



Parkview • 14 MHSA Units

COUNTY OF SAN DIEGO Behavioral Health Services

Five Year (2022-2027) Strategic Housing Plan



WELCOME
HOME



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WHY IT MATTERS

Research shows the critical link between housing and health outcomes, particularly for people with behavioral health issues. Housing provides a stable platform for people while they work towards their health and recovery goals. The County of San Diego Behavioral Health Services is engaging in a multi-sector system of care transformation with guiding goals of continuous care and prevention, and providing coordinated resources to keep people connected, stable and healthy. Housing maximizes opportunities for community integration, and it is essential that people with behavioral health needs have access to safe and affordable housing.





MESSAGE FROM
COUNTY OF
SAN DIEGO
BEHAVIORAL HEALTH
SERVICES

Dear Behavioral Health Service Providers and
Community Members:


We are extremely pleased to share this important document, the **County of San Diego Behavioral Health Services Five-Year (2022-2027) Strategic Housing Plan** (the Plan) with you. We want to sincerely thank you for taking the time to read this vital Plan and for providing thoughtful input into the process.


This current Plan focuses on those in the county living with both serious behavioral health challenges and have limited resources. It is based on the knowledge, input, and expertise of hundreds of people, informed by conversations across the county, and is one of the long-term strategies critical to understanding the housing and service needs of the individuals served through the County Behavioral Health Services (BHS) system. This Plan uniquely represents the next phase of this roadmap for the development of high-quality housing for our San Diego neighbors.

This five-year Plan envisions **Creating Homes with Intention, Purpose, and Collaboration**. The highest priorities identified in this process were the need to create additional housing opportunities and move from collaboration to integration across systems and organizations in order to maximize the impact of these efforts to provide housing and services, particularly for those people who face significant disparities. The Plan's approach is rooted in principles of equity and inclusion and the goals are driven by the voices of people with lived expertise. It is guided by the BHS multi-sector system of care transformational goals of continuous care and prevention, and provides coordinated resources to keep people connected, stable, and healthy. We look forward to the next five years of this vital work and for improving the housing stability status of those we are ALL fortunate to serve.

The County of San Diego is extremely proud of the Mental Health Services Act housing planning over the past two decades. We look forward to continued collaboration for the creation of hundreds more units to provide safety, security, health, and wellness to our fellow San Diegans.

Yours in Health and Wellness,


Luke Bergmann, Ph.D.
Director, Behavioral
Health Services


Piedad Garcia, EdD., LCSW
Deputy Director, Behavioral
Health Services

The most precious gift you can give someone is the gift of your time and attention.



ACKNOWLEDGEMENTS

Thank you to the many, many individuals, organizations, committees, teams, councils, working groups, housing development organizations, and so many other stakeholder groups who partnered to create the new *County of San Diego Behavioral Health Services Five-Year (2022-27) Strategic Housing Plan* (the Plan). Several hundred people gave their valuable time, input, data, expertise, and firsthand knowledge of partnership opportunities that could help create more housing for people with both behavioral health issues and limited resources in the County of San Diego. To all who participated in the listening/input sessions, focus groups, provided input online, completed surveys, and helped others to provide their input, we say **thank you** for the honest and insightful feedback. This was critical to the creation of the Plan, which emphasizes ***Creating Homes with Intention, Purpose and Collaboration***.

We extend a very personal and sincere thank you to all of the following contributors to the Plan:

PEOPLE WITH LIVED EXPERIENCE/EXPERTISE

A broad range of people with lived experience/expertise of both behavioral health issues and limited resources shared personal experiences regarding access to services and housing through focus groups, online surveys, and listening/input sessions. Special thanks to NAMI San Diego in particular, as well as RI International for assisting with the technology to participate in the listening sessions and focus groups, and for the considerable outreach efforts to invite those with lived experience/expertise to be part of this important conversation.

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS) ADVISORY BOARD AND COUNCILS

All members of the BHS Housing Council; Transitional-Age Youth (TAY) BHS Council; Older Adult Council; Adult Council; Children, Youth, and Families Behavioral Health System of Care Council; and the Behavioral Health Advisory Board.

DIVERSITY-RACIAL EQUITY SECTOR

Staff and members of the County of San Diego Cultural Competence Resource Team (CCRT) hosted the listening session for this sector and encouraged other organizations to join the conversation. CCRT members contributed, as did participants from the Regional Task Force on Homelessness, LISC, ACLU, San Diego Regional Alliance for Fair Housing, Fair Housing Council of San Diego, Legal Aid/Fair Housing, and the U.S. Navy.

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SUBSTANCE USE/MENTAL HEALTH CARE SECTOR

All members of the Mental Health Contractor Association (MHCA) and San Diego Alcohol and Drug Services Providers Association (ADSPA).

HEALTH CARE SECTOR

All participants from Health Center Partners of Southern California, Healthy San Diego Health Homes Work Group, San Diego Hospital Association of San Diego and Imperial Counties, Community Information Exchange Network Partners, Federally Qualified Health Center (FQHC) partners, and other community health centers.

HOUSING ORGANIZATIONS/AGENCIES SECTOR

All participants from County of San Diego Housing and Community Development Services, San Diego Housing Commission, San Diego Association of Governments, Legal Aid Society, City of Carlsbad Housing Services, Chula Vista Housing Authority, National City Housing Authority, City of Oceanside Neighborhood Services Department, Housing Division, and cities of El Cajon, Encinitas, Escondido, Imperial Beach, La Mesa, Lemon Grove, Poway, San Diego, San Marcos, Solana Beach, and Vista.

HOMELESSNESS SERVICES AND PROVIDERS SECTOR

All participants from Regional Task Force on Homelessness, Funders Together to End Homelessness, Alliance for Regional Solutions, East County Regional Homeless Task Force, homeless outreach workers, Downtown San Diego Partnership, the San Diego Homeless-Experienced Advocacy and Leadership (HEAL) Network, and Voices of Our City Choir.

JUSTICE-INVOLVED — LAW ENFORCEMENT SECTOR

All participants from the County of San Diego Sheriff's Department, San Diego Police Department, Psychiatric Emergency Response Team (PERT), Rooted Life, Legal Aid Society of San Diego, County of San Diego Probation Department, County of San Diego Public Defender's Office, and the County of San Diego District Attorney's Office and other members of the County of San Diego Health and Justice Integration Committee. Special thanks to the Sheriff's Department staff who provided outreach to persons currently in custody and receiving BHS services so that they could complete the consumer survey and provide a critical perspective of lived experience/expertise.

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The Plan was written by Corporation for Supportive Housing (CSH) who serve as a Housing Technical Assistance consultant to the County of San Diego Health and Human Services Agency's Behavioral Health Services department.

AFFORDABLE/SUPPORTIVE HOUSING DEVELOPMENT COMMUNITY SECTOR

A special thanks to the San Diego Housing Federation for hosting a listening/input session with the affordable/supportive housing development community, with contributions by staff as well as affordable and supportive housing tenants and advocates.

FAITH COMMUNITY SECTOR

Members of the Downtown San Diego Fellowship of Churches and Ministries, Interfaith Shelter Network, and Interfaith Community Services; Urban People Living in Faith and Trust (UPLIFT) San Diego; Central Faith-Based Behavioral Health Council; North Inland Faith-Based Partnership Council; and several individual church members and local pastors.

INCOME/EMPLOYMENT/BENEFITS SECTOR

Members and staff at the Work Well Initiative (led by the San Diego Workforce Partnership); all BHS-contracted employment service providers, along with Father Joe's Villages SOAR/HOPE program, and Interfaith SOAR Initiative/HOPE San Diego.

NAMI SAN DIEGO

The National Alliance on Mental Illness in San Diego (NAMI) worked collaboratively on the development of the Plan, and in particular gathered input from a broad range of community members with lived experience/expertise, including assisting in the development and implementation of focus groups, listening sessions, and surveys.

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS)

Last, but definitely not least, thank you to the Housing Team and administrative staff at BHS for all of the support provided by its team members, oversight of the planning process, and assistance with scheduling the listening sessions, focus groups, and focus group translation.



EXECUTIVE SUMMARY

To set forth goals, strategies, and priorities for supportive housing that best supports the County of San Diego Behavioral Health Services' clients, a new five-year (2022-2027) Strategic Housing Plan (the Plan) has been developed. The Plan was developed through intensive outreach that included a wide variety of opportunities to gather input from people with lived experience/expertise and a broad range of stakeholders who care deeply about housing and behavioral health. Through this process, three key goals have been identified with 10 focus areas that call for purposeful action in the first two years of the Plan in order to recognize the urgent need for housing and maximize the impact of significant new resources. These new housing and services resources are designed to support critical interventions that address the impact of COVID-19 and the substantial need for new supportive/affordable housing resources, particularly for people experiencing homelessness with behavioral health concerns/conditions. Stakeholder input throughout the development of the Plan in 2021 was clear. BHS needs to remain focused on ***Creating Homes with Intention, Purpose, and Collaboration.***

This Plan outlines guiding principles and targeted responses that will maximize a range of housing options for people with both behavioral health concerns (people with serious mental illness/serious emotional conditions and/or substance use conditions) and limited resources through 1) policy decisions, 2) funding commitments, and 3) programmatic initiatives.

The Plan's approach is rooted in principles of equity and inclusion and the goals are driven by the voices of people with lived experience/expertise as well as evidence-based practices. The Plan is guided by the BHS multi-sector system of care transformational goals of continuous care and prevention, and providing coordinated resources to keep people connected, stable, and healthy. It aims to maximize opportunities for community integration as well as choice in housing and services options that best



meet individual needs and recovery goals. The three Plan Goals — along with the Plan's Focus Areas and Strategies — are summarized below.

GOAL 1: OPENING MORE DOORS

The County of San Diego has prioritized the creation of new housing for over two decades, and the inventory of dedicated supportive housing for people with both serious mental illness/serious emotional conditions and/or substance use conditions and limited resources has successfully increased over the last five years from 241 units to 584 units. The need remains extremely high, however, and focused effort needs to continue, especially for very low and extremely low-income households; there is a shortfall of 68,959 homes in San Diego County in these income categories. BHS is particularly focused on increasing a diversity of housing options and geographical locations by:

- Maximizing unit creation by fully committing all Year Three No Place Like Home Funding by February 2023.
- Maximizing ongoing rent subsidies by aligning with support services, such as Emergency Housing Vouchers.

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- Identifying opportunities to create a pilot “tiny home” village with wrap-around supports that are not time limited and that have an emphasis on community building, particularly on parcels of land that cannot support larger multifamily housing projects.
- Establishing a dedicated flexible housing subsidy pool for people with behavioral health issues.
- Increasing inventory of shared housing by exploring feasibility of developed shared housing opportunities, converting more single-family homes into co-living or communal living situations, and expanding independent living and Recovery Residence Association member homes.
- Exploring other housing production alternatives and innovative housing types in addition to tiny homes to include 3D-printed homes, new prefabricated housing types that meet state and local building code standards, and conversion of vacant commercial or industrial buildings to affordable housing. This includes deepening collaboration with Department of Homeless Solutions & Equitable Communities to address system, service & housing needs for people experiencing homelessness who have identified behavioral health needs.
- Expanding understanding and implementation of quality in housing and services, including Housing First and supportive housing fidelity models that emphasize community integration principles.

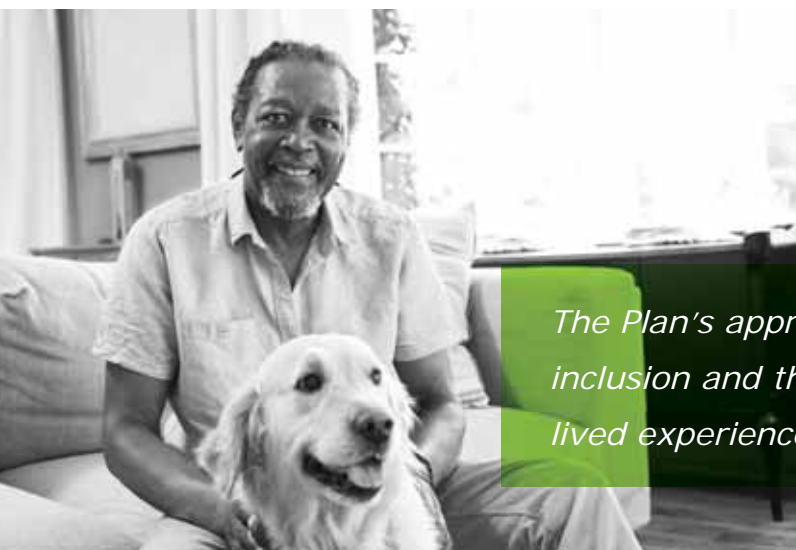
- Addressing systemic disparities by reviewing and incorporating recommendations from the County of San Diego Behavioral Health Equity Index, the San Diego Cultural Competence Plan, and the Ad Hoc Committee Addressing Homelessness Among Black San Diegans.

GOAL 2: DRIVING COLLABORATION THROUGH ACTIVE CONNECTIVITY

Stakeholder feedback indicated that purposeful collaboration is needed and strongly desired among various sectors — health care, mental health care, housing, law enforcement, the public defender’s office, district attorney, service providers, and more that work every day to assist BHS clients experiencing homelessness to ultimately access housing and keep it. More effective, collaborative working relationships would result in more housing opportunities — and more successful outcomes — once people are housed. BHS is focused on supporting:

- Payment reform efforts, including Medi-Cal CalAIM planning, which prioritizes care and provides incentives for collaboration and continuous system improvement instead of cost-based reimbursement and its burdensome documentation requirements.
- Data collaboration and seeking out opportunities to align systems and databases with BHS planning efforts, including Community Information Exchange and data matching through Coordinated Entry System.
- Addressing the digital divide by expanding access to computers and internet.
- Further developing and promoting quality telehealth, phone app based, and 24/7 phone-based behavioral health options as well as connections to public health supports (including access to vaccines and booster shots).

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The Plan’s approach is rooted in principles of equity and inclusion and the goals are driven by the voices of people with lived experience/expertise as well as evidence-based practices.

- Continuing to develop services in housing that accommodate for social distancing while maintaining community connection.
- Advising on best practices care coordination activities and efforts to create housing plans for those released from institutions and creating a common language and effective communication plan.

GOAL 3: EXPANDING SERVICE APPROACHES

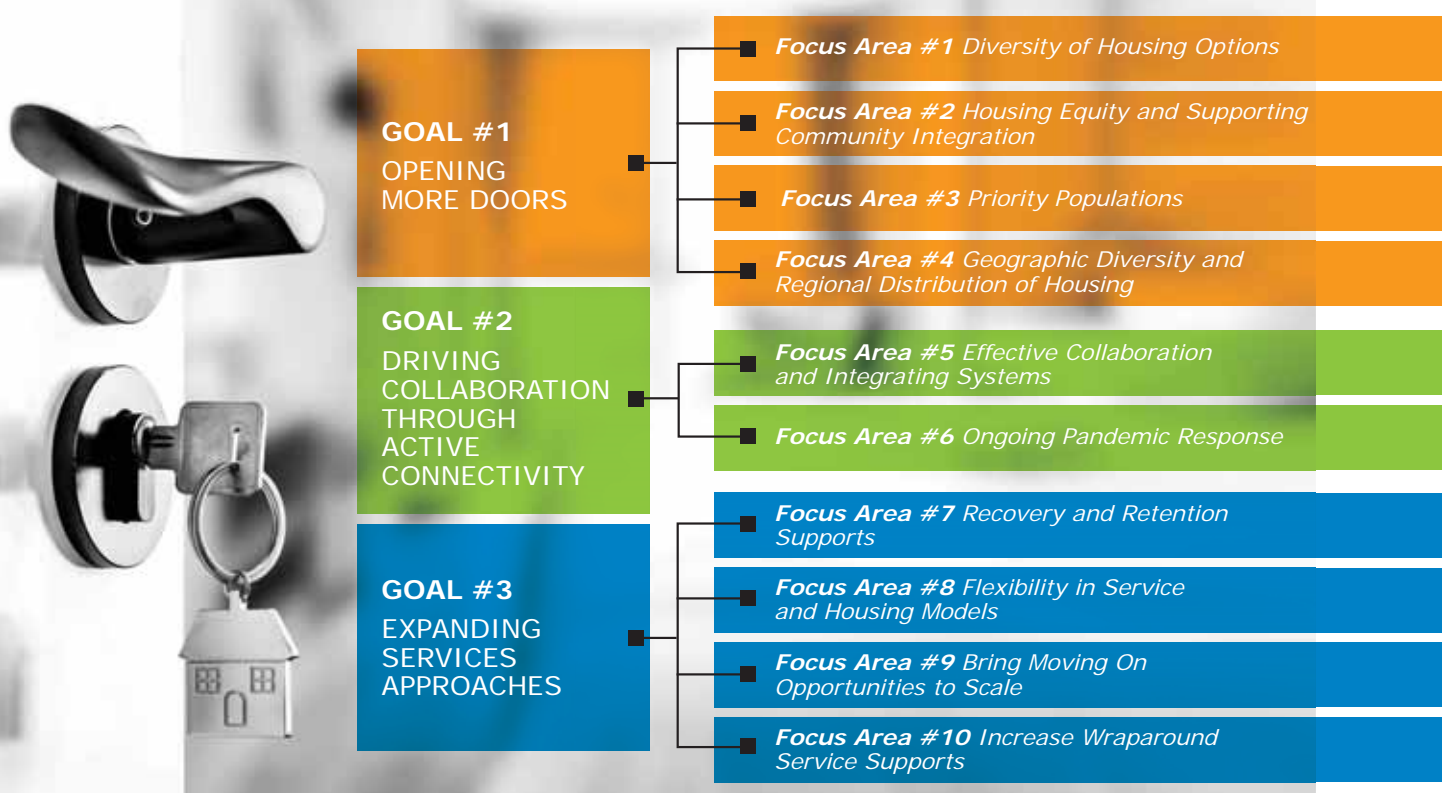
Individuals experiencing homelessness struggle with a wide range of housing needs, including navigating the eligibility and application processes for a variety of housing options and how to navigate the system once they are able to access housing. Many stakeholders also shared that it is often traumatic to move from homelessness to a new home, and BHS clients struggle in making that adjustment. BHS priorities include:

- Further develop peer-based programs to support tenants who are connected to BHS services as they make a transition into housing.
- Identify opportunities to expand services eligibility criteria to more broadly serve people with serious mental illness and/or substance use disorder, and/or access to

- services through intentional partnerships.
- Provide regular Moving On training to service partners to maximize opportunities for tenants who choose to Move On from specialty BHS programs to community-based supports and services, while maintaining housing and employment supports.
- In conjunction with the Moving On program, increase BHS client access to Social Security work incentives, Housing Authority Family Self Sufficiency programs, and other partner program opportunities that offer financial literacy programs as well as financial incentives to increase earnings and savings.

The need for housing has never been clearer; it is resoundingly described as the most pressing issue when people accessing behavioral health services are asked about their top priorities. Feedback from people experiencing homelessness and housing instability clearly identify the lack of affordable housing as the primary contributor to their homelessness, and both qualitative and quantitative data demonstrate the overwhelming need for more affordable and supportive housing in San Diego County.

SUMMARIZING THE FIVE-YEAR STRATEGIC HOUSING PLAN



BEHAVIORAL HEALTH SERVICES HOUSING PLANNING

This is a year of opportunity following a seismic shift in how we all think about the importance of home and what it means to be healthy. Now more than ever, there is a shared understanding of the critical importance of housing, and agreement that housing is fundamentally important to being healthy and having a strong platform from which to achieve goals.

This County of San Diego Behavioral Health Services Five-Year (2022-27) Strategic Housing Plan (the Plan) outlines guiding principles and targeted responses that will maximize a range of housing options for people with both behavioral health issues (people with serious mental illness/serious emotional conditions, and/or substance use conditions) and limited resources through policy decisions, funding commitments, and programmatic initiatives.¹ The Plan's approach is rooted in principles of equity and inclusion and the goals are driven by the voices of people with lived experience/expertise. The Plan is guided by the BHS multi-sector system of care transformational goals of continuous care and prevention, and providing coordinated resources to keep people connected, stable, and healthy. The Plan aims to maximize opportunities for community integration as well as choice in housing and services options that best meet individual needs and recovery goals.

The Plan was developed through intensive outreach that included a wide variety of opportunities to develop questions and gather input from people with lived experience/expertise, and gather input from a broad range of stakeholders who care deeply about housing and behavioral health. Through this process, three key goals have been identified with 10 focus areas that call for purposeful action in the first two years in order to recognize the urgent need for housing and maximize the impact of significant new resources. These new housing and services resources are designed to support critical interventions that address the impact of COVID-19 with an emphasis on housing, particularly for people experiencing homelessness with behavioral health issues.



*The ache for home lives
in all of us, the safe place
where we can go as we are
and not be questioned*

— Maya Angelou

This five-year Plan envisions ***Creating Homes with Intention, Purpose, and Collaboration.*** The highest priorities identified in this planning process are the need to create additional housing opportunities and to move from collaboration to integration across systems and organizations in order to maximize the impact of efforts to provide housing and services, particularly to people who experience significant disparities. Key partners in working toward these goals are members of the County of San Diego Behavioral Health Housing Council, whose overarching vision is: ***Individuals with behavioral health issues and with limited resources in San Diego County have a full range of choices for safe and affordable housing with the goal of achieving meaningful and long-term recovery.***

¹This Plan seeks to maximize a range of independent housing and services options for people with behavioral health issues and limited resources. Planning related to clinical/institutional and/or licensed care — where care and supervision are provided — flows through the County of San Diego BHS Community Supports and Services community input and planning processes.

STAKEHOLDER ENGAGEMENT AND LISTENING

Corporation for Supportive Housing (CSH) and San Diego National Alliance on Mental Illness (NAMI) designed an input process in partnership with people with lived experience/expertise as well as the Behavioral Health Housing Council and County of San Diego Behavioral Health Services (BHS). Throughout the input process, they identified key stakeholders in order to develop and refine the questions and key areas of discussion. An extensive variety of opportunities for participation in the development of the County of San Diego Behavioral Health Services Five-Year (2022-27) Strategic Housing Plan (the Plan) were offered throughout the first half of 2021 in order to engage with a broad range of stakeholders, including:

- 14 focus groups with people with lived experience/expertise
- Two focus groups with service and housing providers
- Client surveys (online in English and Spanish; paper copy for in-reach)
- 13 input/listening sessions
- Online input form

FOCUS GROUPS

Throughout the 14 focus groups, participants shared their experiences and insights and provided feedback to help improve housing and services planning. The main themes that arose include:

- Housing is unaffordable; participants had lengthy experiences of homelessness and housing instability.
- Safety is a primary concern; participants expressed a high need for safety in the housing and communities in which they live.
- Participants expressed profound appreciation for staff and programs that met their needs, as well as how transformative it is to access housing.
- The system to connect with housing resources is confusing and was described as an arbitrary process by many participants.
- Staff turnover (particularly of housing navigators) was frequently commented on and is very frustrating.



- There is a clear need for more assistance at move-in, getting settled in housing, and building the skills to live in housing. In some programs, service supports significantly taper off once someone has moved into housing.
- An overall preference was expressed for housing that provides opportunities for community integration in socioeconomically diverse neighborhoods.
- Access to transportation and being close to services/supports is important.
- Consistent, caring property management is essential. Respectful property management is also key to participants' feelings of dignity.
- Consistency of mental health support and 24-hour access to crisis lines are critical.
- Access to food and other basic resources, bathrooms, technology, support groups, and other supportive services were all of great concern during the pandemic.
- Some geographic areas of San Diego are not as desirable (downtown is mentioned most), due to safety concerns, high prevalence of substance use, and "harmful" influences.

SURVEYS

Another strategy used to gather input from people who access or seek to access BHS services was to implement an online survey, via SurveyMonkey, which was optimized to be completed on older cell phones. This survey was developed in partnership with NAMI San Diego

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and their Clubhouse members, and was promoted in a wide variety of settings between March and June 2021. In total, 172 people completed the survey in English; four people completed the survey in Spanish; and as a result of an in-reach effort, 110 people who were in custody and accessing clinical behavioral health services in jail completed a paper version. This rich data provided additional details on people's needs and experiences related to housing. Through the online surveys, respondents indicated:

- A need for significantly more housing resources
- A need for greatly increased flexibility in housing resources
- A need for additional support services
- A desperate need for housing, along with fear of living in congregate settings ("right now I feel safer on the streets than in shelter")
 - Issues in accessing services during COVID; as everything was locked down in the community and at properties, many respondents reported experiences of isolation
- Issues interacting with property management; experiences of discrimination and disrespect, along with lack of follow up
- A poor understanding of Fair Housing resources and supports

Respondents in custody with housing and behavioral health service needs indicated:

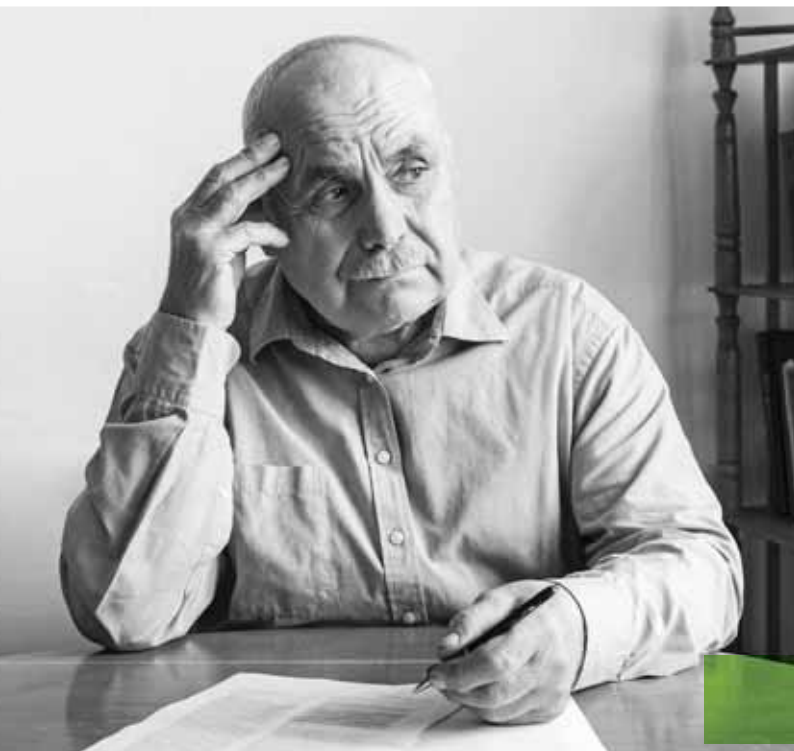
- A need for significantly more housing resources and housing assistance, with 44% of respondents reporting experiencing homeless before entering custody
- The need for more income (employment and/or benefits), housing subsidies, and background checks in order to access housing
 - Notably, 40% of respondents indicated the need for assistance with background checks
- Job loss due to the COVID-19 pandemic
- Safety concerns in housing prior to entering custody
- Location is important, particularly being close to work, family, and support services
- Concerns related to housing options once released and on probation

STAKEHOLDER LISTENING SESSIONS AND ONLINE INPUT FORM

A total of 13 60- to 90-minute virtual listening sessions were held in April and May 2021 to obtain input on housing needs, goals, and objectives for BHS clients. These listening sessions were conducted with diverse stakeholders. The input received in these sessions has been incorporated into the Plan, as have responses from an input form that was shared with people participating in the listening sessions. During the sessions, participants reviewed key information related to housing and behavioral health, and the stakeholders were asked several questions to learn more about their experiences and those of their clients in accessing affordable/supportive housing. Overall, participants expressed the need for:

- More doors and creating new housing
- Need for diversity of housing options
- Increased importance of peers and people with lived experience
- Addressing stigma, particularly for people with justice system involvement and people with substance use conditions
- Solutions that must include collaboration, coordination, and working across systems

A detailed summary of the input that was shared in these engagement and listening sessions are included in Appendices A-C.



PLAN GOALS, FOCUS AREAS, AND KEY STRATEGIES

The need for housing has never been more clear and is resoundingly described as the most pressing issue when people accessing behavioral health services are asked about their top priorities.² The housing affordability gap is increasing in San Diego county, exacerbated by a housing shortage and increasing rents. Feedback from people experiencing homelessness and housing instability clearly identify the lack of affordable housing as the primary contributor to their homelessness, and both qualitative and quantitative data demonstrate in stark relief the overwhelming need for more affordable and supportive housing in the county:

- There is a shortfall in San Diego county of 142,590 units for very low and extremely low-income households.³
 - San Diego's region-wide Regional Housing Needs Assessment (RHNA) requirements indicate a need to accommodate a total of 171,685 newly constructed units within the 2020-29 planning period, for all income levels. More specifically, a total of 42,332 very low-income units and 26,627 low-income affordable units are needed in San Diego County.
 - The average wait time in the San Diego region is over 10 years for a housing rental assistance voucher.
 - In fiscal year (FY) 2019-20, the County of San Diego Behavioral Health Services served 73,478 unique clients, and 11,226 (15%) indicated they were experiencing homelessness:
 - 6,133 unique adults and older adults and 170 children and adolescents accessing mental health services identified as experiencing homelessness (either sheltered or unsheltered), and 4,923 unique youth, adults, and older adults accessing substance use services identified as experiencing homelessness (either sheltered or unsheltered).
 - Each month over 900 unique individuals identify as experiencing homeless who access supports at county BHS clinics.
 - 4,923 unique adults and older adults experiencing homelessness access
- County of San Diego substance use services annually.
- 349 children and adolescents experiencing homelessness are served by the County of San Diego Behavioral Health Services (BHS) annually (includes homeless and children's shelter).
- In 2020, San Diego had the fourth-largest homeless population in the country as measured through the annual Point-in-Time (PIT) count.⁴
- In 2020, 38,023 unique people experiencing homelessness received housing and/or service assistance across the county, such as homelessness prevention, shelter, housing, and/or support services.⁵
- When comparing the population experiencing homelessness to the general population, racial disparities are evident. The most striking disproportionality can be found among Black/African Americans, who make up 22% of the unsheltered homeless population and 30% of the sheltered population despite only representing 5.5% of the general population.⁶



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² Recovery Innovations and NAMI San Diego collect data on clients' top needs. Housing has been identified as the most urgent need consistently since this data began to be collected.

³ <https://chpc.net/housingneeds/>

⁴ www.rtfhsd.org

⁵ Homelessness Crisis Response System 2020 Data and Performance, San Diego City and County Continuum of Care, <https://www.rtfhsd.org/wp-content/uploads/RTFH-2020-Homeless-Response-System-Report.pdf>

⁶ www.rtfhsd.org



- People with histories in the justice system experience a disproportionate need for housing. In 2020, of 639 County of San Diego jail inmates, 29% stated that they were unsheltered and experiencing homelessness the night they were arrested.⁷
- Homeless older adults in their late 50s have overall worse health than those who are housed and in their 70s and 80s.⁸
- LGBTQ youth experience homelessness at disproportionate rates and experience poorer behavioral health and physical health outcomes.
- Of major metro areas in the U.S., San Diego county has the lowest total number of supportive housing units per 100,000 residents.⁹
- The lack of affordable housing means that people in the San Diego region have high rates of living in shared housing arrangements in order to afford the high cost of housing. It is estimated that approximately 40% of adults are living with roommates in San Diego county.¹⁰
- The FY 2021 hourly housing wage required in San Diego is \$40.85 per hour for a two-bedroom rental home, higher than the state average. The annual income required to afford a two-bedroom rental home in San Diego is \$84,960; it would require a minimum-wage earner to work 2.9 full-time jobs to afford a two-bedroom rental home with rent set at an average of \$2,124/month. The State of California has the highest average required housing wage in the U.S. at \$39.03 per hour for a two-bedroom rental home.¹¹
- The Spring 2021 San Diego Vacancy and Rental Rate Survey indicates that vacancy rates in the City of San Diego dipped to 4.3%, while rents for people moving into apartments are increasing dramatically.¹²
- The Supplemental Security Income (SSI) payment in California is \$955. Rent affordable to an SSI recipient is \$287/month, and the average rent reported by CoStar for a one-bedroom apartment in San Diego is \$1,711.

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⁷ www.rtfhsd.org

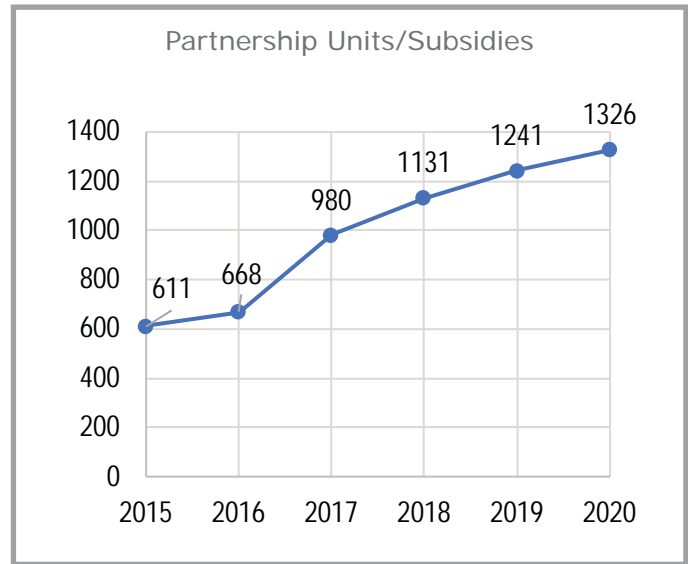
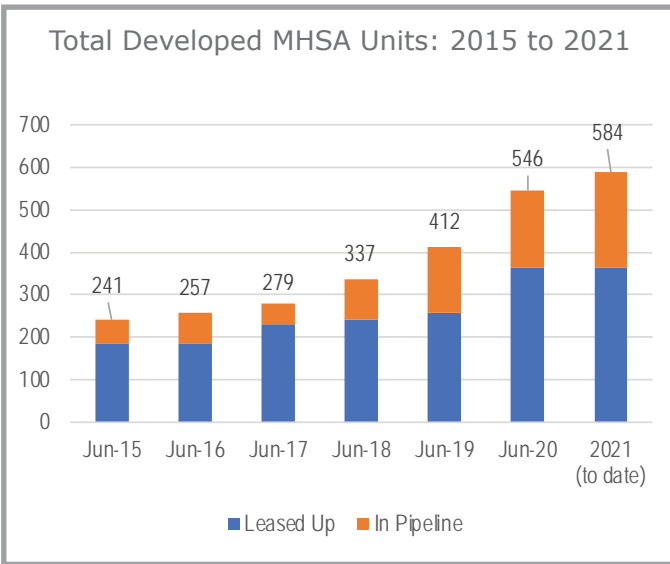
⁸ Brown et al. (2016) Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. The Gerontologist. <https://doi.org/10.1093/geront/gnw011>

⁹ <https://sfgov.org/scorecards/benchmarking/homelessness>

¹⁰ Zillow research As Rents Rise, More Renters Turn to Doubling Up

¹¹ National Low Income Housing Coalition Out of Reach 2021

¹² A permanent California annual rent cap of 5% plus inflation is in place for any tenant renewing a lease.



BHS has prioritized the creation of new housing for over two decades, starting with the 2001 County of San Diego Strategic Housing Plan for Low-Income Persons with Psychiatric Disabilities. Over the last five-year plan cycle, the inventory of dedicated developed supportive housing funded with Mental Health Services Act (MHSA)¹³ funds has increased from 241 units to 584 units (see Appendix E), and partnership units that provide ongoing rental subsidies to clients accessing BHS has increased from 611 units to 1,326. Given the overwhelming need for affordable and supportive housing in the San Diego region, and that on a monthly basis approximately 900 individuals and families accessing BHS report experiencing homelessness, it is critical to focus collaborative efforts on purposefully creating housing with support services to provide equitable pathways out of homelessness, particularly for people who experience significant disparities.

Creating Homes with Intention, Purpose, and Collaboration over the coming five years means maximizing housing opportunities by:

- Opening more doors
- Driving collaboration through active connectivity
- Expanding services approaches

SUMMARY OF RECOMMENDED GOALS, FOCUS AREAS, AND STRATEGIES: 2022-27

In learning from people's lived experience while simultaneously analyzing housing-related data, it is evident that there is overwhelming unmet need for affordable and supportive housing for people with behavioral health issues and limited resources in the San Diego region. It is critical to focus collaborative efforts on purposefully creating housing with support services to provide equitable pathways out of homelessness, particularly for people who experience significant disparities. This Plan outlines approaches to increase housing opportunities for people with behavioral health issues. ***Creating Homes with Intention, Purpose, and Collaboration*** over the coming five years means maximizing housing options by working toward the following three goals:

GOAL 1: OPENING MORE DOORS

GOAL 2: DRIVING COLLABORATION THROUGH ACTIVE CONNECTIVITY

GOAL 3: EXPANDING SERVICE APPROACHES

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¹³ This includes units funded under the initial MHSA Housing Program, the subsequent Special Needs Housing Program, as well as No Place Like Home funding.

Supporting Frameworks

Input sessions and evidence-based practices were both critical to identifying the fundamental supporting frameworks of the Plan. Both of these approaches also underpin goals, focus areas, and strategies that are critical to success in pairing housing services supports for people with behavioral health issues:

- Equity in workforce and in the implementation and impact of housing, programs, and services
- Housing First
- Harm reduction¹⁴
- Trauma-informed approach
- Person-centered approach, which is informed by lived experience/expertise

GOAL 1: OPENING MORE DOORS

In order to meet the housing needs of people accessing or seeking to access services of BHS, it is essential to create more affordable and supportive housing opportunities. The following four Focus Areas detail strategies that maximize the creation of new housing opportunities, prioritizing the items in bold in the first two years of the Plan.

Focus Area #1 *Diversity of Housing Options*

Creating a diverse array of housing options that expand the inventory of housing while also offering choice is a key focus area over the next five years. The following six strategies will expand housing options for people with behavioral health needs and limited resources in our region:

1. Maximize and accelerate unit creation

Increase the supportive housing pipeline by fully committing the first three years of County of San Diego No Place Like Home funding by February 2023.

Align BHS services commitments with federal, state, and local housing funding opportunities to provide in-kind services supports in supportive housing developments.

2. Maximize ongoing rent subsidies

Maximize alignment of BHS support services with rental assistance resources (such as American Rescue Plan Act Emergency Housing Vouchers) to link housing and services commitments and promote housing stability.

Reduce barriers to accessing rent subsidies, such as reducing the length of time of housing application processes and exploring additional housing opportunities for people with histories in the justice system, while increasing integration between public housing agencies and service providers supporting rental assistance applicants.

3. Maximize time-limited rent subsidies

Maximize alignment of BHS support services with flexible time-limited rental assistance resources for people who have been assessed to need short-term housing supports or are likely to succeed with the short-term assistance (such as Rapid Rehousing subsidies or where time-limited rent subsidies can act as a “bridge” to longer-term housing subsidies) in order to link housing and services commitments and promote housing stability.

4. Develop and assess a pilot BHS

micro-unit/tiny home community
Identify opportunities to create “tiny home” villages with wrap-around supports that are not time limited and that have an emphasis on community building, particularly on parcels of land that cannot support larger multifamily housing projects.

Explore other housing production alternatives and innovative housing types in addition to tiny homes to include 3D-printed homes, new prefabricated housing types that meet state and local building code standards, and conversion of vacant commercial or industrial buildings to affordable housing, among others.

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¹⁴ The County of San Diego’s Comprehensive Harm Reduction Strategy includes a mission to protect San Diegans from the individual and community harms of drug use by enacting a harm reduction approach towards substance use which prioritizes human dignity, saving lives, providing appropriate levels of care for people who use drugs (PWUD), and best-practices in addressing substance use, abuse, and addiction. Housing is a critical component of the County of San Diego’s Comprehensive Harm Reduction Strategy and a core element of Harm Reduction in housing is Housing First.

5. Establish a dedicated flexible housing subsidy pool for people with behavioral health issues

6. Increase inventory of shared housing

Increase inventory of shared housing by exploring feasibility of developed shared housing opportunities and converting more single-family homes into co-living or communal living situations.

Expand independent living and Recovery Residence Association member homes by 25%.

“

Housing gives me a whole new outlook on the future and helps me reinvent myself.

”

Focus Area #2 *Housing Equity and Supporting Community Integration*

Input from a wide variety of stakeholders highlighted the critical importance of addressing equity issues in housing as well as creating housing opportunities following community integration principles through the following four strategies:

1. Expand understanding and implementation of quality housing and services, including the Housing First and supportive housing fidelity models¹⁵ that emphasize community integration principles.

2. Address systemic disparities by reviewing and incorporating recommendations from the County of San Diego Behavioral Health Equity Index, the San Diego Cultural Competence Plan, and the Ad

Hoc Committee Addressing Homelessness Among Black San Diegans.

3. Build collaborative partnerships with Fair Housing experts and BHS provider partners.

4. Implement best practices care coordination activities and efforts to create housing plans for those released from institutions who may have mental health and substance use conditions, and create a common language and effective communication plan.

Focus Area #3 *Priority Populations*

Throughout the stakeholder input process, along with an analysis of systems gaps and available housing resources, several populations were identified as facing particular disparities in accessing housing. These populations will be prioritized when developing new housing options for people with behavioral health issues as well as addressing systemic barriers faced by:

- People with history in the justice system
- Families, including Child Welfare involved families
- Youth, especially LGBTQ youth
- People with substance use issues
- Older adults

This strategy in approaching housing and services planning recognizes special population-specific needs and service models as well as special population-specific housing options. It will seek to build cross-sector referral systems that include broader community and organizational partners.

Focus Area #4 *Geographic Diversity and Regional Distribution of Housing*

In order to respond to the BHS housing needs across the San Diego region, it is important to focus efforts on maximizing the regional distribution of housing. Throughout the five years of the Plan, BHS will advance and identify approaches to encourage developed supportive housing/housing subsidies that are regionally distributed, with a particular need identified in East County.

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¹⁵ The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Permanent Supportive Housing Evidence-Based Practices (EBP KIT) is available here, including the fidelity scale that underscores the importance of community integration: <https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509>

GOAL 2: DRIVING COLLABORATION THROUGH ACTIVE CONNECTIVITY

Creating housing and services partnerships relies on skillful cross-system collaboration that focuses on shared goals and an understanding of the housing and services resources and expertise needed to provide pathways to housing and sustain people in housing through the following two focus areas.

Focus Area #5 Effective Collaboration and Integrating Systems

Purposefully connecting systems involves a sharing of values, vision, goals, and a commitment to ensuring a client-centered approach to referral and housing/services program pathways that are easily navigated by people with behavioral health issues, housing needs, and limited means.

1. Support payment reform efforts, including Medi-Cal CalAIM planning, which prioritizes care and provides incentives for collaboration and continuous system improvement instead of cost-based reimbursement that includes burdensome documentation requirements.

2. Engage in collaborative data-sharing efforts. Seek out opportunities to align systems and databases with BHS housing planning efforts and build on cross-sectoral referral capacities with housing and service partners. Examples include:

- Community Information Exchange
- Data matching with the Coordinated Entry System

They have someone [different] for everything. It's also very confusing going to different agencies and different appointments.

[COVID-19 exacerbated] my emotional distress from many years of homelessness and repressed feelings.

- Aligning planning with housing and services partners to reduce barriers in accessing supports (e.g., build capacity among housing and services partners to refer and access resources)
- Justice system data

Focus Area #6 Ongoing Pandemic Response

Housing and services resources continue to be critical in the ongoing response to the COVID-19 pandemic. The following four recommended strategies will support people with behavioral health issues in navigating the continuing pandemic and create a foundation to access and maintain housing over the long term:

1. Address the digital divide by expanding access to computers and internet access.
2. Focus on increasing income and basic supports (e.g., ongoing food supports).
3. Continue to develop services in housing that accommodate for social distancing while maintaining community connection.
4. Further develop and promote quality telehealth, phone app based, and 24/7 phone-based behavioral health options as well as connections to public health supports (including access to vaccines/boosters).

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“

My current housing is most stable that I've had in my whole life. I take care of my area and keep it clean. I pass all my inspections. I pay rent on time...Downtown Impact helped with those accomplishments, even the peers; It saved my life.

”



GOAL 3: EXPANDING SERVICE APPROACHES

BHS offers a wide range of evidence-based practices to wrap interdisciplinary services around people with behavioral health issues. BHS housing planning efforts align these voluntary services with low-barrier housing resources with the goal of providing access to housing, as well as client-centered services that support housing retention. The following four focus areas outline approaches to expanding service options for people with behavioral health issues in the county.

Focus Area #7 *Recovery and Retention Supports*

Further develop peer-based programs to support tenants who are connected to BHS services as they make a transition into housing. Peer support is one of the tenets of trauma-informed care and also an essential component of assisting individuals in the transition from experiencing homelessness to obtaining housing. A multitude of evidence-based and evidence-informed peer-based service models exist across the country, and California's peer certification program allows providers to bill Medi-Cal for peer services. BHS programs such as Clubhouses,

San Diego Peer Services, Home Finder, Assertive Community Treatment programs/full-service partnerships, and Tenant Peer Support Services currently offer peer-based housing-focused supports. Expanding on this approach to create a system-wide, peer-led, and co-created curriculum and training program focused on success in housing for people who are newly accessing housing from homelessness — along with three to six months of client-centered housing success transition supports — would respond to current system gaps.

Focus Area #8 *Flexibility in Service and Housing Models*

Identify opportunities to expand services and housing eligibility criteria to more broadly serve people with behavioral health issues through intentional partnerships.

Develop a process map of the systems people with behavioral health issues navigate in order to more fully understand service and housing strengths and gaps, with the goal of increasing system integration and access to services.

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Focus Area #9 *Bring Moving On Opportunities to Scale*

In creating systems that support client recovery and choice, the Moving On approach allows for stable supportive housing tenants to choose to transition from a formal supportive housing program to a lower level of services and supports provided by a range of community providers along with ongoing rental assistance supports.

1. Provide regular Moving On training to service partners to maximize opportunities for tenants who choose to Move On from specialty BHS programs to community-based supports and services while maintaining housing supports.
2. Expand Moving On opportunities by identifying additional Moving On housing subsidies.
3. Identify opportunities to expand employment supports for people accessing housing opportunities, e.g., review supportive housing resident services programs to include purposeful collaboration with BHS and other partners' employment resources and programs.
4. Increase BHS client access to Social Security work incentives, Housing Authority "Family Self-Sufficiency" programs, and other partner program opportunities that offer financial literacy programs as well as financial incentives to increase earnings and savings.

5. Develop and increase job and employment opportunities for unhoused people with behavioral health conditions.

Focus Area #10 *Increase Wraparound Service Supports*

Service supports aligned with housing and provided for BHS clients include:

- Wraparound supports that follow a range of evidence-based practices such as Assertive Community Treatment, Strength-Based Case Management, Critical Time Intervention, etc.
- Income and benefits supports using the International Placement and Support (IPS) model
- Case management
- Peer support
- Harm-reduction services
- Mental health and/or substance use recovery supports
- Linkage to physical health care and housing-retention supports
- Community harm reduction specialty BHS outreach and supports

As housing options continue to expand, it will be critical to increase the evidence-based and best practice service supports that assist in enhanced access to housing and housing retention to include employment opportunities, such as retraining, apprenticeships, and on-the-job training.



IMPLEMENTATION AND REPORTING

In order to continue to focus on ***Creating Homes with Intention, Purpose, and Collaboration***, a data dashboard for BHS housing will be launched in order to transparently track and measure easily accessible information regarding the progress that is being made toward the goals of the County of San Diego Behavioral Health Services Five-Year (2022-27) Strategic Housing Plan (the Plan).

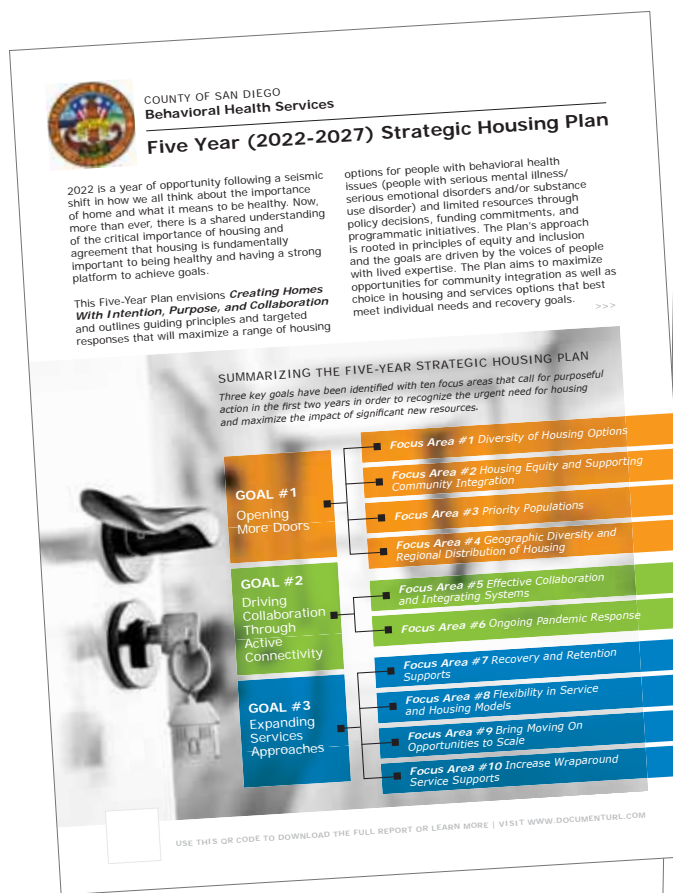
The intention is for this data to help continue to drive decision-making and prioritize resources to be dedicated to the areas of identified need. The data dashboard will be accessible through a QR code that will be included in a two-page overview of the Plan.

The data that will be tracked over the five years of the Plan will include:

- Developed units in the pipeline and leased up
 - Tracking chart and map
- Partnership subsidy commitments
- Progress toward a micro-unit community
- Flexible Housing Subsidy Pool reporting
- Housing dedicated to specific prioritized populations

ANNUAL IMPLEMENTATION PLAN

The County of San Diego Behavioral Health Services (BHS) Housing Council Work Group will develop an annual implementation work plan and prioritize actionable tasks to address key plan elements each year. The Council will monitor progress via the data dashboard, assessing the effectiveness and outcomes on an ongoing basis. BHS Housing Team, and its housing technical assistance consultant, will serve as project manager and partner with the Housing Council to implement the plan and monitor progress in meeting the plan goals.





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Appendix A | Focus Group Summary

FOCUS GROUPS

CSH worked in partnership with the National Alliance on Mental Illness in San Diego's (NAMI's) Connections to Community Program (C2C) to conduct 14 virtual focus groups from March 2021 to July 2021. These focus groups helped to ensure that the development of the County of San Diego Behavioral Health Services Five-Year (2022-27) Strategic Housing Plan (the Plan) included opportunity for in-depth information and feedback from people who access or seek to access services from the County of San Diego Behavioral Health Services (BHS). Focus group participants were compensated for their time and expertise; they discussed their experiences with housing, services, income, and the COVID-19 pandemic. Focus group participants included: clubhouse members; Independent Living Association/Recovery Residence Association residents; scattered site supportive housing tenants; Mental Health Services Act (MHSA)/Special Needs Housing Program (SNHP)-funded housing development tenants; parents of Monarch School students; people with serious mental illness; people with substance use issues; Transition Age Youth (TAY); people accessing BHS clinic services; older adults; people with involvement in the justice system; participants of county wide BHS programs; and Spanish speakers accessing BHS services. To comply with CDC guidelines and mitigate the spread of COVID-19, all 2021 focus groups were conducted over the virtual platform Zoom; support service providers — along with NAMI and CSH — provided significant supports to help connect to the online platform. A total of 49 individuals with lived experience of homelessness and serious mental illness (or with children served by MHSA-funded programs) and/or substance use participated in these focus groups. In addition to six discussion questions, polls and short surveys were administered using the Zoom polling feature or hard copy documents.¹⁶

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[Housing is the] best thing that's happened to me; I can actually call it home... and I haven't been able to do that since I was a child.

”

Throughout these focus groups, participants shared their experiences and insights, and provided feedback to help improve housing and services planning, including:

- Housing is unaffordable; participants had lengthy experiences of homelessness and housing instability.
- Safety is a primary concern; participants expressed a high need for safety in the housing and communities in which they live.
- Participants expressed profound appreciation for staff and programs that met their needs, as well as how transformative it is to access housing.
- The system to connect with housing resources is confusing and was described as an arbitrary process by many participants.
- Staff turnover (particularly housing navigators) was frequently commented on and is very frustrating.
- There is a clear need for more assistance at move-in, getting settled in housing, and building the skills to live in housing. In some programs, service supports significantly taper off once someone has moved into housing.
- An overall preference was expressed for housing that provides opportunities for community integration in socioeconomically diverse neighborhoods.
- Access to transportation and being close to services/supports is important.
- Consistent, caring property management is essential. Respectful property management is also key to participants' feelings of dignity.
- Consistency of mental health support and 24-hour access to crisis lines are critical.
- Access to food and other basic resources, bathrooms, technology, support groups, and other supportive services were all of great concern during the pandemic.
- Some geographic areas of San Diego are not as desirable (downtown is mentioned most), due to safety concerns, high prevalence of substance use, and “harmful” influences.

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¹⁶ In a few instances, the poll and survey questions were administered via paper copy in order to address technology barriers for participants.

In analyzing the qualitative data gathered during the focus groups along with the poll/focus group survey results, five key themes emerged (all of which informed the development of the goals of the Plan):

- Housing access barriers related to experiencing homelessness, discrimination, and unmet needs
- Quality of housing
- Consequences of the COVID-19 pandemic
- Community integration considerations
- Quality supportive services

BHS 2021 HOUSING FOCUS GROUPS

CSH worked in partnership with NAMI's Connections to Community Program to conduct 14 virtual focus groups from March 2021 to July 2021. These focus groups helped to ensure that the development of the Plan included opportunity for in-depth information and feedback from people who access, or seek to access, services from BHS. The participant total was 49 individuals with lived experience of homelessness, serious mental illness, and/or substance use. To comply with CDC guidelines and mitigate the spread of COVID-19, all 2021 focus groups were conducted over the virtual platform Zoom. In addition to six discussion questions, polls and short surveys were administered using the Zoom polling feature or hard copy documents.¹⁷ Throughout these focus groups, participants shared their experiences and insights, and provided feedback to help improve housing and services planning. In analyzing the qualitative data gathered during the focus groups, along with the poll/focus group survey results, five key themes emerged:

- Housing access barriers related to experiencing homelessness, discrimination, and unmet needs
- Quality of housing
- Consequences of the COVID-19 pandemic
- Community integration considerations
- Quality supportive services

HOUSING ACCESS BARRIERS

Homelessness: Homelessness is the source of multiple housing barriers, including limited access to hygiene resources, low income, justice issues, loss of documents, theft of personal belongings, the prevalence of illicit substances, exacerbated mental health symptoms, and exposure to significant trauma. Participants shared:

- "You have to keep one eye open at night or have coffee to stay up."
- "I was always trying to look groomed enough so that nobody could tell I was homeless."
- "I was offered a voucher earlier, but couldn't face society and was too scared and exhausted."

Discrimination: Racial, gender, economic, and mental health disability discrimination are all obstacles in overcoming homelessness and searching for housing. Participants discussed difficulty finding housing while coming from experiencing homelessness or renting with a Section 8 Housing Choice Voucher, as property managers use credit score and income requirements to limit participant access to rental properties, expressing:

- "I was treated differently than my roommates [by the sober living manager of a different race] like I was a degenerate."
- "Yeah, the police. They don't like me because they know I like to fight for my rights. [I'm black and] they always stop me for nothing."



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¹⁷ In a few instances, the poll and survey questions were administered via paper copy in order to address technology barriers for participants.

Unmet Needs — Life Skills/Success in Housing and Provider Turnover: Serious mental illness (SMI) poses adjustment challenges, such as transitioning from experiencing homelessness to obtaining housing, the COVID-19 pandemic, and encountering triggering behavior within housing. Furniture provision, transportation assistance, frequent check-ins over a period of the initial months after move-in, and ongoing mental health support are all services identified by participants that would ease this transition. Clients and tenants can benefit from increased supportive services during these transitional periods. Staff consistency can be critical to mental health recovery for program participants. This applies to the engagement in care, staff turnover, regularity of services, and client/provider relationships. Clients benefit from working with staff that looks like them or has lived experience/expertise regarding issues of experiencing homelessness, SMI, and substance use.

- *"I was just handed a packet of SROs, ILA, etc.; I was ready to ask for help, but not sure how to get it."*
- *"My worker switched twice; the new one comes once a week to bring a box of food, but I don't really need that."*
- *"We need Living 101."*

QUALITY SUPPORTIVE HOUSING CHARACTERISTICS

Supportive/Affordable Housing — Rental Assistance and Location: Housing affordability, including housing options for people with zero income, is a core feature of supportive housing. Numerous participants acknowledged that quality housing in this region is completely unaffordable without a subsidy. Access to "more doors" continues to be the highest client need: programs that actively engage landlords to encourage them to rent to people with rental subsidies, programs that enter into master-lease agreements expand housing options, and programs that increase participant buy-in through the autonomy of client choice in housing. Additionally, the location and tenant composition of housing units can impact participants' recovery by increasing exposure to substance use, triggering noises and behaviors, police activity, and second-hand trauma. Some areas of Downtown San Diego were frequently cited for having a harming impact on participants' behavioral health and well-being. Issues of concern cited by participants include security/safety, the proximity of illicit substances, and the high concentration of people experiencing homelessness with severe behavioral health symptoms. Participants described the importance of housing opportunities in various regions of the county as a means to increase opportunities for wellness.

- *"Renting a place takes up all your SSI money, so I couldn't really afford food or anything else without it [the voucher]."*
- *"Living in a safe neighborhood where it is peaceful and I can lock the door allows me to sleep with both eyes closed."*

Indicators of Quality — Security, Dignity, and Autonomy: Housing is essential to stability, as it provides a safe space to engage in recreational activities, meet basic needs (such as having a bathroom and kitchen), personal security and a safe place to ensure belongings are secure, and a humanizing sense of well-being. This manifests in participants' ability to accomplish goals, adapt to stressful situations, and develop their passions. Viewing this from a racial and economic equity lens, clients often have limited choices in terms of housing options. As a result, clients frequently are placed in lower socioeconomic areas, which overlap with "redlined" communities in the county. To increase participant security, it is important to consider neighborhood safety ratings and recovery-centered culture. Participants value autonomy in their housing, whether it be choice in location, the ability to have beloved pets in their home, pride in creating a welcoming home, or development of independent living skills.

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Renting a place takes up all your SSI money, so I couldn't really afford food or anything else without it [the voucher].

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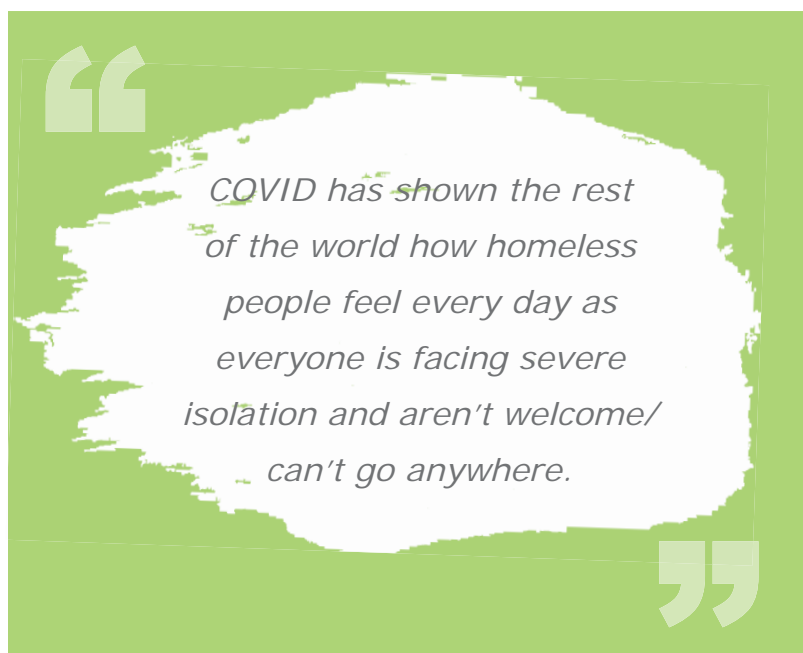
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- *"I was constantly in fight or flight, and now have the ability to reflect on how that affected me physically and mentally."*
- *Housing is the "best thing that's happened to me; I can actually call it home... and I haven't been able to do that since I was a child."*
- *"I have another year to be here [with a project-based voucher], and then I'll move toward a one bedroom. But first, they gotta let me see the one bedroom; if I don't like it, I'll stay right here. I want somewhere it's quiet with not a lot of burglaries...somewhere safe."*

CONSEQUENCES OF COVID-19

Lessons from the Pandemic: COVID-19 reduced participants' ability to access services due to closures and the transition to online platforms. Providing technological access and training along with a mix of in-person and virtual services would be a step toward increasing equity. It is clear that technology and the use of virtual platforms is the new normal and without access, further disparities for people who face a "digital divide" are inevitable. Additionally, COVID-19 exacerbated mental health symptoms; wraparound support was essential during the pandemic. Participants expressed increased anxiety and exacerbated behavioral health symptoms with reduced options to access services and supports. While COVID-19 has increased participants' feelings of isolation, it also provided critical financial benefits to some (with stimulus payments making a significant difference for them) and allowed some participants to prioritize their goals.

- *"They [virtual AA meetings] were missing the one-on-one aspect, the 'energy exchange' from being around people who are all going through the same thing."*
- *"COVID-19 has been a placeholder for me; it slowed things down and gave me the opportunity to think."*
- *"I lost my job, but I'm making more money on unemployment than I have in several years."*
- *"COVID has shown the rest of the world how homeless people feel every day" as everyone is facing severe isolation and aren't welcome/can't go anywhere.*



COMMUNITY INTEGRATION CONSIDERATIONS

Benefits of Peer Support: Participants value the support of peers in providing a deeper understanding of their experience. Similarly, participants also feel value and purpose in providing support to others. Participants described a need for increased opportunities for peer support through groups and social activities, and expanding opportunities for peer support both within the housing environment and the broader community.

- *"It's nice to have someone who's been there before and done things that you're striving to do. They can chart that path and show you that it's doable, that it's possible to stay clean; because when you're in it, it seems impossible."*
- *"My current housing is the most stable that I've had in my whole life. I take care of my area and keep it clean. I pass all my inspections. I pay rent on time...DTI helped with those accomplishments, even the peers; it saved my life."*

Considerations for Supportive Housing Units: Living in a complex that is primarily for people with disabling health conditions who are coming directly from experiencing homelessness was described as being a less-desirable option by many participants, unless it was a smaller property/there were not a lot of units. Housing developments entirely composed of persons coming from experiencing homelessness and living with a disabling health condition can be beneficial for facilitating tenant recovery through concentrated on-site services, but

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numerous participants described feeling stigmatized in larger 100% supportive housing developments, and that they are often located in areas with high rates of poverty and crime.

- *"I have a lot of empathy, so it [living with a lot of formerly homeless people with disabling conditions] would disturb my peace and weigh on me."*
- *"It feels like ghettoizing and would make me feel like an outcast."*
- *"I love everything, especially that my kids are safe here." (Scattered Site home)*
- *"I want to live in a regular apartment."*

QUALITY SUPPORTIVE SERVICES

Indicators of Quality — Consistency, Coordination, and Respect: Consistent check-ins from

wraparound supportive service providers are key to successful housing transitions and client stability.

Respondents emphasized the importance of critical time intervention and supportive service access, including crisis support, the 24/7 crisis line and/or access to 24/7 services, medication management, therapy, wellness checks, and support groups. Furthermore, respect from provider to client is vital for empathetic provider/client relationships, improved mental health outcomes, and participants' sense of dignity. Additionally, the convenience of having wrap-around services through a coordinated team allows participants to accomplish goals more easily, including improved health outcomes, financial stability, and boosts to participants' self-esteem. Participants shared that it would be very helpful to address frequent staff turnover and better coordinate services both within and across agencies; consistent and kind staff made all the difference in their recovery journeys.

- *"They have someone [different] for everything. It's also very confusing going to different agencies and different appointments."*
- *"She [caseworker] came consistently every Monday, no matter what."*
- *"The turning point in my recovery was when my case manager said 'I'm proud of you.' No one has ever said that to me. I've never completed anything before; I've never been able to."*

“

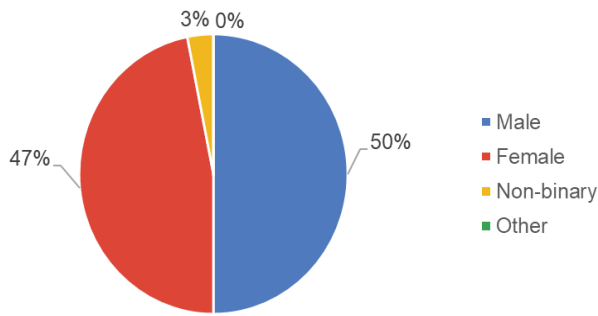
The turning point in my recovery was when my case manager said 'I'm proud of you.' No one has ever said that to me. I've never completed anything before; I've never been able to.

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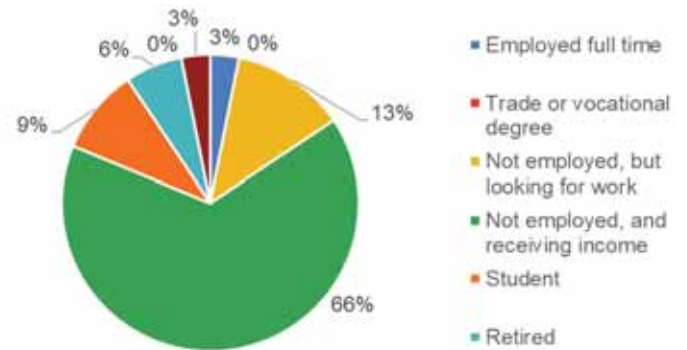
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Appendix A | Poll Questions and Responses

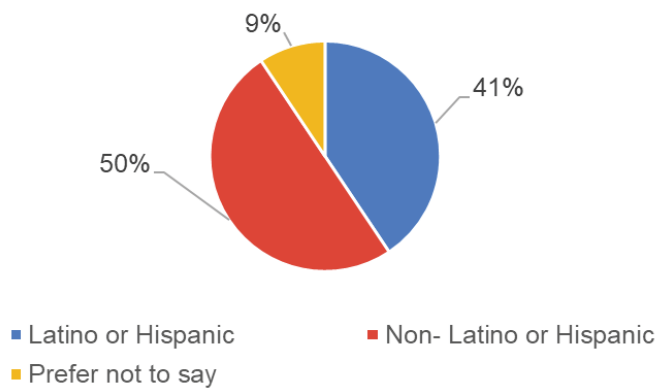
Please indicate your gender identity



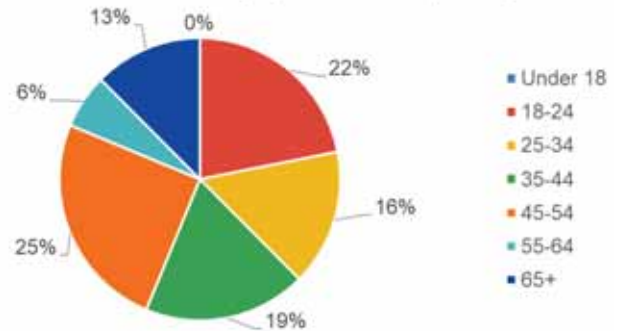
What best describes your employment status?



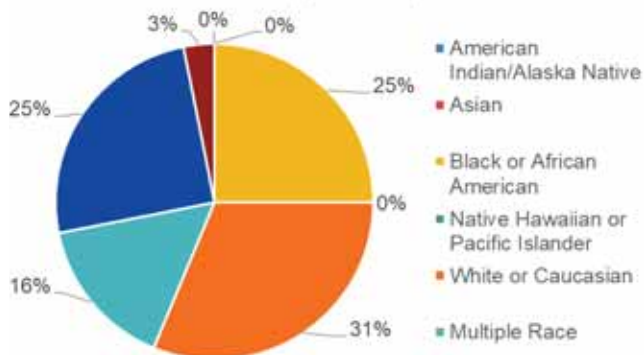
How would you classify your ethnicity?



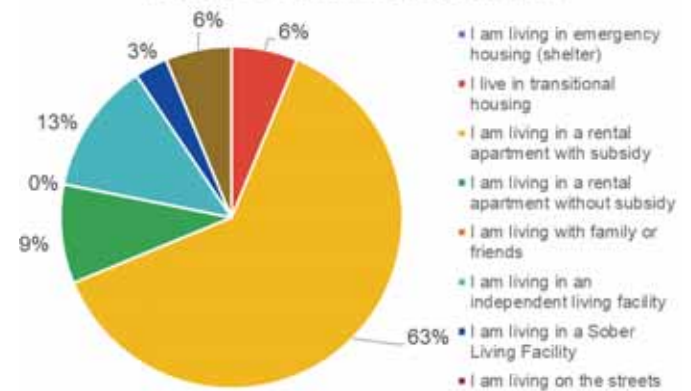
Please select the category that includes your age



How would you classify your race?



What is your current housing situation?



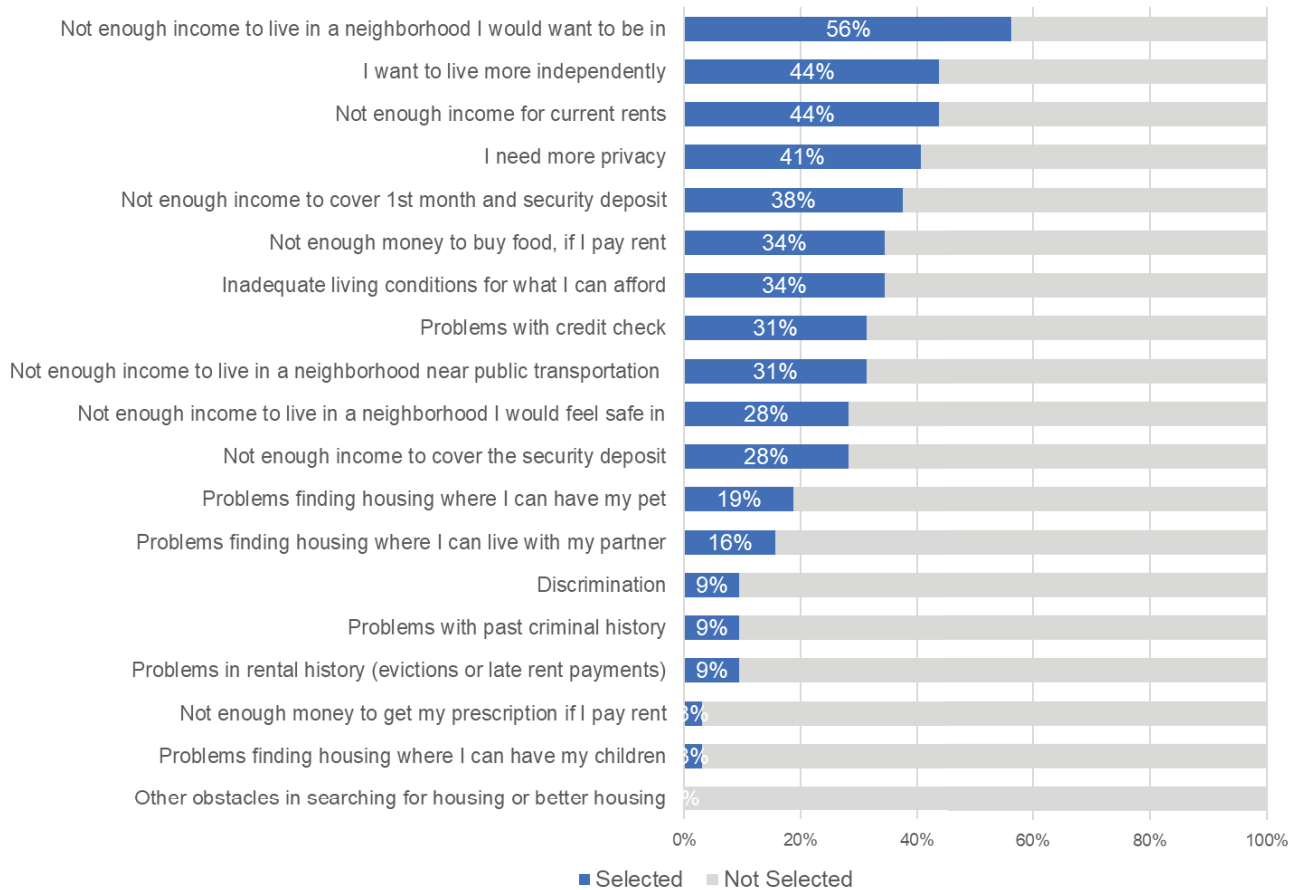
What was your living situation the night before you enrolled in your BHS program?



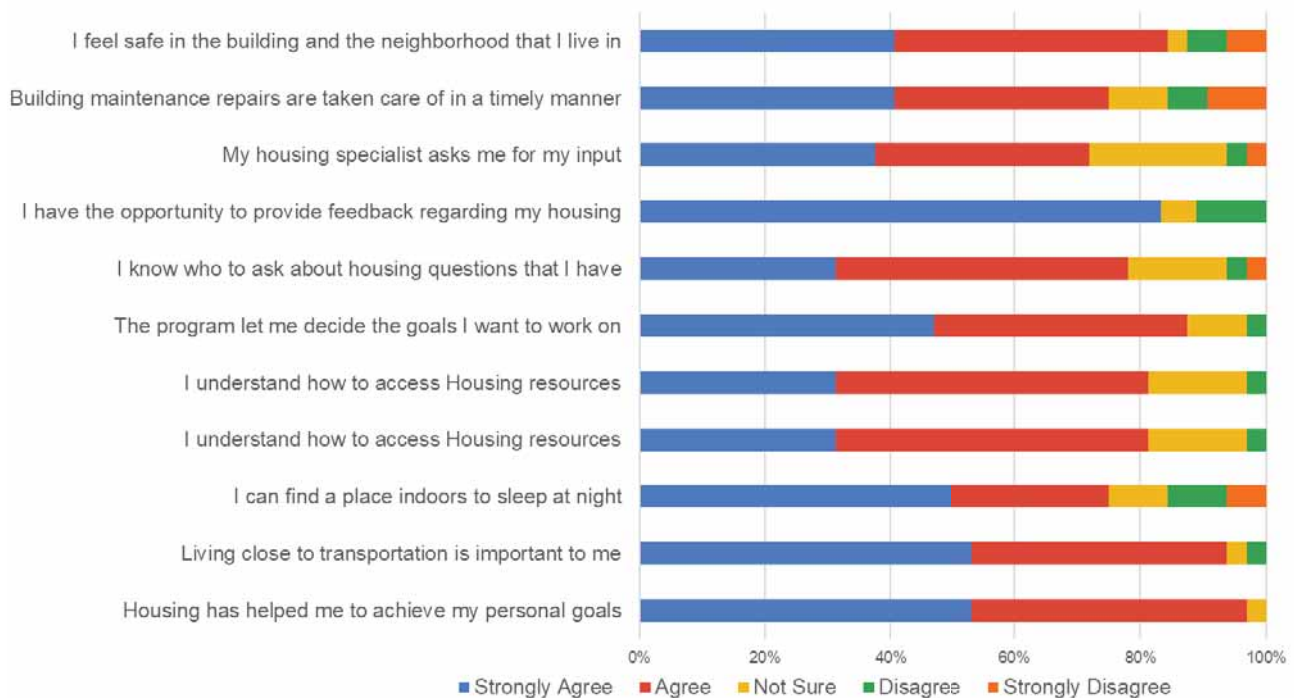
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Appendix A | Poll Questions and Responses

What obstacles have you encountered in your search for housing or better housing?



Polls Questions and Responses



Appendix B | Survey Summary

SURVEYS

Another strategy used to gather input from people who access or seek to access County of San Diego Behavioral Health Services (BHS) was to implement an online survey, via SurveyMonkey, which was maximized to be completed on older cell phones. This survey was developed in partnership with NAMI and their Clubhouse members, and was promoted in a wide variety of settings between March and June 2021. In total, 172 people completed the survey in English; four people completed the survey in Spanish; and as a result of an in-reach effort, 110 people who were in custody and accessing clinical behavioral health services in jail completed a paper version of the survey. This rich data provided additional details on people's needs and experiences related to housing.

Through the online surveys, respondents indicated:

- A need for significantly more housing resources
- A need for greatly increased flexibility in housing resources
- A need for additional support services
- The highest level of interest in living in their own apartment, with some interest in shared housing
 - For families, a need for two-, three-, and four-bedroom units
- Most people could afford to pay \$700/month or less for housing
- People report paying more money on other expenses during COVID-19 and struggling with making housing payments
- If they had to move from a prior housing option, the primary reasons for leaving were:
 - Safety/feeling unsafe
 - Unable to afford current housing/moving to shared housing
- COVID-19 has impacted people's employment and income (e.g., either disappeared, people felt unsafe at work, people received reduced support services and that impacted their employment)
- Desperate need for housing, along with fear of living in congregate settings ("right now I feel safer on the streets than in shelter")
 - Issues in accessing services; as everything was locked down in the community and at properties, many respondents reported experiences of isolation
- COVID-19 has impacted people's housing (e.g., sharing housing, some people accessed new housing resources, some people reported losing housing)
- Issues interacting with property management; experiences of discrimination and disrespect, along with lack of follow up
- A poor understanding of Fair Housing resources and supports

PAPER SURVEY – PEOPLE IN CUSTODY

People with involvement in the justice system often face the highest barriers in accessing housing. The County of San Diego Sheriff's Department worked with CSH and NAMI to conduct a paper version of the survey with people in custody who were accessing clinical behavioral health services in jail. The information shared through these surveys provides detailed information on the housing and behavioral health services needs of people in custody.

Through the paper survey, respondents indicated:

- A need for significantly more housing resources and housing assistance, with 44% of respondents reporting experiencing homelessness before entering custody
- The need for more income (employment and/or benefits), housing subsidies, and background checks in order to access housing
 - Notably, 40% of respondents indicated the need for assistance with background checks
- Job loss due to the COVID-19 pandemic
- Safety concerns in housing prior to entering custody
- Location is important, particularly being close to work, family, and support services
- Concerns related to housing options once released and on probation

Appendix C | Listening Sessions and Input Form Summary

STAKEHOLDER LISTENING SESSIONS

A total of 13 60- to 90-minute virtual listening sessions were held in April and May 2021 to obtain input on housing needs, goals, and objectives for County of San Diego Behavioral Health Services (BHS) clients. These listening sessions were conducted with diverse stakeholders and the input has been incorporated into the County of San Diego Behavioral Health Services Five-Year (2022-27) Strategic Housing Plan (the Plan).

Outreach for input into the Plan focused on the following stakeholder sectors:

- Affordable/supportive housing development community
- Behavioral Health Advisory Board
- BHS Advisory Councils
- Consumers and family members/people with lived experience/expertise
- Diversity-Racial Equity with the Cultural Competence Resource Team
- Faith community (Spanish translation included)
- Health care providers/Health Homes
- Homelessness
- Housing organizations/agencies
- Income: employee/benefits
- Justice-involved/law enforcement
- Mental health contractors
- Substance use service providers

*Stakeholder Listening Sessions Goal:
Maximum outreach to gain Maximum Input
Timeframe: April-May, 2021*

During the listening sessions, participants reviewed key information related to housing and behavioral health and the stakeholders were asked several questions to learn more about their experiences and those of their clients in accessing affordable/supportive housing. The questions were:

- What is the most important work for BHS to increase/enhance housing options?
- What did we miss?
- How do you see your work reflected in the effort?
- What type of partnerships should be pursued?
- What is important to think about in implementation?

Stakeholders were polled to determine which areas of priorities were a focus for them and where they wanted to focus their feedback during the small group discussions. In this way, each input session enabled participants to focus the discussion on the prioritized topic areas.

WHAT DID WE HEAR?

Over 350 unique participants from 100 organizations (who also collaborate on behavioral health and housing through various associations/councils/agencies/committees) contributed to the listening sessions, with 58 stakeholders also providing input through an online form. The themes for high-level feedback centered on five discussion areas and participants in each input session made recommendations for housing priorities and goals for BHS. The Input Form Summary section, below, includes a summary of the input received from each of the stakeholder groups noted above, along with copies of the whiteboards from the small group discussions that provide more detail on the feedback received during the listening sessions.

Below is a summary of the themes and input received from the stakeholders.

Theme 1: More Doors — Building New Affordable/Supportive Housing

One of the top priorities is to address barriers and challenges to creating more affordable/supportive housing by addressing zoning restrictions and various policies that are resulting in the concentration of housing in certain areas of the county, such as downtown, and restrictions from development in other areas of the county. Streamlining the process for funding and constructing new affordable/supportive housing is also critical to ensuring that more housing comes online sooner to accommodate the current, substantial need.

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Feedback was provided on the special needs populations that should receive focused attention in the Plan due to concern that they continue to face the most significant barriers in accessing housing and currently have the most limited housing options. Individuals with substance use issues and/or are part of the justice-involved population were identified as two that should be prioritized in the Plan. Additionally, participants identified the need for a comprehensive approach to housing designed for family, youth, and children with behavioral health needs. The stakeholders also shared a sense of urgency for the county to ensure that the County of San Diego receives its fair share of new funding for the construction of affordable/supportive housing and for support services for that new housing. Concern was expressed about expiring restrictions and the loss of supportive/affordable housing; action was strongly encouraged to enhance awareness of these expiring restrictions and extend them wherever possible.

Theme 2: Diversity of Housing Options — Creating New Opportunities

With new housing construction taking several years to complete, stakeholders were interested in thinking more creatively about providing housing opportunities and alternate housing products that can hit the market sooner than new construction of rental homes. The suggestions were:

- Repurpose existing buildings, such as commercial or office
- Use American Rescue Plan Act Emergency Housing Vouchers more creatively
- Use emergency rental assistance vouchers for transitional/bridge housing
- Convert more hotels to permanent supportive housing
- Acquire COVID hotels to house BHS clients
- Consider more options for shared housing/roommate situations
- Preserve existing affordable housing, or naturally occurring affordable housing, when possible
- Increase vouchers for families with substance use issues
- Consider the spiritual needs of individuals when creating new housing opportunities
- Create “tiny home” villages with wrap-around supports that are not time limited and that have an emphasis on community building, particularly on parcels of land that cannot support larger multifamily housing projects

Tiny Homes Movement: A Reemerging Trend for an Affordable Housing Option

The Tiny Homes Movement is both an architectural and social movement. Rebuilding Green,¹⁸ an advocate for self-sustainable communities, believes bigger is not always better when it comes to our homes and sense of community. Typically, tiny homes are defined as individual homes that are less than 400 square feet in size, but offer the standard amenities of a typical single-family home. They can be constructed on a trailer and be movable, or they can be built on a foundation with connections to all utilities in a backyard, or within the concept of a village.

Zoning codes allowing for tiny homes vary among jurisdictions in the San Diego region. The County of San Diego, the City of San Diego, and other cities in our region allow for tiny homes under local zoning ordinances and land use policies, and advocates continue to identify potential building code changes, to allow for flexibility in housing types in order to address the affordable housing crisis.



Theme 3: Role of Peers/People with Lived Experience/Expertise

The role of peers or people who have lived experience/expertise or experience with behavioral health issues and/or homelessness was considered to be a critical part of the supportive housing experience for tenants and the manner in which to have more positive outcomes throughout the housing process. The stakeholders also shared concerns about housing plans for peers in crisis homes; many are being released back to the street.

Stakeholders expressed the importance of peers in all aspects of the development of housing programs, policies, and construction of new rental homes and other opportunities. Peers should play a key role in informing program decisions and should be included at all levels of decision-making. Stakeholders indicated that peers can >>>

¹⁸ <https://movabletinyhomes.com/>

help create a culture of support for property management and the residential community, and also allow for long-term housing success for BHS clients.

With a goal of long-term housing retention, stakeholders suggested that a “move-in engagement program” within the first three to six months of occupancy for all new residents would be a key to success. Significant feedback was shared regarding the instability that comes with moving into a home after spending so much time on the streets, and that a program designed to support tenants specifically through this time of transition would significantly increase their ability to remain housed. Due to their lived experience/expertise, peers would have the greatest success in helping new residents develop the skills they need to remain successfully housed and help them build a community of supportive neighbors.

Theme 4: Stigma and Advocacy — Eliminating Barriers to Housing Access

A critical need indicated by the stakeholders was to address policies and practices by housing providers and neighborhoods that are creating barriers to housing for BHS clients. Strong advocacy is needed to help remove barriers and streamline processes to obtain housing. Stakeholders expressed concern that there continues to be an environment of negative stigma for BHS clients. Several areas of focus are needed to address the stigma and barriers that clients face in their attempts to access housing and successfully retain that housing:

- Enforce anti-discriminatory policies and practices in housing
- Create awareness programs for at-risk individuals
- Educate the community on issues related to experiencing homelessness, including related trauma; advocate for programs to assist the unique needs and trauma of those living without homes
- Be responsible for each other; advocate for married couples; assist with appeals and retroactive income payments (SSI/SSDI)
- Continue the Housing First model plus supportive services; provide services in advance of housing when necessary
- Develop a robust legal/advocacy support network to prevent loss of housing
- Increase the level of understanding for all service providers in processes for transitioning into a higher level of care when needed
- Streamline and simplify application processes and procedures; adjust criteria for participation that recognizes the unique struggles of those experiencing homelessness with both serious mental illness and/or substance use issues, and have limited resources.

Theme 5: Collaboration, Coordination, and Working Across Systems — Better Alignment

The need for better collaboration and coordination among behavioral health and homeless service providers, health care agencies, housing providers and agencies, government programs, justice-involved organizations, law enforcement, and all of the other partners working to house those experiencing homelessness and specifically those with behavioral health issues was expressed as being critical to future success.

There was a general consensus that better coordination is needed to maximize available resources and truly integrate efforts that are aligned to provide housing and services. The areas of focus for enhanced coordination and collaboration are:

- Creating a common language among all partners and identifying and reducing barriers for better, more successful partnerships
- Investment in common data-exchange platforms for community-based organizations, health plans, federally qualified health centers (FQHCs), and hospitals
- Identifying pathways to expand partners’ understanding of available housing and funding
- Improving the alignment of housing options to create better connections to those in need of the housing
- Integrating recovery residences into the Coordinated Entry System (CES)
 - CES also needs to include justice-involved clients, as there is a great need to work across systems and develop a coordinated release for those in custody
- Continuing efforts to coordinate and create alignment between hospitals and other systems/services (housing, substance use, homeless), and streamline processes and support partnerships for shared clients

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ONLINE INPUT FORM

In addition to the listening sessions, an online input form was shared at all of the input sessions and at public presentations throughout the first half of 2021 to gather thoughts, suggestions, or recommendations for goals, priorities, and action steps. The form was also made available to individuals who were not able to attend the sessions for their input. A total of 58 online input forms were completed. A full compilation of all of the comments received is included in Appendix D for further detail on the input provided by stakeholders.

The input provided through the online form was consistent with the feedback provided during the listening sessions. In general, there was a feeling of some improvement in efforts to serve those experiencing homelessness with behavioral health issues. While there has been meaningful progress in creating additional affordable/supportive housing in the San Diego region, and housing and service providers are building their relationships and working together more effectively, the depth of need for housing and services resources continues to dwarf housing availability. There is less stigma and more advocacy for those with behavioral health issues. Many of the respondents felt that more services and resources are available, but still there are barriers to access. Respondents also indicated, however, that there is much more to do to meet the needs, and encouraged the County of San Diego to take intentional steps to provide diverse housing opportunities and substantially increase resources for services directly to those who need them the most to allow for successful rehousing actions.

INPUT FORM SUMMARY

Below are the summarized highlights from the online forms:

PRIORITIES

- Housing demand remains high
- Need to look at alternate forms of housing such as tiny homes, shared housing, congregate housing, recovery residences, sober living homes, converted vacant buildings
- Rental assistance is needed more than ever, especially by those without any income
- More treatment together with housing
- More flexibility with funding for service providers
- Reduce barriers to access housing and services; it is still too hard for most people experiencing homelessness to access both services and housing that is affordable

BARRIERS/CHALLENGES

- Insufficient housing opportunities
- Lack of staff to provide services
- BHS providers not physically located on site; property manager and resident services manager are the default for residents
- Clients do not have access to phones, computers, and other technology to obtain services and housing
- Changing application requirements; complex process to apply for services and/or housing
- Lack of housing for reunification; recovery residences or sober living homes do not allow children to be housed with a parent
- Most housing is transitional in nature

PARTNERSHIPS

- Housing agencies and behavioral health case management programs
- Housing providers, health care professionals, and behavioral health care systems
- Coordinated effort between the county and cities within the county to address needs of those experiencing homelessness
- Partner with smaller housing owners, such as single-family homeowners for additional sober living homes
- Private-public partnerships for development of more housing
- Faith-based organizations, churches, and other mission-driven non-profits
- Housing property managers and providers

OPPORTUNITIES

- More openness to supportive housing
- Substantial public resources coming to the county, which can be invested in the effort to provide more homes for those with behavioral health issues
- Diversity of housing options, including tiny homes, more shared housing
- Collaboration between providers
- Relevance with the times, address policies that limit access to housing (e.g., deposit requirements, credit scores)
- Streamlining processes and creating more consistency among providers; common language and coordinated approach to screening processes
- Community engagement and education on Housing First, its success, and how it helps those who need housing the most

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Participants urged the County of San Diego to be very intentional in its efforts and take collaborative action to address the housing and service crisis for those experiencing behavioral health issues with limited resources, and in particular, housing for people with substance use issues and/or histories in the justice system. They also requested the revamping of related service systems to include more people in need. According to stakeholders, the current system needs to include criteria for access to services and housing that is more inclusive of the various special needs populations, as the current system is too restrictive and rigid ("if you don't fit into this box you do not qualify"). Service and housing systems need to reflect the uniqueness of these special needs populations, and the reasons each are living without homes.

Appendix D | Housing Pipeline Report

Name	MHSA Units	Total Units	Location
MHSA/SNHP HOUSING DEVELOPMENTS CURRENTLY OPERATING			
34th Street	5	34	San Diego
15th & Commercial	25	65	San Diego
Cedar Gateway	23	65	San Diego
The Mason	16	16	San Diego
Connections Housing	7	73	San Diego
Tavarua Senior Apts.	10	50	Carlsbad
Citronica One	15	56	Lemon Grove
Citronica Two.	10	80	Lemon Grove
Paseo (COMM 22)	13	130	San Diego
Celadon (9th & Broadway)	25	250	San Diego
Parkview	14	84	San Marcos
Churchill	16	72	San Diego
Atmosphere	31	205	San Diego
Mission Cove	9	90	Oceanside
New Palace Hotel	16	79	San Diego
The Beacon Apartments.	22	44	San Diego
Benson Place/Hollister Apartments.	25	82	San Diego
Quality Inn.	25	92	San Diego
Trinity Place	18	73	San Diego
Subtotal - Leased Up	325	1,640	
LEASED UP DEVELOPMENTS WITH SERVICES-ONLY COMMITMENTS			
Parker-Kier.	22	34	San Diego
San Ysidro Senior Village	12	50	San Diego
West Park Inn	23	47	San Diego
Subtotal - Leased Up/Services Only	57	131	
TOTAL LEASED UP	382	1,771	
DEVELOPMENTS IN SNHP PIPELINE			
The Ivy Apartments	7	52	San Diego
Cedar + Kettner	5	61	San Diego
Post 310	10	43	San Diego
Villa Serena	8	85	San Marcos
Subtotal - in Pipeline	30	241	
DEVELOPMENTS IN PIPELINE WITH SERVICES-ONLY COMMITMENTS			
Ulric Apartments II	6	59	San Diego
Subtotal - in Pipeline	6	59	
GRAND TOTAL	418	2071	
ALL MHSA & SNHP units (operating, leasing up, & in pipeline)			
NO PLACE LIKE HOME (NPLH) HOUSING DEVELOPMENTS CURRENTLY OPERATING			
Subtotal	0	0	
NPLH DEVELOPMENTS - IN LEASE UP PROCESS			
St. Teresa of Calcutta Villa	60	326	San Diego
Windsor Pointe	24	50	Carlsbad
Subtotal - NPLH in Lease up.	84	376	
NPLH DEVELOPMENTS - IN PIPELINE			
Jamboree SH.	25	65	San Ysidro
Anita St	24	96	Chula Vista
Iris at San Ysidro	15	100	San Ysidro
Valley Senior Village	24	50	Escondido
Nestor Senior Village	35	74	San Diego
Greenbrier Village	29	60	Oceanside
Southwest Village Apts	9	81	Oceanside
Subtotal - NPLH - In Pipeline	161	526	
TOTAL - NO PLACE LIKE HOME	245	902	
ALL NPLH units (operating, leasing up, & in pipeline)			

Appendix E | Resources and Policy — County, Local Cities, State, Federal

The goals of the County of San Diego Behavioral Health Services Five-Year (2022-27) Strategic Housing Plan (the Plan) will be achieved through the strategic use of resources that support the creation of affordable and supportive housing for people with behavioral health issues, as well as policy efforts that create opportunities for more housing and services.

COUNTY OF SAN DIEGO RESOURCES AND POLICY EFFORTS

When sharing the new County of San Diego budget for fiscal year (FY) 2021-22, Chief Administrative Officer Helen Robbins-Meyer stated that the county is “in a moment in time that may not ever occur again.” There are opportunities to purposefully maximize this moment and fund programs in order to open more doors to those experiencing homelessness who have serious mental illness and limited resources.

County of San Diego spending priorities are: **behavioral health**, strengthening children and families, COVID-19 response and economic recovery, climate change and environmental stewardship, **homelessness**, **housing accessibility and affordability**, public safety and justice system reform, and capital improvements. Highlighted priorities include funding that can support the priorities of the Plan.

County of San Diego Behavioral Health Services (BHS) has a total budget of \$812.7 million (FY 2021-22) to help those with mental health and substance use issues by reimagining programs and services, including lowering staff-to-client ratios and increasing mobile outreach.

Homelessness response received an additional \$2.5 million to augment housing assistance and care for youth, veterans, and individuals with high behavioral health and physical health needs. The County Board of Supervisors (the Board) also created a framework for American Rescue Plan Act (ARPA) funds, with \$85 million currently earmarked for services to support those who are experiencing homelessness.

Housing accessibility and affordability will continue to use a federal allocation of \$107 million to support rental assistance through the Emergency Rental Assistance Program, \$4 million of additional funding for the CalWORKs Housing Support Program, and an additional \$500,000 toward creating a regional housing strategy to improve housing supply and affordability.

The Board included the following resources in its FY 2021-22 budget, which address their priorities and cross over to this Plan:

- Increased medical and behavioral health services in county jails with 160 new employees and \$24,865,000 in funding
- A new behavioral health operations and data reporting program with 56 full-time employees and \$2 million in funding
- Design and build the Behavioral Health Crisis Hub in Hillcrest — \$10 million
- Mobile Crisis Response Teams — \$12.4 million
- Establishment of a Department of Homeless Solutions and Equitable Communities with 207 full-time employees, many of whom will be transferred from other departments — \$2.4 million

COUNTY OF SAN DIEGO HOUSING AND COMMUNITY DEVELOPMENT SERVICES

The Department of Housing and Community Development Services is focused on affordable housing production and increasing affordable housing opportunities from 2,854 to 4,928 by 2023. The goal is to develop housing opportunities across the region for low to moderate-income and special needs residents in order to reduce the numbers of people experiencing homelessness and those at risk of experiencing it. The following list includes the funding resources currently available to assist in creating additional housing opportunities:

- **No Place Like Home:** As an Alternative Process County offering No Place Like Home funds through an over-the-counter process until the funds depleted (Capitalized Operating Subsidy Reserve and capital funds available), the No Place Like Home program started in 2018 and initially received a \$12.7 million noncompetitive program allocation and an additional \$68 million in the first and second rounds of

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Competitive Alternative Process County Allocations. In January 2021, the county requested an additional \$12 million advance from the state for a third round of funding. It is estimated that the county could qualify for a total of an estimated \$117 million through the end of 2024.

- **County Innovative Housing Trust Fund:** Provides a local trust fund to increase affordable housing opportunities throughout the County of San Diego through the construction, acquisition, rehabilitation, and loan repayment of affordable multifamily rental housing.
- **County-Owned Excess Properties:** Uses existing county-owned excess property to develop affordable housing for low-income and special needs populations.
- **Emergency Solutions Grant:** Provides rapid rehousing, emergency housing, street outreach, and homeless prevention to individuals and families experiencing or at risk of experiencing homelessness.
- **Rental Assistance:** Includes a Section 8 Housing Choice Voucher program and tenant-based rental assistance, including project-based vouchers.
- **Public Housing:** Provides for 159 decent and safe rental housing units for eligible low-income families, the elderly, persons with disabilities, and agricultural workers.
- **Community Development Block Grant (CDBG) Funds:** For unincorporated areas of the County of San Diego and the cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway, and Solana Beach.
- **HOME Consortium Funds:** For unincorporated areas of the County of San Diego and the cities of Carlsbad, Encinitas, La Mesa, San Marcos, Santee, and Vista.
- **Housing Opportunities for Persons with AIDS (HOPWA):** Provides housing and related services to persons living with HIV/AIDS and their families. Housing developments allocated HOPWA funds may be located throughout the San Diego region.

DEPARTMENT OF HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES

On July 1, 2021 the County of San Diego Health and Human Services Agency (HHSA) established a new department: The Department of Homeless Solutions and Equitable Communities. It is focused on achieving better coordination of existing and new county homeless and equitable community efforts, serving as a central point of collaboration for outside partners to ensure equity among all San Diegans and reduce the numbers of people experiencing homelessness in the region.

CITY OF SAN DIEGO HOUSING COMMISSION

The City of San Diego's San Diego Housing Commission (SDHC) offers funding opportunities as available to increase housing opportunities for low-income and special needs populations within city limits.

In June 2021, the SDHC issued a Notice of Funding Availability (NOFA) to make up to \$16.6 million available to preserve affordable multifamily rental housing developments, specifically naturally occurring affordable housing (NOAH) in the City of San Diego. NOFA includes single-room occupancy rental homes within the City of San Diego. SDHC will award these funds as forgivable loans in exchange for long-term restrictions that require the property to remain affordable for households with low income.

Developers have various opportunities to leverage funds administered by the SDHC and other funding sources to create and preserve affordable housing. Developers may apply for funds through a NOFA issued by SDHC. Funding sources for SDHC's affordable housing development investments vary and may include (but are not limited to):

- U.S. Department of Housing and Urban Development (HUD) HOME Investment Partnerships Program funds awarded to the City of San Diego and administered by SDHC
- The City of San Diego Affordable Housing Fund, which SDHC administers; this consists of Housing Impact Fees charged on commercial developments (also known as linkage fees) and inclusionary housing fees charged on residential developments

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CITY OF SAN DIEGO DEPARTMENT OF HOMELESSNESS STRATEGIES AND SOLUTIONS

In July 2021, the City of San Diego created the Department of Homelessness Strategies and Solutions to better address the needs of people experiencing homelessness in the City of San Diego (particularly those impacted by substance use), and to expand outreach, health, and rehousing efforts while collaborating with regional partners to identify planning processes focused on unsheltered homeless.

CITIES WITHIN SAN DIEGO COUNTY

There are some cities within San Diego county that have funding that is made available from time to time for the development of affordable/supportive housing. These cities are potential financial partners with the County of San Diego BHS to create additional housing opportunities for BHS clients. Some of these cities include:

- City of Carlsbad: Housing Trust Fund, CDBG funding, HOME Consortium funds, Section 8 Housing Choice Voucher rental assistance
- City of Chula Vista: Tax-exempt bond financing, city housing financing, Section 8 Housing Choice Voucher rental assistance
- City of El Cajon: Community Development Block Grant (CDBG) funds, HOME funds, CalHome funds, various Federal or State grants that may be awarded from time to time
- City of Escondido: Low and Moderate Income Housing Asset Fund (Successor Housing Agency: Redevelopment)
- City of National: CDBG funds, HOME funds, Section 8 Housing Choice Voucher rental assistance
- City of Oceanside: Low and Moderate Income Housing Asset Fund (Successor Housing Agency: Redevelopment), other housing funds (inclusionary fees), Community Development Block Grant funds; HOME funds, Section 8 Housing Choice Voucher rental assistance
- City of San Marcos: Low and Moderate Income Housing Asset Fund (Successor Housing Agency: Redevelopment)
- City of Vista: Low and Moderate Income Housing Asset Fund (Successor Housing Agency: Redevelopment)

STATE RESOURCES

It is estimated that 1.2 million new affordable homes are needed to meet the needs of low-income Californians experiencing homelessness, along with protections for a million low-income renters to prevent them from losing their homes due to a lack of affordable housing. To address the housing needs of these people, the state is investing unprecedented housing resources and establishing new policies to create additional housing opportunities in the next several years. This brings significant new opportunities for the San Diego region, including:

- Funds addressing backlogged tax credit projects in California
- Homeless Housing, Assistance and Prevention (HHAP) Grant Program funds
- Department of Social Services programs, such as the Housing Disability and Advocacy Program, Bringing Families Home Program, etc.
- Homekey funding
- Eviction protections and legal aid
- Maximizing access to anti-poverty programs, such as food assistance supports
- Behavioral Health Continuum Infrastructure Program
- Variety of state initiatives addressing people experiencing homelessness
- Expanded Home and Community-Based Services resources
- Multifamily Housing Program
- Veterans Housing and Homeless Prevention Program
- Permanent Local Housing Allocation funds (available to 13 jurisdictions in the San Diego region)
- Affirmatively Furthering Fair Housing policies

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FEDERAL RESOURCES — AMERICAN RESCUE PLAN ACT

New federal resources have been deployed that respond to the COVID-19 pandemic and address housing and economic challenges. Through ARPA as well as a variety of additional funding and policy proposals, the San Diego region has received an unprecedented investment in basic needs. The following ARPA one-time resources will open new doors to homes for people experiencing homelessness in our region while adding behavioral health services resources:

- Treasury resources
- Emergency Housing Vouchers
- Emergency Rental and Utility Assistance
- HOME funding
- Medicaid Home and Community-Based Services increase in the Federal reimbursement rate
- The Centers for Medicare and Medicaid Services (CMS)-administered five-year Medicaid option for mental health/substance use disorder mobile crisis intervention services
- Department of Health and Human Services (HHS) funding for workforce education and training
- Health Resources and Services Administration funding for community health centers
- Funding to Certified Community Behavioral Health Clinics
- HUD housing counseling funds (administered by NeighborWorks)
- Substance Abuse and Mental Health Services Administration (SAMHSA) funding — California allocations:
 - CA mental health = \$186,972,433
 - CA substance use = \$205,947,056

Appendix F | Acronyms/Definitions

Affordable housing: A general term applied to public- and private-sector efforts to help low- and moderate-income people purchase or lease housing. As defined by the U.S. Department of Housing and Urban Development (HUD), any housing accommodation for which a tenant household pays 30% or less of its income.

Alternative Process County: Under No Place Like Home (NPLH) program guidelines, a county designated to administer its allocation of funds, as determined by a Point-in-Time Count (PITC) of sheltered and unsheltered homeless persons equal to at least 5% of the state's homeless population, and with the demonstrated ability to manage all aspects of funding and monitoring permanent supportive housing projects.

Area Median Income (AMI): A figure calculated by HUD based on census data, for specific size households in a specific area. The median income divides the income distribution into two equal groups, one having incomes above the median, and the other having incomes below the median.

At risk of chronic homelessness: An adult or older adult with a serious mental disorder or seriously emotionally disturbed children or adolescents who are exiting institutionalized settings such as jail or prison, hospitals, or long-term residential treatment and were experiencing homelessness prior to admission; transition-age youth (TAY) experiencing homelessness or with significant barriers to housing stability and with a history of foster care or involvement with the juvenile justice system; and persons, including TAY, who prior to entering into a facility or institutional care such as a state hospital, hospital behavioral health unit, hospital emergency room, institute for mental disease, psychiatric health facility, mental health rehabilitation center, skilled nursing facility, developmental center, residential treatment program, residential care facility, community crisis center, board and care facility, prison, parole, jail or juvenile detention facility, or foster care, have a history of experiencing homelessness with one or more episodes in the 12 months prior to entering into one of the above-mentioned facilities. A person's history of experiencing homelessness may be documented within a local coordinated entry system. The definition of "homeless" according to HUD 24 CFR Section 578.3 and its length-of-stay limitations shall not apply to those who have resided in the above-named settings; and homeless persons who prior to entry into the above-named settings resided in any kind of publicly or privately operated temporary housing, including congregate shelters, transitional, interim, or bridge housing, or hotels/motels.

At risk of homelessness: An individual or family that is coming out of a treatment program, institution, transitional living program, halfway house, or jail and has no place to go; is living in a situation where they are at great risk of losing their housing; is in need of supportive services to maintain their tenancy; or is living in an inappropriate housing situation (i.e., substandard housing, overcrowding, etc.).

Board and care: A board and care (B&C) is a residential care home that is licensed by the State of California's Community Care Licensing Division. A B&C is licensed to provide care and supervision and store and dispense medications for residents. The purpose of the B&C is to provide continued outpatient stability. In most B&Cs, the client shares a room.

Capitalized operating subsidy reserve (COSR): The reserve established to address project operating deficits attributable to units assisted with rental subsidies.

Case management: The overall coordination of an individual's use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of case management varies with the model it follows, local requirements, and staff roles, a case manager often assumes responsibilities for outreach, advocacy, and referral on behalf of individual clients.

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Chronically homeless: HUD defines this as an individual or family who: (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least year or on at least four separate occasions in the last three years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions. Additionally, the statutory definition includes as chronically homeless a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, and has resided there for fewer than 90 days if such person met the other criteria for homeless prior to entering that facility.

Clinical: Pertaining to standardized evaluation (through direct observation and assessment) and conducted with the intent to offer intervention/treatment.

Competitive allocation: California Department of Housing and Community Development (HCD)-designated counties will compete for NPLH funds through a competitive process, and with counties of a similar size.

Continuum of Care: Defined by HUD as “a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.”

Coordinated Entry System (CES): The system that ensures all people experiencing a housing crisis have fair and equal access, and are quickly identified, assessed for, referred, and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they present for services. This moves from being project focused to client focused and eliminates different forms and assessment processes, maximizes resources by matching highest need clients with most intensive resources, and increases coordination.

Disability Income: Social Security Disability Income (SSDI) offers cash benefits for people with disabilities who have made payroll contributions to the federal social security program while they were employed.

Dually diagnosed/co-occurring: Dual diagnosis (also referred to as co-occurring) is a term for when someone simultaneously experiences a mental illness and substance use diagnosis. Either diagnosis — mental illness or substance use — can develop first.

Fair Market Rent (FMR): Fair Market Rent is an amount determined by the U.S. Department of Housing and Urban Development (HUD) to be the cost of modest, non-luxury rental units in a specific market area. Generally, an “affordable” rent is considered to be below the Fair Market Rent.

Homeless: HUD defines literal homelessness as an: (1) individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); (iii) is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; (2) an individual or family who will imminently lose their primary residence: (i) within 14 days of application for homeless assistance; (ii) no subsequent residence has been identified; (iii) the individual or family lacks the resources or support networks — such as family, friends, faith-based or other social networks — needed to obtain other permanent housing; (3) unaccompanied youth under age 25, or families with children and youth who do not otherwise qualify as homeless; (4) an individual or family who: (i) is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, or stalking and (ii) has no other residence and; (iii) lacks the resources or support networks, such as family, friends, and faith-based or other social networks, to obtain other permanent housing.

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Housing and Urban Development (HUD): The U.S. Department of Housing and Urban Development was created in 1965 to administer programs of the federal government that provide housing assistance as a way to develop the nation's communities.

Housing First: An approach to ending homelessness that centers on providing individuals and families experiencing homelessness with housing as quickly as possible under a standard lease agreement, and then providing other services as needed. Housing First programs offer case management and wraparound services to promote housing stability and individual well-being on an as-needed basis.

HUD Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families experiencing homelessness and persons at risk of experiencing homelessness.

Medi-Cal: California's Medicaid health care program. It pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes.

Noncompetitive Allocation: NPLH funds that are distributed by formula allocation to each county based on their 2017 homeless Point-In-Time Count.

No Place Like Home (NPLH) population: Populations identified in Welfare and Institutions Code Section 5600.3(a) and (b), adults and older adults with a serious mental disorder or seriously emotionally disturbed children or adolescents who are homeless, chronically homeless, or at risk of chronic homelessness. This includes persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders.

Permanent supportive housing: Permanent supportive housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services.

Point-in-Time Count (PITC): A count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that Continuums of Care conduct an annual count of people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and safe havens on a single night. Continuums of Care also must conduct a count of unsheltered people experiencing homelessness every other year (odd numbered years).

Rapid rehousing: An intervention designed to help individuals and families that do not need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid rehousing assistance is offered without preconditions (i.e., employment, income, absence of criminal record, or sobriety) and the resources and services provided are tailored to the unique needs of the individuals and families.

Section 8: A rental subsidy that makes up the difference between what those in the low-income household can afford to pay for rent, and a contract rent established by HUD for an adequate housing unit. Subsidies are either attached to specific units in a property (project-based), or are portable and move with the tenants that receive them (tenant-based).

Serious mental disorder: Adults or older adults with a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time, as defined in Welfare and Institutions Code 5600.3(2).

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Seriously emotionally disturbed children or adolescents: Minors under the age of 18 who have a mental disorder that results in substantial impairment of their ability to function in the community, self-care, family relationships, and school functioning as defined in Welfare and Institutions Code 5600.3(a)(1).

Stakeholders: Individuals who have a vested interest in the outcomes or the process of a particular endeavor.

Stigma: Misperception that results in bias toward an individual or group.

Subsidy: Financial assistance from the government to make the cost of housing affordable based on the household's income level.

Supplemental Security Income (SSI): Federal cash benefits for people aged 65 and over, the blind, or disabled. Benefits are based on income and living arrangement.

Transition-age youth (TAY): This group is often characterized as unaccompanied youth and young adults between the ages of 18-24. Reasons for TAY experiencing homelessness are diverse and can include family conflict, abuse or neglect, poverty, aging out of foster care, and rejection over sexual orientation. As such, the service needs of this population are unique and vary from those of adults and younger youth.