

Overview: Better Way is a successful Public Health approach to homelessness combining secure emergency housing with whole person case management and a housing navigator.

Challenge: In 2019, 293 individuals in Sutter County were identified as homeless in the federal Point In Time count. Having previously identified homelessness as a priority issue, and having encountered community opposition to every suggested location for the first emergency shelter anywhere in Sutter County, the Board of Supervisors appointed an 11-member citizens committee to identify a location. Amid vocal criticism from neighbors, the Board of Supervisors accepted the committee's recommendation to establish the first homeless shelter of any kind in the county on the campus of Sutter-Yuba Behavioral Health Services. In September of 2019 a community of 20, two-bed, 12-foot by 16-foot Tuff Sheds was erected. In an environment of expressed uncertainty over the outcome, and recognizing homelessness as a public health issue, Sutter County Health and Human Services assigned the task of operating the shelter, and shelter programming, to Public Health staff.

Solution: The low-barrier shelter, open to anyone in the county presently homeless and at least 18 years of age, was branded Better Way to suggest there is a better approach to overcoming homelessness, and a better way for the community to respond to homelessness. Access to Better Way is gained through a local non-profit designated as a Coordinated Entry point for homeless services. Participants are assigned a designated case manager to address issues that led to homelessness. Because of 24-hour security, participants are able to leave their property at Better Way to work a client-centered case plan to address employment/income, attain medical coverage, establish primary care, budgeting, document recovery and/or any barriers to permanent housing by providing whole-person care services to individuals with mental and physical health challenges.

Innovation/Results: The creation of a Tuff Shed community is not new. We stole the idea from neighboring Yuba County. The real innovations are placing the shelter next to an existing Health and Human Services agency where we already had control of the property's use, approaching the issue from a Public Health focus, and in the programming and extensive support provided to participants by case

managers and other staff. The participants at Better Way have several barriers to permanent housing and access to health care. The average monthly income is \$492.61. Seventy percent have physical disabilities. Sixty-nine percent have chronic health conditions. Fifty-two percent report mental health problems. Forty-two percent report substance abuse issues. Less than one-third have a regular doctor. Forty percent have been homeless for more than a year. To address these issues, there are 6.4 FTE assigned to the program: a program coordinator, a shelter monitor, 2.4 case managers, a housing navigator to connect participants to sustainable permanent housing through the Housing First approach, and a peer mentor to support the case managers, shelter monitor, and participants. There is one focus of the program: connect the participants to the programs and services they need, and with an assigned case manager the participants have both an individual navigator and a cheerleader. Since its inception, 39 Better Way participants have acquired permanent housing, the equivalent of 14 percent of the identified homeless population, and about one third of all who have entered the program. Essentially, if you enter the program, you have a one in three chance of being housed within about two months. In its first fiscal year, 23 of the 96 people who participated in Better Way found permanent housing, five obtained new income, and 14 saw their income increase. Twenty-nine voluntarily left the program, and 26 were removed for violating the minimum safety rules or did not take the necessary steps toward their exit plan. The number one comment from Better Way participants is they report feeling safe. By providing this basic human need and the whole person case management approach, Better Way continues to end homelessness one participant at a time. Success stories are widely shared by the community on Social Media.

Replicability: In its first fiscal year, the cost of the program was estimated at \$400,000. Funding for construction and a variety of programs of support came from state funded homeless programming. Federal and state funded Health and Human Services programs pay for the case management support.

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