Attachment 5

Update on Los Guilicos Village

Overview

Homelessness is a complex and dynamic issue in Sonoma County. Efforts to provide housing to individuals experiencing homelessness require that an adequate level of supportive services are available to ensure that individuals can stabilize in a new setting, and to ultimately be prepared for success when housed. A wide array of supportive services tailored to the specific needs of the individual is necessary to provide for the health, well-being, and self-sufficiency of individuals.

To successfully address the particular needs of individuals exiting homelessness, services must be well-coordinated across multiple departments and their programs. The establishment of the Interdepartmental Multi-Disciplinary Team (IMDT) as the center of this effort reflects the way the County can most effectively deliver necessary supportive services to ensure client success.

Interdepartmental Multi-Disciplinary Team (IMDT)

The IMDT is made up of representatives from the Department of Health and Department of Human Services, with support from the Community Development Commission. The IMDT works with residents of the Los Guilicos Village (LGV) shelter to offer direct services from Behavioral Health, Alcohol and Other Drug (AOD) services, Housing Authority, Human Services (Medi-Cal, Cal-Fresh, General Assistance, and Adult Protective Services), Public Health, including disease control testing and treatment, Probation, and Child Support and to coordinate services to address the needs of the individuals.

Team members develop care management plans and work with LGV residents at an on-site Navigation Center to improve health and well-being, economic stability, and support to be successful in housing. The IMDT is on site daily to oversee the case management strategies and care plan development for each resident. The team meets each morning to review client needs and assign responsibility for care management tasks. During weekly IMDT meetings, the on-site cohort meets with subject matter experts from the participating departments to support coordinated case management efforts.

The broader IMDT team can assist residents with issues related to physical and behavioral health, child support, criminal justice, housing, and housing services, aging and independence, substance use, and help connect to other available community services and supports. After the initial intake period, and as the on-site team develops relationships with their clients, the process of determining each resident's needs begins. This process includes learning what services residents currently access and which require support to access.

The team uses a variety of tools to assess the level of need for these items. The tools include VI-SPDAT (Vulnterability Index – Service Prioritiation Decision Assistance Tool), widely used to assess vulnerability and prioritize people experiencing homelessness for housing and services; CAGE-AID, a short, useful screening tool for substance dependence; and Outreach ANSA (Adult Needs and Strengths Assessment), a multi-purpose tool developed for adults' behavioral health services to support decision making, facilitate quality improvement initiatives, and allow for the monitoring of outcomes and services.

Los Guilicos Village (LGV)

The IMDT worked diligently during the Trail closure process to identify and prioritize potential LGV shelter residents based on their vulnerability and their acuity. LGV shelter began operations late January, with the first occupants moving in on January 27, 2020. This effort has been successful in providing a temporary shelter location for individuals formerly living on the Joe Rodota Trail. While the shelter operation has challenges typical to the population of any emergency shelter, it is successfully providing housing and other navigation services, and creating a community in which residents can stabilize and prepare to enter permanent housing.

As of March 2, 2020, seventy-eight (78) residents have resided at the Village since it opened, with fifty-nine (59) persons currently on site. Of the nineteen (19) persons exited, nine (9) persons who did not return to the program, ten (10) persons exited for behavioral issues, including one (1) person placed on a psychiatric hold, and one (1) person who left due to negative feelings of posttraumatic response.

The capacity at the LGV allows for a total of sixty individuals: fifty-six cabins are singleoccupancy, and four are double occupancy. As there are some coupled households residing at the LGV, a few units remain unoccupied. LGV Operator St. Vincent de Paul anticipates that some of the couples may not sustain their cohabitation, and the empty units would allow the assignment of each individual a unit should the need arises. Having open huts also provides for a quick flow of intakes, as units require cleaning if a person exits the program.

During the first few weeks of residency at the LGV, IMDT staff supported residents with their acclimation to the new setting and to identify any immediate needs. Resident needs include, but are not limited to, helping them get medication, clothes, or support for detox. Homeless outreach and engagement strategies are focused on meeting individuals "where they are," and services focus on recovery-based principles. Homeless individuals transitioning from living unsheltered are also transitioning from functioning in crisis and daily survival to a more predictable environment. Best practice allows these individuals a period to adjust, process, have a space to settle in, and the opportunity to begin thinking about what additional supports they may need to be successful in long-term housing. During this critical transition period, the IMDT conducted needs assessments with clients, completed outreach documentation, and gained consent for collaborative case management.

As of the first week of March, case managers from the IMDT have been assigned to all individuals living at the Village. Case managers will work with individuals to develop client plans and will chart housing and personal goals by tailoring services to the development of independent living skills.

Continued residency at LGV is supported by a behavioral-based approach. St. Vincent de Paul is required to submit incident reports concerning health and safety to the Sonoma County Community Development Commission along with weekly reports each Friday. IMDT staff also track incidents, safety concerns, and rule violations and use a progressive discipline approach to offer residents the opportunity to adjust behavior. Participants can file grievances if they feel that mistreatment has occurred, or if they perceive the application of rules is inconsistent. St.

Vincent de Paul and IMDT staff will receive feedback in this manner, and both the incident reports and grievance reports help support efforts towards continuous quality improvement at the LGV. Individuals receive counseling to develop social, communication, and group living skills to avoid abuse of rules and ensure their continued residency. IMDT case management strategies work towards the development of time-bound, motivational milestones that support moving participants towards successful housing exits.

Successful Resource Connections

As of the beginning of March, five (5) participants have obtained a voucher for a housing subsidy, with another thirty-six (36) qualified and referred to the Housing Authority for finalization of the process. After securing a voucher, clients are supported with housing navigation through the Sonoma County Housing Authority to identify opportunities to ensure an appropriate housing option. Sonoma Applied Village Services (SAVS) will assist Village residents to acquire necessary documents for eligibility to receive vouchers through the Sonoma County Housing navigation services, it typically takes thirty to sixty days to secure a unit due to our tight housing market and the particular needs of each individual. It may be difficult to secure permanent housing for each client before April 30, 2020, or the date of proposed closure of LGV. A robust, coordinated effort of case management, housing navigation, and document collection can help facilitate housing placement using Housing Authority vouchers.

Other supportive efforts have connected forty-nine (49) individuals to Medi-Cal benefits, fortyfour (44) to Cal-Fresh benefits, and thirteen (13) have begun the process to apply for SSI benefits. Health care providers are on site five days a week, with four days provided by St. Joseph's Health Center and one day by Santa Rosa Community Health Center. St. Vincent de Paul is working with volunteers to arrange Narcotics Anonymous and Alcoholics Anonymous meetings in the Navigation Center and negotiations with the Drug and Alcohol Alternative Center (DAAC) to bring their mobile van for on-site services as well. Employment services supports provided by the Human Services Department are also on-site and have held two workshops and are working directly with interested residents with weekly drop-in hours. One resident secured employment as a plumber's apprentice, and will begin by the end of March.

Issues Noted at Los Guilicos Village

St. Vincent de Paul notes only one instance of a "walk-off" event, where a resident walked off the grounds to exercise his dog. This event occurred at the beginning of Village operations and was mainly due to the resident misunderstanding the responsibilities associated with residency at the Village. Since then, security guards and staff have been vigilant to ensure that participants utilize a process for checking out if they desire to leave, and checking in when they return. Residents who need to go off grounds have transportation access by use of a shuttle to Santa Rosa. If a resident has not checked back in after being offsite, staff checks the individual's hut to identify if they have just not checked in, or if they have not returned. St. Vincent's allows Village participants to spend nights away from the program for up to three nights at a time, or five nights in a month before warranting an exit. Participants can text with staff to inform them of their plans to spend the night away from the Village. If an individual abandons or exits the LGV St. Vincent tells the IMDT. The IMDT then identifies the next priority client seeking shelter and fills the vacancy within the next day, after clearing the unit of and storing any remaining property and cleaning sufficiently. County staff are working through where to store belongings of former residents who don't collect them within a few days.

On Thursday, February 27, a resident started a fire in their unit, which was quickly extinguished by St. Vincent de Paul and D Block Security staff members. The resident who occupied the hut where the fire occurred violated several rules, including having an open flame inside the unit. This incident response followed emergency protocols, no injuries occurred, and there was minimal damage to the unit. This unit will be cleaned professionally during the week of March 3, 2020. Another individual can occupy the hut soon after the cleaning is complete. While this incident was unfortunate, St. Vincent de Paul has assessed the issues and revised their strategies for enforcing rules at the Village. Increased safety checks in each unit now occur twice a week to ensure the hazard mitigation is ongoing.

One incident of a physical altercation between two residents occurred with one person receiving treatment from the nurse practitioner on-site for minor scrapes after taking a fall. Both of these individuals received a discharge from the program due to a violation of rules against fighting.

Conclusion

The LGV has established a novel program model rapidly. St. Vincent de Paul has successfully developed the ground rules, conducted many intakes, and overcome challenges inherent in every new startup. The staff of St. Vincent de Paul, D Block Security, the IMDT, and health care providers have developed a strong collaboration and are committed to providing a better living environment for people formerly living on the Joe Rodota Trail. This shelter model fills a desperately needed hole in our homeless-to-housing pipeline and supports people exiting homelessness to stabilize, live in a community of choice, secure necessary services, and ultimately, enjoy success in long-term housing.

Staff	Role	Schedule
Health Program	Oversees all staff, outreach, engagement, and case	As needed
Manager	management efforts. Responds to mental health	
	crises/emergencies.	
2 Alcohol and	Conducts outreach, engagement, and case management.	3 days a
Other Drug	Specializes in substance use issues.	week
Counselors		
1 Senior Client	Conducts outreach, engagement, and case management.	3 days a
Support Specialist		week
1 Public Health	Conducts outreach, engagement, and some case	3 days a
Investigator	management. Specializes in disease control (screening and	week
	treatment).	
1 Senior Eligibility	Processes Economic Assistance applications; Specializes in	3 days a
Specialty	Medi-Cal, Cal-Fresh, General Assistance	week
1 Clinician	Conducts outreach, engagement, and case management.	3 days a
	Specializes in mental health issues. Responds to mental	week
	health crisis/emergencies.	

IMDT LGV Team Structure