



2-Year Continuum of Care Homeless Strategy and Priorities

July 2018 – June 2020

Introduction:

El Dorado Opportunity Knocks (EDOK) – El Dorado County’s Continuum of Care (CoC) – approved the development of a 2-year strategy to highlight areas of need and opportunities to improve. The decision to develop this strategy was made by the EDOK Board, who has come to understand that a system-approach is necessary in order to effectively respond to homelessness both immediately and in the long-term. After receiving its largest grant funding to end homelessness to date in 2017, EDOK is continuing to take unprecedented steps forward by forming a collective direction on this document. If the highlighted priorities evolve incrementally, this strategy has the potential to transform how homelessness is addressed in this region. *The plan is easily accessible and can be located at www.edokcoc.org*

Purpose:

Developing a CoC strategy requires identifying:

- I. Who the current homeless population is in El Dorado County;
- II. Which stakeholders are a part of the CoC;
- III. What resources are available now and are anticipated in the future, and;
- IV. Reasonable but key priorities to maximize system capabilities now and in anticipation of future opportunities.

This strategy seeks to guide CoC stakeholders and potential partners in a common direction by building consensus and goals. Additionally, homeless strategies are central to qualifying for funding that sustains homeless response systems across California and the United States. Creating and following an intentional CoC strategy will better position El Dorado County, its local jurisdictions, and all non-profit partners to pursue funding and other resources to develop and maintain capacity to respond to homelessness.

Stakeholder Engagement:

In order to ensure the development of a CoC strategy that supports progress not only within the CoC but also to external but key stakeholder groups, the initial focus of this 2-year strategy involved the engagement of a wide range of current CoC partner agencies, interested community members, and government service providers, including but not limited to:

- I. EDOK Board
- II. EDOK Continuum of Care Service Providers
- III. City of Placerville
- IV. City of South Lake Tahoe
- V. El Dorado County – Public Housing Authority
- VI. Health and Human Services - Behavioral Health, Public Health, Human Services
- VII. Representatives of Family Caregivers of Persons Living with Serious Mental Illness
- VIII. El Dorado County – Probation Department
- IX. El Dorado County – Sheriff’s Department
- X. Marshall and Barton Hospitals

Critical feedback, input, and diverse recommendations were made from each representative group. Engagement opportunities included community meetings with nomadic shelter churches and concerned constituents, email listserv communication, website information to host and share CoC strategy, EDOK email address for interested community members or agencies to submit input/feedback, one-on-one meetings with individual agencies and jurisdiction representatives, and presentations at the CoC and EDOK Board meetings.

Homelessness in El Dorado County:

In order to solve any challenge, it is important to quantify the challenge so that strategic decision making and prioritization of steps can be framed appropriately. In this case, understanding the current landscape of homelessness in El Dorado County is crucial to framing the 2-year CoC strategy and its priorities.

This section provides a description of:

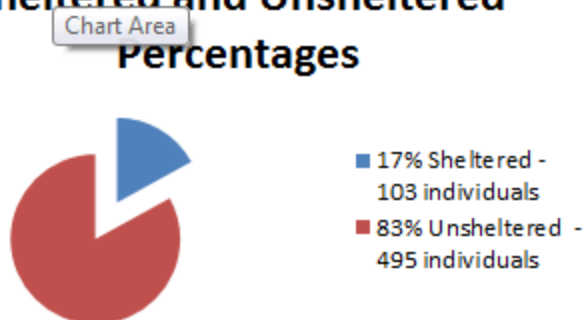
- I. Homelessness County-wide, including a snapshot of the estimated number of residents experiencing homelessness and chronic homelessness, single adults, families, unaccompanied youth, veterans, and domestic violence victims;
- II. Estimated number of residents experiencing homelessness who are experiencing serious mental illness, and;
- III. Estimated number of homeless residents experiencing co-occurring disabilities or disorders.

Snapshots of El Dorado County's Unhoused Population:

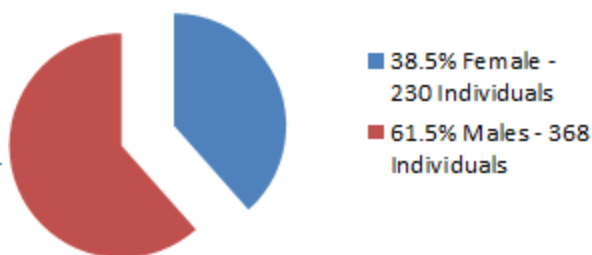
[ES= Emergency Shelter; TH = Transitional Housing]

	<u>UNSHELTERED</u>			<u>SHELTERED</u>					
	Lake Tahoe	Rest of EDC	Total Unsheltered	Seasonal ES	ES	TH	Total Sheltered	GRAND TOTAL	
Homeless Individuals	57	300	357	40	2	43	85	442	
Homeless F	13	90	103	14	2	8	24	127	
Homeless M	44	210	254	26	0	35	61	315	
Yth 18-24	13	9	22	1	0	4	5	27	
Veterans	3	76	79	2	0	12	14	93	
Chronic	6	49	55	22	2	9	33	88	
DV	22	49	71	2	2	2	6	77	
Homeless Families	10	43	53		5	2	7	60	
Adults	11	43	54		6	2	8	62	
Children	25	59	84		8	2	10	94	
Total Persons	36	101	138		14	4	18	156	
Homeless F	25	64	89		10	4	14	103	
Homeless M	11	38	49		4	0	4	53	
Yth 18-24 parenting	0	6	6		0	0	0	6	
Veterans	0	3	3		2	0	2	5	
Chronic	11	21	33		0	0	0	33	
DV	13	23	35		11	0	11	46	
Total Persons	93	401	495		16	47	103	598	

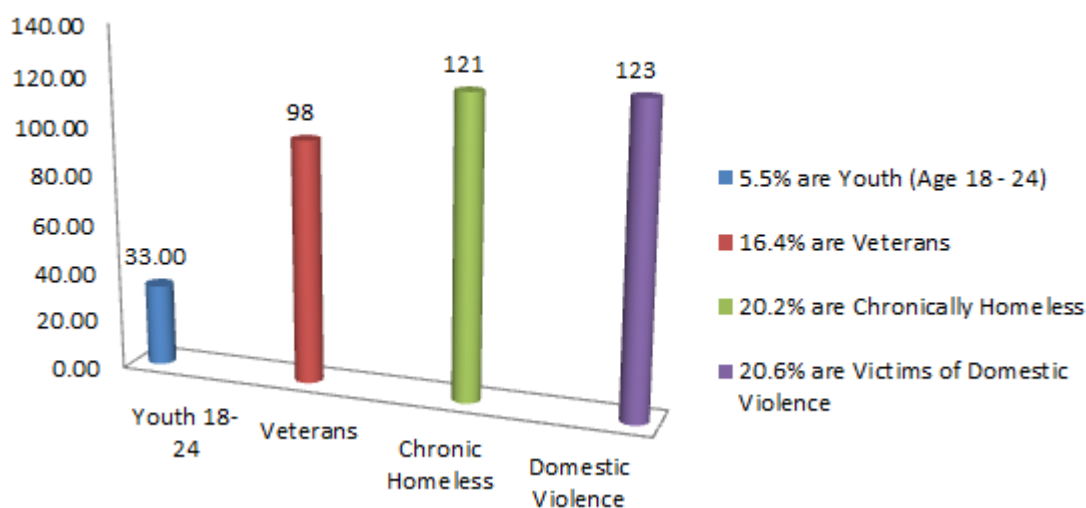
Sheltered and Unsheltered Percentages



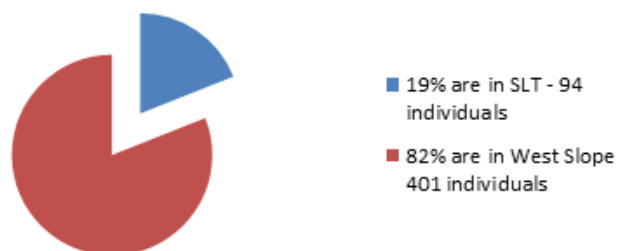
Gender Percentages



Youth, Veteran, Chronically Homeless, and DV Victim Percentages



Unsheltered Percentages - South Lake Tahoe and West Slope



Unsheltered Percentages - South Lake Tahoe and West Slope

	South Lake Tahoe	West Slope
Youth 18-24	46.4% - 13 individuals	53.6% - 15 individuals
Veterans	3.6% - 3 individuals	96.4% - 79 individuals
Chronic Homeless	19.5% - 17 individuals	80.5% - 70 individuals
Domestic Violence	32.7% - 35 individuals	67.3% - 72 individuals

Identified Mental Illness and Co-Occurring Disorders in the Homeless Management Information System (HMIS):

The following numbers reflect HMIS data pulled between January 1, 2017 and February 1, 2018:

Type of Disabling Conditions	**Unduplicated Individuals
Physical	320
Developmental	158
HIV/AIDS	2
Mental Health	648
Substance Abuse	882
Chronic Health	434
Co-Occurring Disorders	898

**653 Individuals reported being homeless for a year or longer

Challenges Serving Target Populations:

El Dorado Opportunity Knocks Continuum of Care consists of an array of stakeholders who are committed to using their varied resources to serving homeless individuals and families experiencing homelessness, including persons with a serious mental health disorder. Though efforts are consistently made to improve system performance, the current Continuum of Care falls short of serving everyone who is seeking assistance with permanent and long-term housing programs. For example, CoC partners experience challenges in securing additional funding for new and existing programs, maximizing existing assets, and sufficiently staffing the CoC Administration and other program operations which would improve system performance, data capturing, and strategic decision making. Additional challenges are described below:

I. Shelter System:

Though there are two (2) domestic violence shelters, a youth shelter, and two (2) seasonal shelters that operate, for the general homeless population 18 years of age and older, there are no existing year-round shelter systems. Additionally, due to a lack of funding, agency depth, and sufficient expertise, there are currently no low-barrier emergency shelter programs. 2017 Point in Time Count statistics suggested that during the last week of January, approximately 498 individuals were experiencing unsheltered homelessness, while approximately 100 individuals were sheltered.

II. Affordable Housing:

Lack of affordable housing continues to present large barriers to ending homelessness for individuals that seek support from the CoC, in particular housing that is affordable enough for individuals or families with extremely low incomes to afford. According to Kevin Fagan and Alison Graham of the San Francisco

Chronicle (September, 2017), ¹CoreLogic financial analysis reports El Dorado County median housing prices jumping 37% between 2015 and 2017, while the real estate site Zillow.com reported a rise of 88% in rental prices. During this time, there were no increases in minimum wage. 2017 Housing Inventory Count showed that the CoC had 202 year-round beds available to homeless individuals and families. This reflects a need for at least 396 additional year-round permanent housing beds that can serve the subpopulations captured in the 2017 PIT count, thereby accommodating the number of people experiencing homelessness.

III. Available Services:

In addition to a lack of housing stock that low-income earners can afford, specific and necessary services are lacking, as well. A critical challenge being faced when serving the current homeless population is in regards to adequate behavioral health treatment for both mental health and substance use disorders that are in tandem with stable and permanent housing. This makes it critically challenging to serve the target population that No Place Like Home (NPLH) focuses on, persons with a serious mental health disorder. El Dorado's Continuum of Care has never received funding for or implemented a Permanent Supportive Housing Program, which essentially is what NPLH seeks to create. PSH is a key program which targets those individuals with the greatest needs, including those with a serious mental health disorder. HMIS data regarding those with co-occurring disorders would suggest that a significant portion of the long-term homeless population has a variety of mental health and substance abuse needs, from minor to serious, and these act as barriers to housing and health stability. For the 653 people between January 2017 and February 2018 who reported being chronically homeless, Permanent Supportive Housing that targets those with serious mental illness and severe substance abuse issues would likely be necessary to ensure access to and sustainability of housing. Additional supportive services needs identified through stakeholder input include housing location support, financial assistance for utilities and internet, linkage to birth certificates and government ID, adequate schooling and job training resources, rental assistance, and credit repair.

IV. Challenging Geography:

El Dorado's geography creates challenges when outreach workers seek to access encampments that continue moving further into undeveloped areas. According to the ²County of El Dorado and ³US Census Bureau, El Dorado County's total land area is 1,710.8 square miles. As of 2010, the population density in the county was 106 residents per square mile, putting it well below the statewide average population density of 248 people per square mile. Agricultural land, forests, and mountains make up a large percentage of the county, with 46% in public ownership and 54% being privately owned. 53% of the county is forestland. Of the 1,145,383 acres that encompass the entire county, 196,355 is developed while 913,748 is undeveloped.

Most areas of the county are challenging to access due to being privately owned, near-uninhabitable, and/or difficult to reach due to snow, rocky terrain, and mountainous features. As homeless encampments are pushed further into these undeveloped areas, the unique geography of El Dorado County creates challenges to performing outreach and providing access to services.

¹ Fagan, Kevin, & Graham, Alison (September 2017) "California's homelessness crisis expands to county," San Francisco Chronicle. Retrieved from <http://www.sfchronicle.com/news/article/California-s-homelessness-crisis-moves-to-the-12182026.php>

² Zoning Changes for Consistency With General Plan (2014) El Dorado County. Retrieved from: <https://www.edcgov.us/government/longrangeplanning/landuse/supportingdocuments/documents/Proposed%20Consistency%20Zoning%20Map%20by%20Draft%20Zone%20Designation.pdf>

³ El Dorado County, California (2010) United States Census Bureau. Retrieved from: <https://www.census.gov/quickfacts/fact/table/eldoradocountycalifornia/PST045216>

Opportunities To Serve Target Populations:

Shelters in Operation: There are currently two (2) year-round domestic violence shelters operating in El Dorado County, one in South Lake Tahoe and one in Placerville. There is also one year-round emergency shelter for runaway and homeless youth which operates in Placerville. Lastly, there are two seasonal shelters which operate through the winter months of the year. One operates in South Lake Tahoe and a Nomadic Shelter program operates in the Placerville area. Having these shelter programs available does create opportunities for emergency shelter and basic resources for these specific subgroups as well as the general homeless during the winter months. This creates some foundation of emergency resources that can link to potential bridge, transitional, or permanent housing opportunities that may be available as resources continue being developed.

Coordinated Entry: As homelessness has risen approximately 122% between 2015 and 2017 in El Dorado County, according to Point in Time Count Data, EDOK CoC and its various partners are more focused on homelessness than ever before. A key opportunity that this 2-year strategy seeks to leverage and evolve is EDOK's Coordinated Entry System. Coordinated Entry represents a community-wide approach that moves a homeless response system from a collection of independent housing and service providers who employ their own referral policies and wait lists, to a comprehensive approach intended to coordinate all housing and service resources, available. Coordinated Entry agencies work collectively to match people experiencing homelessness to an appropriate housing placement based upon vulnerability and need. Operating a Coordinated Entry System simplifies the process by which homeless individuals and families access housing, helping to ensure that the right housing intervention is paired with the most appropriate people. Coordinated Entry is a data-driven process that allows this community to provide access to housing resources, assess individuals and families who enter the CoC for their unique vulnerabilities, assign housing interventions based upon individualized client need, and create a framework for system accountability.

Culturally Competent System Development and Regional System Access: EDOK CoC agencies use culturally and linguistically competent practices for Coordinated Entry, including trauma informed questions for special subpopulations. Examples of subpopulations served include: immigrants, refugees, and other first-generation subpopulations; youth; persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ+ persons. All individuals seeking support in the CoC's geographic area receive fair and equal access to the Coordinated Entry System, regardless of where or how they present for services. Fair and equal access means that people can easily access the Coordinated Entry System, whether in person, through provider outreach, by phone, or email, and that the process for accessing help is well advertised through CoC partner agencies, on the EDOK website, and through flyers being posted throughout the County.

By implementing entry-points that allow access regardless of where people are in the County, and by continuing to stay up-to-date regarding cultural competency requirements and CoC program implementation, the CoC has the opportunity to continue gaining momentum in these areas while adding other programs to the system.

HMIS: EDOK CoC uses a single Homeless Management Information System (HMIS) for the geographic area to collect and manage data associated with assessments and referrals. By collecting HUD required data in HMIS through outreach, phone calls, and face-to-face intakes, EDOK will continue to develop a shared vision and achieve common goals which allow for ongoing strategic planning, including the

development and implementation of this 2-year plan. Although there is significant work to be done and additional resources required to expand upon data collection and strategic system building, having this system and fine tuning it over time will be instrumental in measuring and tracking system performance and evaluating programs and outcomes.

Overview of 2-Year Strategy:

- I. Overview of EDOK Board and CoC Agencies to Impact Homelessness
- II. Available HUD and ESG Funded Projects
- III. Other CoC Housing Programs and County Resources to Impact Homelessness
- IV. Recommended Areas of Focus to Improve System Capacity

I. Overview of EDOK Board and CoC Agencies to Impact Homelessness:

In compliance with HUD CoC Interim rule, 24 CFR 578.95(b), The EDOK Board includes at least one homeless or formerly homeless individual and represents current, relevant organizations and projects serving homeless subpopulations. The sectors of representation are as follows: Nonprofit homeless assistance providers, Domestic Violence Agency, Faith-based representative, Government representatives (including Public Housing Authority), Educational representative (school district, university, etc.) Mental health provider, Health service provider (including hospitals), Law enforcement representative, Probation Department representative, Representative of organization/entity serving veterans, Homeless and/or formerly homeless representatives, Local business representative, Affordable housing development representative or property manager, Family and Children/Youth provider, and a Member at large.

II. Available HUD and ESG Funded Projects:

EDOK CoC has two providers who are funded through HUD and ESG: The Center for Violence Free Relationships and Only Kindness, Inc.

- 1) Domestic Violence Emergency Shelter (Center for Violence Free Relationships) – ESG** funding supports the operation of a year-round shelter that targets domestic violence victims while working with the CoC on providing homeless prevention and supportive services.
- 2) Rapid Rehousing (Only Kindness, Inc)** – Following a Coordinated Entry System referral, a homeless individual who is literally or chronically homeless is referred to the Rapid Rehousing Program. Individual housing plans for homeless individuals or families include the following: A Master Rental application for eligible rentals, summary of needed supportive services, additional applications to mainstream resources (Medi-Cal/Cash Aid/SSI & SSDI/Job Connection), special accommodations (if needed), a budget for the year of services, and specific goals for participants to emphasize housing stability and retention.

III. Other CoC Housing Programs and County Resources to Impact Homelessness

The EDOK CoC represents the regional planning body in El Dorado County that coordinates the community's policies, strategies, and activities toward preventing and ending homelessness. The CoC administers and maintains a Homeless Management Information System (HMIS) which is used to collect data on homeless individuals being served, gathering data from property owners on client outcomes, as well as to report System Performance Measures and all other HUD compliance reports. This system is maintained pursuant to Section 214(e). EDOK membership is open to all members of the public wishing

to participate, and the CoC actively seeks to recruit relevant stakeholders. Current CoC Agencies who provide services to impact homelessness include:

- 1) **Barton Hospital** – Barton is a not-for-profit hospital, delivering safe, high quality care while engaging the community in the improvement of health and wellness. Barton Health is a community health leader known for compassion and quality, striving to improve the continuum of care for all patients and their families while ensuring continuity of a locally governed health system.
- 2) **Community Haven** - Hangtown Haven Inc. (HTHI) is a non-profit 501(c)3 corporation based in Placerville, California that is dedicated to supporting the homeless men and women in our community. Hangtown Haven Inc. works to help homeless individuals to survive and to transition back into society. With support of the City of Placerville in 2012, Hangtown Haven began operation.
- 3) **El Dorado Community Health Center (EDCHC)**- EDCHC, is a primary care center that serves El Dorado County and provides a full range of family practice services. The center's focus is to provide exceptional health care for all at every age. EDCHC accepts most private insurances, Medi-Cal, Medicare, CoveredCA, the under-insured, and those without insurance. Healthcare services include patient advocacy, pharmacy program with patient assistance program for medications, podiatry, behavioral health, and referrals to collaborative organizations within the community. EDCHC is a Federally Qualified Health Center 501(c)(3).
- 4) **El Dorado County Office of Education (EDCOE)** – EDCOE supports the diverse educational needs of El Dorado County's student population not only in schools but throughout the community. Their leadership provides students with progressive and engaging learning experiences, while facilitating collaboration that maximizes resources for school districts and the county alike. EDCOE provides information and resources for homeless children and youths and their right to enroll, attend, participate fully, and succeed in school through McKinney-Vento Liaisons being present within each school district. These liaisons ensure that homeless students have access to the same free, appropriate public education, as well as linkage to available resources. The current co-chair of the EDOK Governing Board is the Managing McKinney-Vento Liaison for El Dorado County.
- 5) **El Dorado Health and Human Services (HHSA)** – HHSA provides a diverse set of services for homeless individuals including: Alcohol and Drug Programs, 24-Hour Mental Health Crisis Services, Mental Health Services Act (MHSA) Programs, Psychiatric Health Facility and Suicide Prevention, Maternal, Child & Adolescent Health Programs, Clinical Services, Communicable Disease Control, Immunizations, Public Health Nursing, WIC, CalFresh, CalWorks, Child Welfare, County Medical Services Program, Foster Care, General Assistance, In-Home Supportive Services, Medi-Cal, and Welfare-to-Work. Additionally, the Public Housing Authority and CalWORKS Housing Support Program (HSP) operate out of HHSA, providing Housing Choice Voucher resources and Rapid Rehousing for CalWORKS eligible families. The current Chair of the EDOK Governing Board is a Deputy Director in HHSA.
- 6) **El Dorado County Probation Department** – El Dorado County Probation's mission is to provide public safety through collaborative partnerships and innovative practices in correction, with accountability and compassion. Probation is committed to respecting human rights and

diversity, fostering transparency through accountability and communication, and providing exemplary service by leading with integrity, humility, honesty and equality. The Probation Department recently joined the CoC board, creating the exciting potential to discuss discharge planning from institutions as well as other opportunities to better serve the reentry population who are homeless.

- 7) **El Dorado County Sheriff's Department (Homeless Outreach Team – HOT)** The Sheriff's Office has dedicated a team of three (3), two deputies and one sergeant, to spend their work weeks building rapport with encampments to support linkage to available CoC and community resources, and to reduce criminalization of activities associated with encampments. Over the first year of operation, the HOT was able to connect over 50 individuals with placement in a board and care, or linkage with family members or friends to provide housing. HOT will continue to be a critical means of performing outreach throughout the challenging geography of El Dorado County, emphasizing efforts to prevent criminalization of activities associated with homelessness and providing encampments with opportunities to connect with Coordinated Entry, all while seeking to divert individuals from having to enter the homeless system of care where possible.
- 8) **Elder Options, Inc** - Elder Options, Inc. provides solutions for older adults, individuals with chronic illnesses or special needs, and their families by honoring their wishes and keeping them safe and well cared for. Elder Options, Inc seeks to meet unmet community needs, including a home care component with care management and support and supervision, linkage to Alta Regional Center respite care, linkage to Assisted Living Waiver Program (Medi-Cal Waiver), Long-Term Care Insurance Companies, and El Dorado County Public Guardian and Family Caregiver Support Program.
- 9) **Jobs Shelter of the Sierra (JSS)** - JSS is an organization of volunteers who work Mondays, Wednesdays and Fridays by conducting outreach and donating to unsheltered homeless individuals. Examples of items include toilet paper, deodorant, toothpaste, toothbrushes, soap, razors, feminine hygiene items, and specialty items such as adult diapers. Additionally, the group supplies tents and sleeping bags, and in the winter months ponchos. About 138 tents and bags are given out each year.
- 10) **Live Violence Free** - Live Violence Free is committed to promoting a violence free community through education and advocacy to address domestic violence, sexual assault, child abuse and basic needs. The agency provides Prevention & outreach, programs supporting healthy relationships between parent and child, a 24hour crisis line, a confidential safe house where families can stay up to 180 days, peer counseling, licensed therapy, transportation, advocacy and legal assistance, and a Batterers Intervention Program with an alcohol and drug focus.
- 11) **Marshall Medical** - Marshall Medical Center provides high quality, comprehensive medical services in El Dorado County. Marshall offers advanced technology and specialty services, striving to meet the diverse medical needs of El Dorado County. In addition to Marshall Hospital, Marshall operates several primary and specialty care clinics.
- 12) **New Morning Youth and Family Services** - The mission of New Morning Youth & Family Services is to provide quality professional social services to enhance the lives of Western Slope El Dorado

County youth and their families. New Morning offers services in two primary areas: Emergency shelter and professional counseling for at-risk youth. New Morning is El Dorado County's only provider of shelter for runaway and homeless youth.

- 13) Nomadic Shelter** - The Nomadic Shelter Ministry is an ecumenical program that serves homeless persons in El Dorado County. Each participating church hosts one or more nights a week to provide homeless guests with a warm and safe place to sleep during the winter months. Guests are served a hearty evening meal and breakfast in the morning, and are given warm clothing, shoes, and hygiene items from our Job's Shelters of the Sierras (JSS) clothing closet. In addition to serving the physical needs of our guests, the group seeks to minister to the soul and spirit, and provide each individual with a sense of dignity, safety, and belonging.
- 14) Only Kindness, Inc** – Only Kindness, Inc Serves people who are disadvantaged or disabled, including the homeless population. This organization offers a Mobile Operation in El Dorado County that serves vulnerable individuals and families who need help with housing programs, resources, disability advocacy and more. Only Kindness, Inc operates the only HUD and ESG funded Rapid Rehousing programs in El Dorado County, and they are also the Coordinated Entry intake agency serving this county.
- 15) Tahoe Coalition for the Homeless** - The South Lake Tahoe Warm Room is a project of the Tahoe Coalition for the Homeless. The Warm Room provides overnight refuge from the elements in a safe and warm environment for around 20 men and women who are experiencing homelessness. The Warm Room operates during 3 - 4 winter months, annually, by providing shelter and resource referrals to those in need during the season when they need it most. During the 2017-2018 operation, this agency offered Coordinated Entry intake to those staying at the winter shelter.
- 16) Tahoe Youth and Family Services** – Tahoe Youth and Family Services' (TYFS) mission is to promote the healthy development of children, families and individuals of our community through counseling, mentoring and support programs. TYFS operates a Drop-In Center that provides supportive services to runaway, homeless, and street youth up to the age of 24, and an emergency shelter program via host homes for youth up to the age of 18. In addition, TYFS offers individual counseling, outpatient alcohol and drug counseling, a 24-hour crisis line, and a community-based mentoring program.
- 17) The Center for Violence Free Relationships** - The Center for Violence-Free Relationships is dedicated to building healthy relationships, families and communities free from sexual assault and domestic violence through education, advocacy and services in western El Dorado County. The agency provides a 24-hour crisis line, individual counseling, crisis counseling, and group support for victims; emergency food, clothing and transportation; legal assistance and accompaniment; a safe house; hospital and court accompaniment and advocacy; information and referrals; community education; school prevention programs; and training for volunteers.
- 18) Upper Room** - The Upper Room Dining Hall provides hot meals and compassion to the hungry in Placerville 7 days a week. Every day, between 14 to 20 volunteers prepare and serve hot meals for anyone who is hungry. The Upper Room provides all the meals for no cost, making them available to anyone in need. The doors open at 2 pm each day for coffee and tea, before meals are served at 4pm.

19) Victory Village – Victory Village facilitates Veterans Services for service members, veterans, and families by streamlining access to Veterans Housing, Education, Life Skills and Physical Wellness services. This organization seeks to bridge the gap from military service to civilian life.

20) Volunteers of America (VOA) – VOA offers a long list human services programs, including housing and healthcare. VOA supports and empowers America's most vulnerable groups, including veterans, at-risk youth, the frail elderly, men and women returning from prison, homeless individuals and families, people with disabilities, and those recovering from addictions. This organization provides valuable CoC services while providing deep compassion for the homeless veteran population in El Dorado County.

IV. Recommended Areas of Prioritization to Improve System Capacity

There are many CoC areas that could be enhanced to improve the El Dorado County system response to homelessness. That being said, the purpose of this 2-year strategy is not to list every component of the system where there are needs, as the CoC is aware there are many. Rather, the intent is to lay out reasonable ways that the CoC can maximize its current bed utilization, as well as recommendations on which programs the CoC may consider pursuing to add depth to the system, based upon where the highest needs are.

Prioritization: To maximize available housing and beds, it is recommended that the CoC prioritize its resources first for the most vulnerable homeless. Per the El Dorado Opportunity Knocks most recent Written Standards, recommended prioritization for housing programs is as follows:

First Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

Second Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness.

Third Priority – Chronically Homeless Individuals and Families with the Most Severe Service Needs.

The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in the last paragraph of the definition for chronically homeless, as having severe service needs.

Fourth Priority– Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

An individual with fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

Fifth Priority – Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time specific to this prioritization.

Sixth Priority – Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

Seventh Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for supportive housing and is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project did not live in a place meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.⁴

The above prioritizations are recommendations to ensure the Coordinated Entry System and all associated CoC beds target the most vulnerable individuals and families for housing, first. It is important to note that in order to accommodate those with the most severe mental and physical health needs, adequate access to supportive, mental health, drug, and health care services are critical to ensure long-term housing stability and retention. CoC projects must consider best practices in implementing Housing First programs as well as their own agency capacity and services expansion to reasonably accommodate as vulnerable a population as possible.

Increased Permanent Supportive Housing (PSH): As stated prior, the 2017 Housing Inventory Count reflected 202 year-round beds available for homeless individuals and families. This reflects a need for at least 396 additional year-round beds to accommodate the number of people experiencing homelessness. In particular, and of priority, the CoC must pursue Permanent Supportive Housing beds (PSH) as there are currently no PSH programs operating in the CoC. The 2017 PIT count reflected 121 chronically homeless individuals, therefore a likely need of at least 121 PSH beds exists.

⁴ El Dorado Opportunity Knocks Continuum of Care (2017) Written Standards for Services. Retrieved from: https://docs.wixstatic.com/ugd/f966a7_b4d2c380fecf4faa8d02febaf78d9a6c.pdf

Increasing Permanent Supportive Housing Beds for Chronically Homeless Individuals and Families:

To the extent feasible, the CoC should work to increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness. Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness.

Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness:

Though programs may not be traditional PSH programs, it is possible for agencies to develop the services and expertise to effectively serve the chronically homeless. If another program type has access to available behavioral health services and community resources, programs should consider prioritization of non-dedicated PSH beds for the chronically homeless, where reasonable and sustainable. This means that the program would implement an admissions preference for chronically homeless persons at the time that available services and expertise exist.

Currently, no single organization in El Dorado County contains or operates both critical services and housing units to sustain a PSH project, independently. However, collectively, CoC agencies and El Dorado County do have capacity to collaborate on a successful PSH project. For example, by partnering with the Public Housing Authority and an affordable housing developer who has experience with onsite supportive housing developments, and by pairing HHSA Behavioral Health and other community-based resources to dedicated units, a PSH program could be sustainable.

Increased Supportive Housing and Rapid Rehousing: From the 2017 HIC Count, and by separating out the need for 121 PSH beds, a need still remains for approximately 275 year-round beds to accommodate the homeless population who are not chronically homeless.

Increasing Supportive Housing Beds for Non-Chronically Homeless Individuals and Families with Barriers to Housing :

To the extent feasible, the CoC should work to increase the number of CoC Program-funded Rapid Rehousing beds. Currently Rapid Rehousing is the largest funded program within the Continuum of Care, however there is not enough funding to accommodate the total number of individuals identified as unsheltered and not chronically homeless. A critical component of increasing agency ability to pursue ESG and CoC funding will be to assess the required match requirements as well as the capacity and expertise to meet the needs of specific subpopulations reflected in the Point in Time Count that may have some barriers to housing, such as a substance issue or criminal history. Through technical trainings and assistance provided during Continuum of Care meetings, improved planning for the pursuit of funding can take place in an effort to increase Rapid Rehousing capacity.

Increasing short-term Rapid Re-Housing Programs for People with Minimal Barriers to Housing Stability:

To the extent feasible, the CoC should work to increase the number of light touch Rapid Rehousing beds. Currently Rapid Rehousing is the largest funded program within the Continuum of Care, however there is not enough funding to accommodate the number of individuals identified as unsheltered and not chronically homeless. Less services expertise is required to serve those with minimal barriers to housing, therefore largely the most critical

component of increasing agency ability to pursue ESG and CoC funding will be to assess the required match requirements and capacity of each organization. Through technical trainings and assistance provided during CoC meetings, as well as grant writing workshops and education on NOFA competitions, appropriate planning for the pursuit of funding can take place CoC partners.

Increased Year-Round Shelter Beds and/or Bridge Housing: Rapid Rehousing and Permanent Supportive Housing have proven to be the most successful programs to end homelessness for the past 25 years. Over that time, within a single year in a Rapid Rehousing or Permanent Supportive Housing program, between 75% and 93% of all individuals were able to retain their housing unit. No other program alone has produced this level of successful results.⁵

These programs reflect the permanent solution which ends homelessness for these individuals, however until units become available, the Continuum of Care would strongly benefit from temporary housing while housing location takes place.

Increasing Bridge Housing Opportunities to those with Barriers to Housing Stability: Since a shelter system alone cannot optimally support folks with moderate to high needs, to accommodate the temporary housing needs for moderate to high acuity individuals, the Continuum of Care should strive to create “bridge housing,” a temporary space (often times a physical house, apartment, shared housing arrangement, or other living arrangement) where moderate to high acuity homeless individuals can be housed while receiving person centered supportive services until a permanent unit is located or becomes available.

Components of successful bridge housing include but are not limited to: access to mental health services, health care services, substance abuse services, human services, job training, trade school and GED opportunities, support groups, records expungement, and housing location assistance.

Increasing Opportunities for Shelter Beds and Diversion Programs for those with Few Barriers to Housing Stability: Research suggests that the transitionally homeless show a lower-acuity and benefit from light touch emergency services. That is who the shelter response is designed for, and often times individuals experiencing a housing crisis can get out of homelessness through “Diversion.” The CoC should seek to increase year-round shelter bed capacity while emphasizing diversion programs, seeking to prevent homelessness at the front door by helping people identify immediate alternate housing arrangements through friends, family, or others. If necessary, Diversion seeks to connect this group with “light-touch” services and/or limited financial assistance to help obtain their own housing. Successful shelters strive to support Diversion, reducing the number of individuals becoming homeless, reducing the demand for shelter beds, and therefore reserving Continuum of Care (CoC) supportive housing programs only for those that absolutely need it. When diversion is not possible, shelter beds can then be made available to accommodate the short-term housing needs of low-acuity individuals in a housing crisis.

Shelter Diversion can include: financial assistance to maintain current housing; conflict resolution and mediation to return to housing; or assistance to locate and secure new housing through financial assistance and advocacy.

⁵ CSH (2017) Introduction to an Evolving Homeless System Retrieved from: <http://www.hcd.ca.gov/grants-funding/active-funding/docs/Homeless-System-Fact-Sheet.pdf>

This El Dorado Opportunity Knocks Homeless Strategy is a result of the efforts of dozens of key community stakeholders dedicated to the guiding principle, goals, and priority opportunities described in this document. Thank you to all El Dorado Opportunity Knocks Member Agencies Who Support the Collaboration and Execution of This 2-Year Strategy to Improve System Performance in El Dorado County:

