following members:

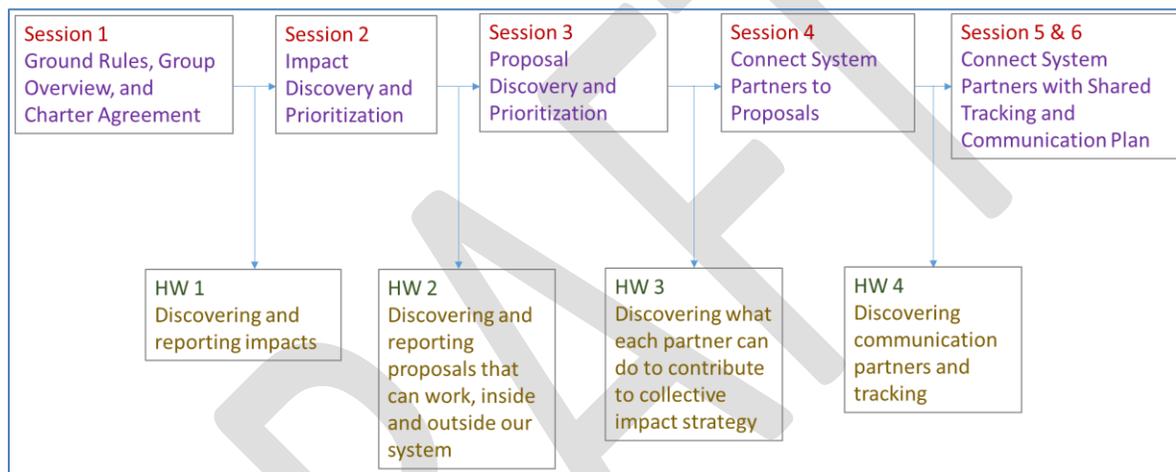
1. City of Santa Rosa Housing and Community Services Department
2. Catholic Charities of the Diocese of Santa Rosa
3. Social Advocates for Youth
4. City of Santa Rosa Councilmember
5. Homeless Services Consumer
6. Santa Rosa Police Department
7. Santa Rosa Fire Department
8. Sonoma County Behavioral Health
9. Santa Rosa Chamber of Commerce
10. Railroad Square Business Owner
11. American Medical Response
12. Sonoma County District Attorney's Office
13. Sonoma County Public Defender's Office
14. Sonoma County Sheriff's Office
15. Sonoma County Probation Department

16. Sonoma County Chiefs of Police Association

The **process of the workgroup** was that over six facilitated work-sessions, the accountability workgroup would:

1. Identify and agree to negative impacts that must be addressed and reduced
2. Determine evidence-based strategies, emphasizing system partner collaboration and housing first, that could work to reduce negative impacts in Santa Rosa.
3. Draft recommendations based on best strategies to reduce negative impacts in Santa Rosa.

Work-Session Roadmap:



FINDINGS

The group identified that there are four major profiles that contribute to those who are resistant to services and often create negative impacts on the community:

1. People experiencing drug and alcohol behavior
2. People experiencing mental health issues
3. People concerned with and/or mistrusting the system of care
4. People who choose the freedom/lifestyle

This small percentage of the population have the following impacts on the community:

1. Public and Privact Impact
 - a. Desire to see fixes to the poblems, perceived or real
 - b. The larger homeless community is frustrated, and stigmatized by this group
 - c. There is an overload of complaints to city officials
2. Financial impacts
 - a. Loss of business

- b. Under-resourced public, private and nonprofit services
 - c. Higher level of care than necessary (e.g. ambulance transportation for an issue that could be handled in a clinic)
- 3. Service Provider Impacts
 - a. Compassion fatigue
 - b. Lack of appropriate interventions (e.g. lack of free treatment beds, behavioral health services, etc.)
 - c. Powerless to service abuse or misuse
- 4. Safety impacts
 - a. Cleanliness
 - b. Personal safety , including the safety of other individuals experiencing homelessness
 - c. Aggressive panhandling
- 5. Homeless Community
 - a. Stigmatized/isolated by the larger community due to the perceived actions of a few
 - b. Personal safety
 - c. Lack of appropriate interventions to meet the complex needs

WORKGROUP 5 RECOMMENDATIONS

1. Utilize a multi-disciplinary team to identify the top 20 frequent utilizers of the criminal justice and emergency response system to create and implement support and housing interventions plans to resolve their homelessness and reduce their use of the public service systems.
2. Develop an inter-departmental protocol between law enforcement and street outreach teams that incentivizes utilization of services.
3. Create a path of escalation that empowers law enforcement to cite infractions as a misdemeanor if the participant won't utilize services which could create a connection point with the multi-disciplinary team.
4. Education of the Sonoma County Courts regarding ways to create re-entry opportunities and service participation requirements as a term of one's release back to the community.
5. Discharge planning for those who are experiencing homelessness in the Sonoma County jail to increase coordination of care and ensure that upon release there is a service intervention available.
6. Increase connection to medical services with on-site medical care, and outreach access to medical care to lessen the utilization of the emergency response system.
7. Advise Workgroup 3 to prioritize research and recommendations for the following initiatives:

- a. Enhance partner connectivity through additional training for key community stakeholders creating consistent care for individuals experiencing homelessness
- b. Increase mental health coordination of care for those who are experiencing homelessness
- c. Discharge planning for those who are experiencing homelessness in the emergency rooms to increase coordination of care and lessen the impact on the emergency response system.
- d. Provide free CPR/First Aid training those who are experiencing homelessness

RECOMMENDATION #1: MULTI-DISCIPLINARY TEAM AND BY-NAMES LIST

Through the creation of a multi-disciplinary team (MDT) we can identify the top 20 frequent utilizers of the criminal justice and emergency response system and develop support and housing intervention plans that best meet their needs. This is also known as creating a “by-names list” which has been used in several communities to create individualized case plans for those who are most in need.

According to the U.S. Department of Housing and Urban Development (HUD), a by-names list is a real-time, up-to-date list of people who are experiencing homelessness generated with data from outreach, government partners, and other providers working with the specific homeless subpopulation. There are several successful models to follow including Utah, Southern Nevada, New Orleans, Virginia, and more. The purpose of the list include the following:

- Ensure that individuals with the highest need within a community are identified and their housing needs are known
- Track the status and progress towards permanent housing of each of these individuals
- Coordinate housing and services for each individuals between all community stakeholders
- Identify key barriers to goal attainment and opportunities to resolve them

The by-names list would be managed through the MDT and service provision would be linked to a Housing First intervention coordinated by the Homeless Outreach Services Team (HOST) and Coordinated Entry. The need far outweighs the number of available units, so the triage process will help to place people with the most acute issues in available housing.

See addendum #1 for a successful guide on implementing a by-names list for veterans experiencing homelessness, which many of the lessons can inform the MDT’s process of creating a master list of the top 20 frequent utilizers.

Implementation Steps	Projected Timeline
<p>Research local and national examples of multi-disciplinary teams with by-names lists to look at lessons learned and system integration points:</p> <ul style="list-style-type: none"> • County of Marin’s HOT Project (see addendum #2 for example confidentiality release) • Sober Sonoma • Sonoma County’s Continuum of Care Veterans By-Names List • Sonoma County’s 301 Project 	3 weeks
<p>Expand existing HOST Law Enforcement Collaborative and identify additional stakeholders to create the MDT</p>	2 weeks
<p>Develop policies for the MDT and by-names list in coordination with Technical Assistance from OrgCode Consulting.</p> <ul style="list-style-type: none"> • Rubric and data sources that will be used to identify the top 20 frequent utilizers • Create standardized workflows and manager of list • Privacy and Confidentiality Protocols • Case Conference • System Evaluation and Improvement • Shared charter and partner agreements for all stakeholders in the MDT 	12 weeks
<p>Begin regular meetings and identify initial top 20 utilizers</p>	Ongoing
<p>Quarterly System Evaluations</p>	Ongoing

RECOMMENDATION #2: DEVELOPMENT OF AN INTER-DEPARTMENTAL PROTOCOL ON HOMELESSNESS

Communities across the nation have created inter-departmental protocols on how law enforcement and street outreach teams coordinate on issues related to homelessness in their community. Santa Rosa Police Department and the HOST team have been successfully collaborating and have seen early results. The recommendation is to expand on what has

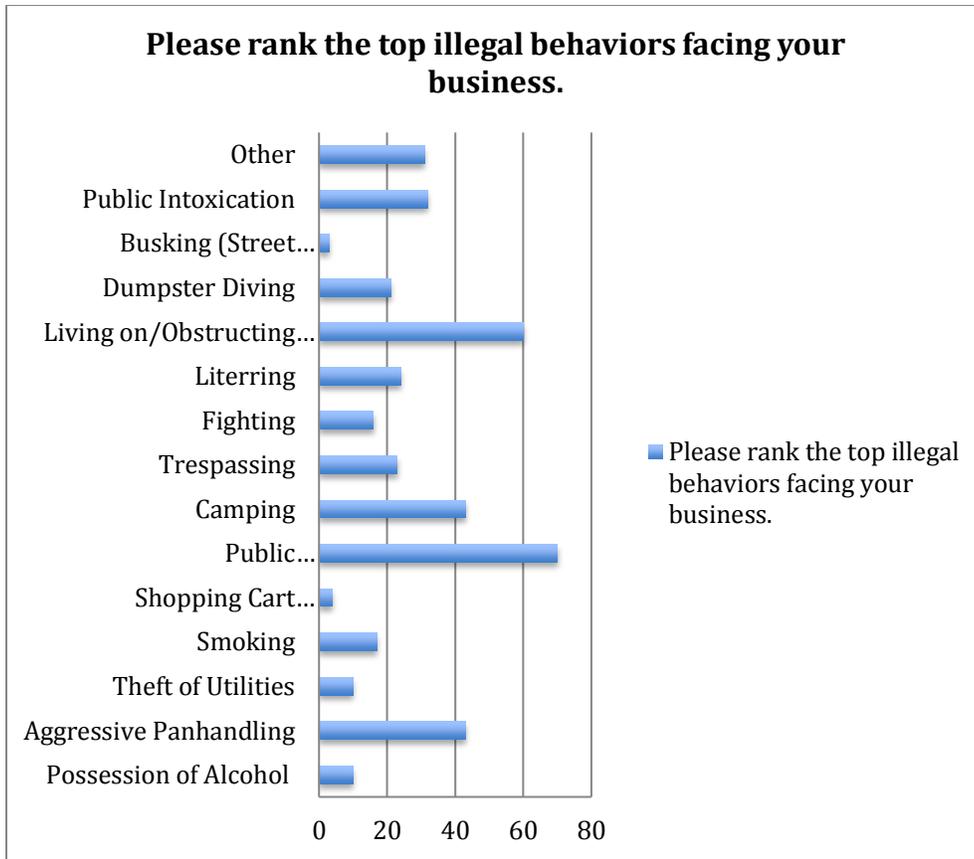
worked locally, study other protocols, and expand the scope to include emergency response systems which will result in the creation a local protocol for adoption.

Additionally many communities have developed protocols for existing dispatch services to create triage process for homeless-related calls for services that are not immediate health and safety issues. For example instead of using a higher cost of intervention (e.g. police, fire, etc.) that does not link to a trained professional intervention, an outreach worker could be dispatched. This has been happening informally with the HOST response line, but the recommendation would be that this is more formally integrated into the interdepartmental protocol. An example of a protocol developed in Toronto has been included as Addendum #3

Implementation Steps	Projected Timeline
Research national examples of inter-departmental protocols	2 weeks
Utilize expertise of MDT to create recommendation on local proposal of a standardized process to handle coordination of homeless-related incidents between law enforcement, emergency response system, and street outreach	4 weeks

RECOMMENDATION #3: CREATE PATH OF ESCALATION

One of the issues that the workgroup identified as a barrier was that many behaviors that often create issues of concern in the community are treated as infractions. These infractions do not leverage the opportunity to coordinate services and care for the individuals, leaving the community feeling unresolved and the individual experiencing homelessness without a service intervention. In a survey completed by the Santa Rosa Police Department of the downtown community, they found the downtown community had significant concerns about these issues. 83% of business owners said that homelessness affected their business in a negative way and 29% said it had extremely high negative effect. Here is a breakdown of the negative illegal behaviors facing the business:



For those who engage in these negative behaviors with an ongoing pattern with a refusal of services, the law enforcement agency would be able to treat the infraction as a misdemeanor and this would be a connecting point with the multi-disciplinary team. The other thing that was brought up in the workgroup is that both the City Attorney’s Office (Santa Rosa) and the District Attorney’s office would need additional staff to prosecute infractions as escalated misdemeanors. Additionally there would need to be significant political and public support for this initiative.

Implementation Steps	Projected Timeline
Complete further analysis and research with the courts system, district attorney’s office, public defender’s office, and city attorney’s office to evaluate and research the resources and processes needed to implement.	24 weeks
Create implementation plan	TBD

RECOMMENDATION #4: RE-ENTRY OPPORTUNITIES

Among the court system there are a handful of individuals experiencing homelessness who continuously cycle through the court process without a service intervention proposed. There are existing service programs that the Sonoma County courts could be educated on which could then could leverage the court system to require service participation as a term of one's release back to the community. Additionally there can be a leverage of the Task Force on Homelessness' Homeless Court as an additional coordination point as well as refer participants to the MDT.

Implementation Steps	Projected Timeline
Meet with the presiding judge to provide education on existing service participation opportunities such as HOST, Coordinated Entry, etc.	4 weeks
Meet with pre-trial team in coordination with Sonoma County Probation to develop alternative sentencing release education and procedure on coordination between the service provider and pre-trial team.	8 weeks
Coordinate with Homeless Court and implement system evaluation and improvement plan	4 weeks
Begin protocol and quarterly system evaluations	Ongoing

RECOMMENDATION #5: DISCHARGE PLANNING FROM THE JAIL

Currently someone who is experiencing homelessness and placed into jail from across the County are released to the streets of Santa Rosa without any discharge coordination. They often revert back to negative behaviors without a place to sleep safely. Communities that utilize discharge planning for those who are experiencing homelessness are able to ensure a proper service intervention upon completion, and jail is often a moment of clarity and sobriety that provides an opportunity for a support or housing intervention.

Utilizing Coordinated Entry and the VI-SPDAT designed for those discharging from the criminal justice system the intake worker can design a discharge plan that allow for immediate bed placement upon completion of their sentence. This will alleviate the number of individuals from across the County exiting to the streets of Santa Rosa, as well as increase the number of service interventions for a part of the population that is at times service resistant.

Implementation Steps	Projected Timeline
Design protocol for bed placement, intakes, and transportation arrangement for inmates	4 weeks
Pilot three intake workers upon completion of background check by the Sheriff's department to complete intakes for those who are in the jail and need a bed upon release	8 weeks
Begin program implementation and quarterly systems evaluation	Ongoing

RECOMMENDATION #6: INCREASE CONNECTION TO ON-SITE MEDICAL SERVICES

A heat map of police and fire/medical related calls showed that police calls for services are greatly minimized when an experienced program operator provides a shelter or housing intervention, however the calls for fire/emergency response is not minimized. Due to the lack of continuity of care among the population as well as a lack of a primary care physician or education about accessing medical care, there is an overuse of the emergency response system. By providing on-site medical services at an emergency shelter a triage process could be put in place to ensure that there is not an overuse of the emergency response system.

Implementation Steps	Projected Timeline
Create working group to design protocol and recommendations for providing on-site medical care. Research existing on-site medical care models such as Committee on the Shelterless and Nightingale Medical Respite. Additionally research national standards through the National Health Care for the Homeless Collaborative.	4 weeks
Meet with local Federally Qualified Health Center (FQHC) to discuss opportunities to do a pilot program. Obtain funding costs and develop proposal for funding.	4 weeks
Fundraise for on-site medical care, and hire on-site medical personnel for a pilot program	8 weeks

Begin program operations and quarterly systems evaluation	Ongoing
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RECOMMENDATION #7: ADDITIONAL RESEARCH

Workgroup 5 identified the following possible solutions, but felt it was out of their scope of work, so they referred the research and analysis to Workgroup 3 (System Coordination and Collaboration):

- Enhance partner connectivity through additional training for key community stakeholders creating consistent care for individuals experiencing homelessness
- Increase mental health coordination of care for those who are experiencing homelessness
- Discharge planning for those who are experiencing homelessness in the emergency rooms to increase coordination of care and lessen the impact on the emergency response system.
- Provide free CPR/First Aid training those who are experiencing homelessness

PROPOSED OUTCOMES

With the proposed recommendations, the following outcomes are proposed for the community:

- Reduction in law enforcement calls for service related to homelessness
- Reduction in calls for fire and ambulance related to homelessness
- Reduction in overuse of emergency room and unnecessary hospital stays
- Increase in public perception of safety related to people experiencing homelessness
- Increase in housing placement for the highly vulnerable individuals experiencing homelessness
- Increase in service intervention strategies versus criminal justice and emergency response system interventions
- Reduction of calls to government officials about concerns related to homelessness
- Reduction of chronically homeless population
- Increased community understanding of the complex issues related to homelessness

Many of these outcomes will not only result in an increased service efficiency for the affected stakeholders, but will also create a community cost savings.

ADDENDUM

- Addendum #1: Department of Veterans Affairs' Master List

- Addendum #2: HOT Confidentiality Release
- Addendum #3: City of Toronto's Interdepartmental Protocol
- Addendum #4: Accountability Recommendations Status Report

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