
# County of San Diego
# Health and Human Services Agency
# Adult / Older Adult Mental Health Services

## Mental Health Services Act (MHSA) Housing Plan

August 2007

# MHSA Housing Plan
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## Acknowledgements

San Diego County Mental Health Services (SDMHS) commissioned the MHSA Housing Plan as part of a broad scope of work related to expanding housing opportunities for mental health clients throughout San Diego County. As the Housing Technical Consultant for SDMHS, the Corporation for Supportive Housing (CSH) dedicated the time of several members of its own local and national staff, along with both subject and process consultants, to create this Housing Plan. Consultant Katharine Gale facilitated six Mental Health Services Housing Council (MHS Housing Council) stakeholder consultations, drafted sections of the Plan, and served as lead editor for the Housing Plan. Consultant Hannah Cohen facilitated eight client focus groups, compiled the inventory of housing resources, and drafted several sections of the Plan. Consultant Pat Getzel helped develop the market and developer capacity assumptions underlying the financial models. CSH staff involved in creating this plan included Simonne Ruff and Charlie Corrigan from the CSH San Diego Office, Andrew Baldwin from the national Project Development and Finance team, California Director Jonathan Hunter, and Matthew Doherty from the national Resource Center team.

This Plan owes a great debt of gratitude to the members of the MHS Housing Council, and in particular Ad Hoc Committee members, who provided invaluable feedback during the planning process (a list of members and participants is found in Appendix A). In addition, the financial models benefited from the insights of Cissy Fisher and Kathi Houck at the San Diego Housing Commission, Dale Royal at the Centre City Development Corporation, Tom Scott and Doris Payne at the San Diego Housing Federation, and David Estrella, Mike Dececchi, and Lisa Contreras of San Diego County Housing and Community Development.

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Most importantly, our sincere thanks to all the clients and family members who participated in the planning process, including focus group participants, MHS Housing Council members, and mental health advocates. Their insights shaped the Housing Plan, which strives to be recovery-oriented, and responsive to the needs of clients throughout San Diego County.


## About the Corporation for Supportive Housing

The Corporation for Supportive Housing (CSH) helps communities create permanent supportive housing with services to prevent and end homelessness. As the only national intermediary organization dedicated to supportive housing development, CSH provides a national policy and advocacy voice; develops strategies and partnerships to fund and establish supportive housing projects across the country; and builds a national network for supportive housing developers to share information and resources. CSH is a national organization that delivers its core services primarily through eight geographic hubs: California, Illinois, Michigan, Minnesota, Ohio, New Jersey, New York, and Southern New England (Connecticut, Rhode Island). CSH also operates targeted initiatives in Kentucky, Maine, Oregon, and Washington, and provides limited assistance to many other communities. For more information, visit http://www.csh.org.

# Executive Summary

The San Diego Mental Health Services Act (MHSA) Housing Plan is a plan for the creation of 438 new units of affordable housing for individuals with serious mental illness over six years. These housing units will be dedicated for individuals enrolled in MHSA-funded Full Service Partnerships (FSPs), programs that provide wraparound services to individuals with serious mental illness who also have unmet housing needs. This Plan was prepared by the Corporation for Supportive Housing based on recommendations by San Diego County Mental Health Services (SDMHS) and the Mental Health Services Housing Council ("MHS Housing Council") and with significant input from clients, service providers, housing developers and housing funders in San Diego County.

***FSP Housing Recommendations***

To best meet the housing needs of individuals enrolled in an FSP, SDMHS set a goal of creating the most FSP housing units feasible given available funding. The assumption is that at any given time some of those enrolled will not accept housing and some of those enrolled will have access to non-MHSA funded housing, such as current Shelter Plus Care, Section 8 or other existing subsidized housing. The financial model establishes a numerical goal of 438 units for the FSPs.

The Plan recommends policies and a funding strategy to create 438 units that meet as closely as possible the expressed desires of clients while recognizing the real challenges of creating this number of affordable units with the current array of housing funding available. Recommendations to ensure that the housing created meets clients' needs and preferences include:

- Clients must be given choices for their housing arrangements;
- Clients should pay no more than 30% of their adjusted income for rent;
- Clients will not be required to share bedrooms;
- Studio apartments dedicated to individual FSP clients should be at least 350 square feet in size. Single Room Occupancy (SRO)[1] units are not desirable;
- Housing developments should be located near transportation, with access to health services, groceries, and other necessities, and should include community spaces; and
- Any housing project proposed to receive MHSA housing funds that does not meet the guidelines should be reviewed by an ad hoc committee of SDMHS staff, MHS Housing Council members, clients and family members before the project is considered for approval by SDMHS.

Given the challenge of siting, financing and developing this number of units, the Plan recommends policies to ensure the targeted housing is created, including:

- Make MHSA housing funds available for capital costs for new construction or acquisition / rehabilitation projects, and for operating costs, including capitalized operating reserves;
- At least 2/3 of the new housing opportunities should be in permanently affordable, sponsor-owned housing projects; the remaining units may be leased apartments spread throughout the county;

[1] SRO units are typically single furnished rooms with shared bathroom and kitchen facilities.

- MHSA units may be in buildings that are 100% targeted for FSP clients and in mixed buildings serving other target populations, including generally affordable housing units. SDMHS should seek to achieve a mix of building types;
- Shared housing may be eligible for funding under the condition that clients have their own bedrooms; and
- MHSA funded units should be retained as dedicated for mental health clients for the maximum time possible, based on funding and continued need and availability of services. Affordability requirements should be as long as permissible, with a target goal of 55 years.

***Funding Projections and Timeline***

Developing the required number of units will take an ongoing commitment of MHSA funds and significant leveraging of housing resources from a variety of federal, state and local resources. This Housing Plan includes a financial model that projects the costs of developing and operating housing units for FSP clients over a six year timeframe. This model presents one possible scenario, although it must be noted that housing development is very opportunistic, and the implementation of this Plan will vary from this financial model as projects are funded and local conditions and funding resources change.

The total estimated development (capital) cost under this financial model is $138.8 million. This amount includes funding for some general affordable housing units that would not be restricted for MHSA clients but that make the total development target possible through mixed-tenancy buildings. Of the $138.8 million, $8.6 million are projected to come from San Diego's local MHSA, $107.1 million from State and Federal sources, $5.6 million from private loans and grants, and $17.5 million from locally controlled housing resources. Over six years, the financial model projects a scenario in which all of the development (capital) costs are fully funded.

In addition to the funds needed to create the units, the housing will also require up to $3.1 million annually in operational support to cover the difference between the rents clients can afford to pay and the actual cost of operating the housing units. The total funding required for operations over six years is $16 million. Under this six-year financial model there exists no funding gap for operating funds. In addition, there is no gap for services funding because under the MHSA, the Full Service Partnership providers receive funding for all of the needed services and some portion of the required operations support.

The time frame for developing the 438 MHSA units is estimated at six years, with between two and three new projects coming on line each year. This production schedule assumes a strong local commitment from both funders and housing developers to prioritize MHSA-funded housing. SDMHS will need to work with community partners to create this commitment and interest.

***Additional Housing System Recommendations***

In addition to the recommendations for the creation of 438 units, SDMHS and the MHS Housing Council also recognize significant unmet needs among other mental health clients who will not have access to FSP funded housing. The Plan recommends that SDMHS:

- Increase oversight and improve the quality of Board and Care and unlicensed boarding homes / Independent Living Facilities that do not currently provide high quality environments, and develop strategies to assist individuals desiring to live independently to pursue other housing options.
- Educate clients about how to find, obtain and maintain housing; Provide support for legal services that provide assistance to clients with bad credit histories or eviction records;
- Develop a referral network for housing and other support needed to improve access to housing for non-FSP clients.
- Increase access to affordable housing and housing subsidies for clients unable to enroll in an FSP, including advocating for more resources for housing for people with mental illness from a variety of sources.
- Integrate housing and employment assistance services to assist clients who have stabilized in subsidized housing to increase their incomes.

***First Year Action Steps and Annual Review***

In order to carry out the plan, SDMHS will need assistance from its community partners to develop the infrastructure to create the needed number of units. During the first year of the plan, SDMHS will need to

- Develop a partnership with San Diego County Housing and Community Development (HCD), to leverage existing housing expertise to administer the locally available one-time and ongoing MHSA housing funds.
- Work with Corporation for Supportive Housing to effectively expand the capacity of nonprofit housing developers and service providers to create appropriate housing opportunities for mental health clients.
- Establish the MHSA ad hoc Housing Project committee to provide input on the design of any new construction project or any acquisition/rehabilitation project that falls outside of the identified guidelines. The goal of this Committee is to provide input to the developer and SDMHS before the project is considered for approval.
- Continue updating the mental health housing inventory and create a process to make the inventory easily accessible, such as through a dedicated internet resource.

This Housing Plan and its financial models are meant to serve as a living document that is updated annually to reflect progress and identify barriers toward the Plan's housing goals. Annually, SDMHS and the MHS Housing Council will review the progress made on the development of housing opportunities for FSP clients and may decide to recommend revising the Plan's goals, timelines, and / or financial modeling assumptions.

# Chapter 1: Purpose of the MHSA Housing Plan

The San Diego MHSA Housing Plan is a plan for the creation of 438 new units of dedicated affordable housing for individuals with serious mental illness (SMI). The MHSA Housing Plan builds on the County of San Diego's Mental Health Services Act Community Services and Support (CSS) Plan, completed December 2005. The housing units it is intended to create will be dedicated for individuals designated within that plan as currently unserved and who are expected to be enrolled in Full Service Partnerships (FSPs). FSPs are comprehensive, low client-to-provider ratio programs designed to provide "whatever it takes" to stabilize and support individuals with mental illness who also have significant other social/economic barriers for which they require care. These include individuals with serious mental illness who are homeless, individuals leaving or diverted from the criminal justice system, transition-age youth who are homeless or at risk of homelessness, and older adults with serious mental illness.

This Housing Plan outlines a targeted number of units, broken down by target population, unit size, development approach (master lease vs. sponsor owned), construction type (new development vs. rehabilitation) and other criteria. The Plan includes a broad financial model estimating the overall cost of leasing, developing and/or operating these units and how locally controlled Mental Health Services Act housing funds may be used to leverage the additional financing needed to achieve the targets. In addition to the detailed planning for the development of FSP-dedicated units, this Plan also provides an overview of the unmet need for mental health housing in San Diego, an inventory of the existing housing available to mental health clients, and recommendations for additional non-development activities to improve housing outcomes for non-FSP mental health clients. Finally, the Plan includes a proposed process for ensuring that progress is evaluated annually, and recommendations developed or modified as needed to ensure successful outcomes.

San Diego County Mental Health Services (SDMHS) commissioned the MHSA Housing Plan as part of a broad scope of work related to expanding housing opportunities for mental health clients throughout San Diego County. The Department issued a request for proposals on April 5, 2006, and the Corporation for Supportive Housing (CSH) – San Diego Office was the successful bidder for the work. To prepare the Plan, CSH dedicated the time of several members of its own local and national staff, as well as hiring both subject and process experts as consultants to assist in the process. A full list of staff and consultants can be found in the acknowledgements.

## *The Planning Process*

This MHSA Housing Plan is the result of an nine month review and planning process, which began in October 2006 and concluded in June 2007. The County of San Diego Mental Health Services Housing Council ("MHS Housing Council") served as the official recommending body for the Plan. Members of the MHS Housing Council include nonprofit housing developers, service providers, mental health clients, and local government agencies concerned with the expansion of affordable housing and with mental health. A full list of members and affiliations is included in Appendix **A**. The MHS Housing Council met regularly over a period of six months, discussed and voted on the recommendations for the plan, and reviewed and approved

the draft. Ad-hoc committees of MHS Housing Council members also met as needed to advise on the elements of the financial modeling.

In addition to the leadership of the MHS Housing Council, the Plan was discussed in eight focus groups with clients of mental health services. Six focus groups were held at Clubhouses – daytime mental health drop-in centers – throughout the county in October and November 2006, for the purpose of soliciting specific input from clients about their current housing circumstances and their preferred or desired housing situations. Two additional focus groups were held in December at a senior center and at a youth residential facility. The focus groups were essential to provide targeted input aimed at gaining a deeper understanding of the self-expressed needs of clients for housing and related supportive services, and the similarities and differences between the needs of different client age groups. A detailed summary of the information from the focus groups is presented in the section on Needs and Preferences below. A complete list of focus groups dates, sites and numbers of individuals in attendance, along with the results of these focus groups may be found in Appendix **B**.

# Chapter 2: National and Local Context of the Plan

The San Diego MHSA Housing Plan has been developed in the context of changing mental health and housing paradigms. Changes in philosophy, in the targeting of resources and in anticipated outcomes in each system strongly influence the direction of San Diego's efforts to develop and sustain independent housing for mental health clients. This chapter summarizes some of the key national, state and local factors contributing to the current context for this Plan.

## *Transformation of the Mental Health System*

In November 2004, the voters of the State of California approved Proposition 63, the Mental Health Services Act. This Act instituted a 1% income tax on personal income over $1 million to be used for mental health care. The MHSA's overall purpose was to transform the mental health system in California toward one that is more client- and family-centered and oriented toward wellness and recovery. The Act also focuses attention on reaching historically unserved and underserved individuals and communities in the state. The MHSA explicitly recognizes that a lack of housing for individuals with mental health issues is a barrier to wellness and recovery. Thus, the provision of housing to individuals with serious mental illness who are underserved is a permissible, and dependent upon local circumstances, encouraged activity.

To receive MHSA funds, counties were required to engage in extensive, community-based planning processes to identify unserved communities and the most critical services needed to transform the local mental health system. Since its passage, counties throughout the state have been engaged in an unprecedented planning and program development phase that has actively involved clients and their family members far beyond any previous such planning. At the time of this Plan's creation, most communities, including San Diego, are just beginning to implement their first year of MHSA funding. SDMHS led an extensive stakeholder process to determine the priorities for the county's Community Services and Supports (CSS) plan, which was completed in December 2005. The CSS plan details the service programs to be funded by local MHSA funds through FY 2008-09, including the Full Service Partnership services and one-time housing funds.

The passage of the MHSA came at a time that the national context for mental health has been undergoing significant shifts. The President's New Freedom Commission issued its report "Achieving the Promise: Transforming Mental Health Care in America" in July 2003. This report called for a shift in mental health care to emphasize recovery and the importance of ensuring that care decisions and delivery are client- and family-driven. It also recognized significant disparities in care and the additional impact of employment issues, criminal justice involvement and the housing shortage on many individuals with mental illness. The Report states "the lack of decent, safe, affordable, and integrated housing is one of the most significant barriers to full participation in community life for individuals with serious mental illnesses. Today, millions of individuals with serious mental illnesses lack housing that meets their needs."[2] Building on this recognition of the fundamental link between mental health and safe, affordable

[2] The President's New Freedom Commission on Mental Health, "Achieving the Promise: Transforming Mental Health Care in America", July 2003, p. 30

housing, the National Council of State Housing Agencies (NCSHA) and the National Association of State Mental Health Program Directors (NASMHPD) signed a memorandum of understanding focused on "Bringing Housing and Mental Health Communities Together" in December 2006. This memorandum seeks to strengthen efforts to promote, facilitate, and support the provision of affordable permanent housing for low- and extremely low-income individuals with mental illness and disabilities.

The Mental Health Services Act draws directly on the positive experiences of the AB 34 and AB 2034 programs across the state. Based on the positive outcomes of the AB 34 pilot programs, the California legislature passed AB 2034 in 2000, to fund an additional twenty-five counties. The AB 2034 program provides outreach and integrated community-based services to homeless individuals who have a serious mental illness. The AB 2034 program offers comprehensive, recovery-focused mental health treatment, and supports individuals in maximizing their recovery and becoming valued members of their community. Clients set their own treatment goals, and services are highly individualized and vary in intensity based on the needs of each person. Services include mental health treatment and case management, the capacity for crisis intervention 24/7, integrated substance abuse treatment, housing assistance, vocational services, money management and linkage to health care.

San Diego County successfully applied for AB 2034 funds, and the implementation of the San Diego AB 2034 program began in December 2001. The program currently has an enrollment of 260 clients, the majority of whom are living in permanent supportive housing. The San Diego Housing Commission has been an invaluable partner in this effort, providing 100 Section 8 housing vouchers for AB 2034 clients. The success of AB 2034 in San Diego and around the state is the basis for the new Full Service Partnerships that will broaden the number of unserved individuals with mental illness who receive comprehensive services and housing support.

## *Paradigm Shift in the Housing Arena*

At the same time that the national and state approach to mental health care is changing, approaches to addressing homelessness are also in transition. The Interagency Council on Homelessness and national coalitions and organizations concerned with ending homelessness have brought new focus to the need to end, rather than manage, homelessness. Rapid re-housing or “housing first” strategies and a strong role for service-enriched or supportive housing are increasingly recognized as essential components of a strategy to end homelessness, especially for those considered chronically homeless. Communities around the country have engaged in the creation of Ten-Year Plans to end chronic homelessness calling for the prioritization of housing resources to address those with the greatest needs —individuals with a disability, including mental illness, and long histories of homelessness. Although this emphasis has brought new focus to the issue, and many localities have turned considerable attention to it, federal resources to address homelessness have not substantially increased and resources for affordable housing creation have remained stagnant or declined.

In keeping with the national emphasis on ending chronic homelessness, the United Way recently spearheaded the development of the “Plan to End Chronic Homelessness in the San Diego Region.” That Plan calls for an expansion in permanent housing and wraparound services to end

homelessness for chronically homeless individuals, many of whom have a mental illness. The achievement of key goals outlined in this MHSA Housing Plan will be a significant step toward meeting the goals of the Plan to End Chronic Homelessness.

San Diego had already shown leadership and concern for the need for mental health housing prior to the enactment of the Mental Health Services Act and the new emphasis on ending chronic homelessness. In October 2001 the County published the San Diego County Strategic Housing Plan for Low-Income Persons with Psychiatric Disabilities. This plan identified a significant unmet need for affordable mental health housing, estimated at a minimum of 2,000 units. It brought attention for the first time to the extensive housing needs of individuals with mental illness, and of the important benefits for clients and the community of providing such housing. While the plan contained detailed information about the local needs, and broad strategies to develop more housing, it did not have specific resources tied to it to ensure that its recommendations could be implemented. Since its adoption, some new housing resources have been developed for individuals with mental illness; however, it is difficult to determine what specific impact the plan has made in terms of increasing available housing units.

The development of the MHS Housing Council, a body in which mental health and housing representatives meet regularly to address the need for increased mental health housing, is a direct result of the 2001 Strategic Housing Plan. The Council redoubled its efforts to effectively plan for the housing needs of individuals with serious mental illness in San Diego County through a re-visioning, redefinition of mission and goals, and review of membership in February 2006.

## *San Diego's Community Services and Supports Plan*

San Diego's MHSA Community Services and Supports (CSS) Plan echoes the statewide priorities for transforming the mental health system. The Plan specifically cites a vision of system transformation in San Diego that includes greater client and family participation, minimizing barriers, using innovative and values-driven program models, and addressing disparities in access to care through the provision of culturally and linguistically competent services.

The lengthy and inclusive planning process to develop the CSS Plan confirmed the local need for and desire to create more mental health housing for those with housing needs.[3] Based on extensive community input from mental health clients, *homelessness* was the number one issue identified by transition-age youth and adults when describing the greatest unmet needs among individuals with serious mental illness in San Diego County. *Homelessness* was the second priority issue for older adults, after *frequent hospitalizations*.[4]

Representative workgroups established by the County used this information to formulate the programs to be submitted to the State for funding. The resulting programs include five Full Service Partnerships, all of which recognize the critical need for housing for the targeted populations. SDMHS embedded over $6.3 million of MHSA CSS one-time housing funds in the

[3] San Diego County's Community Services and Supports Plan can be found at the Network of Care website: http://sandiego.networkofcare.org/

[4] County of San Diego, Health and Human Services Agency Mental Health Services, "Mental Health Services Act, Three-Year Program and Expenditures Plan" December 13, 2005, p. 23

FSP programs. These embedded funds are used to provide an array of housing options for an identified number of FSP clients. Of the 674 total FSP clients, the CSS plan provides one-time housing funds to support 483 FSP housing units (see Table 1) over the first three years of the implementation of the FSPs.[5]

Full-Service Partnerships (FSPs) provide wraparound services to individuals with serious mental illness. They are called partnerships because they must be a partnership between the client and the program that provides services and support for the client's self-identified goals. FSP teams are interdisciplinary and include clinical, paraprofessional and peer staff who work with the clients to promote and support wellness and recovery. Comprehensive services, including mental health services, case management, employment support, links to health care and substance abuse treatment, and a variety of other supports that participants may need are part of the FSP model.

Supportive housing is intended to support residents to achieve residential stability and then meet self-defined goals for health and well-being. Services models in supportive housing often include many of the same services and approaches of the FSP model. Because the units contemplated for development in this Plan will be connected to FSP services, this Plan does not discuss the type, duration or model of services for the supportive housing, nor the specific philosophy or principles that inform how those services are delivered.

It is important, however, to emphasize that this Plan is directly connected to the CS&S Plan and that the principles that govern the MHSA and that plan of client choice, focus on recovery, and cultural competence are critical also to the implementation of the services at supportive housing sites. The principles include the need to: "Provide culturally competent mental health services in all proposed MHSA programs by educating and training providers on evidence-based and promising clinical practices, interventions and skill sets, including coordination and integration of mental health and primary care, clinical practice guidelines, screening/assessment protocols, chronic disease management and cultural competence."[6] The transformation of the mental health system is inclusive of the housing in which clients live and the programs that are operated in connection with the housing. Client choice, cultural competency and a recovery orientation are essential elements of the housing programs envisioned here, and this Plan incorporates the principles included in the San Diego CSS Plan.

[5] The CSS Plan identified 483 FSP clients to be provided housing assistance using one-time CSS funds (embedded in the FSP contracts) over the first three years of the CSS implementation. In Chapter 6 of this MHSA Housing Plan, the results of the financial modeling process identify the resources available to create 438 new housing opportunities to serve FSP clients over the long term (beyond the first three years of CSS implementation).
[6] County of San Diego CSS Plan, pages 35-6.

Table 1: Target Populations for San Diego Full Service Partnerships

| FSP | Target population | HHSA Service Regions | Clients Served | Target # of Housing Units | Embedded FSP Housing Funds |
|---|---|---|---|---|---|
| A-1 Homeless, At risk, Unserved | SMI adults who are:<br>▪ Homeless (first priority); or<br>▪ At risk of homelessness; and<br>▪ Unserved or high users of acute inpatient care and medical services | Central and North Central | 224 | 138 | $1,821,600 |
| | | North Inland and North Coastal | 100 | 62 | $818,400 |
| | | County-wide Subtotal | 324 | 200 | $2,640,000 |
| A-2 Criminal Justice | Unserved SMI adults who have been incarcerated and treated for mental illness while in jail or may be reentering the community from jail | County-wide | 111 | 100 | $1,320,000 |
| TAY-1 | SMI Transition Age Youth (TAY) ages 16 – 24 who are:<br>▪ Homeless or at risk of homelessness;<br>▪ Unserved;<br>▪ May have been in juvenile institutions or justice system; and/or<br>▪ May be users of acute inpatient care/ and/or<br>▪ May have co-occurring mental illness and substance abuse | County-wide | 156 | 100 | $1,320,000 |
| OA-1 High service utilizers over 60 | Older Adults (60 and older) with SMI from focal population (unserved, Latino and Asian) who have :<br>▪ History of emergency mental health services; and/or<br>▪ Several inpatient admissions or at risk for institutionalization; and/or<br>▪ Have been or at-risk of homelessness | County-wide | 100 | 83 | $1,095,600 |
| | | **TOTALS:** | **691** | **483** | **$6,375,600** |

# Chapter 3: Identified Needs and Preferences of San Diego Mental Health Clients

Because the primary purpose of this plan is to identify strategies to create the 438 Full Service Partnership housing units, a separate needs assessment to determine the total unmet need for housing among individuals with mental illness was not conducted. Instead, to provide context for the need, information on mental health housing needs was collected in three primary ways: through reviewing other written planning and research documents, through client focus groups, and through discussions of needs and preferences within the MHS Housing Council.

## *Housing Needs*

The exact number of individuals in San Diego County with mental illness and an unmet housing need is unknown, though it is estimated to be a significant percent of those with mental illness and low incomes. The most recent SDMHS gap analysis demonstrates the widespread unmet mental health needs across the county. Table 2 summarizes this county-wide gap analysis, which indicates that nearly 45,000 mentally ill individuals are unserved or underserved in the county, and more than 3,000 may be homeless with mental illness.

Table 2: San Diego County Mental Health Services Gap Analysis, January 2007

| | **Population** | **Transition Age Youth** | **Adults** | **Older Adults** | **TOTALS** |
|---|---|---|---|---|---|
| Estimated Service Needs | Unserved | 11,406 | 16,007 | 4,613 | 32,026 |
| | Underserved | 3,393 | 8,530 | 961 | 12,884 |
| | Total | **14,799** | **24,537** | **5,574** | ***44,910*** |
| | | | | | |
| Estimated Homeless | | **490** | **2,765** | **Unknown** | ***At least 3,255*** |

The 2001 San Diego County Strategic Housing Plan for Low-Income Persons with Psychiatric Disabilities estimated the unmet need for housing to be 2,000 at a minimum.[7] The target population for that plan included individuals who were homeless and individuals living in "inappropriate housing" such as individuals in Board and Care homes, living with family or in unsafe/unstable housing who would chose to move if appropriate, affordable housing were available to them.[8]

## *Homelessness*

According to The Plan to End Chronic Homelessness in the San Diego Region, while approximately 4% of the general population suffers from mental illness, in excess of 20% of the

[7] County of San Diego Health and Mental Health Services Agency, San Diego County Strategic Housing Plan for Low-Income Persons with Psychiatric Disabilities, October 2001, p. 6
[8] Ibid, p. 13

homeless are estimated to have a mental disability.[9] The Regional Task Force on the Homeless undertakes an annual count of homeless individuals in San Diego County. The latest available data are from a single night count in January 2006 that provides a point-in-time snapshot of homelessness across the county. Table 3 shows a breakdown of the January 2006 count by region.

Table 3: Number of Homeless Individuals Counted in San Diego County on a Single Night, January 30, 2006[10]

| Region[11] | Number of Homeless Individuals Counted |
|---|---|
| North Coastal | 1,118 |
| North Inland | 928 |
| East County | 188 |
| South County | 446 |
| City of San Diego | 4,221 |
| **TOTAL in County** | **6,968** |

## *Housing Trends*

The cost of housing in San Diego County is extremely high. During the last eight years, the Fair Market Rent, a metric established by the US Department of Housing and Urban Development, has gone up on average more than 50% across unit sizes. In the same time, disability payments have only risen by 21%.[12] On average, San Diegans with disabilities would have to pay 123% of their monthly Supplemental Security Income (SSI) income to rent a modest one-bedroom apartment and 108% to rent an efficiency.[13]

[9] Plan to End Chronic Homelessness in the San Diego Region, September 2006, p. 7
[10] Regional Task Force on the Homeless, Regional Homeless Profile, September 2006, pp. 9-12
[11] The Regional Task Force on the Homeless defines its regions slightly different than the County of San Diego Health and Human Services Agency (HHSA) Service Regions
[12] Information from Social Security Administration, www.ssa.gov
[13] Plan to End Chronic Homelessness in the San Diego Region, September 2006, p. 8

Table 4: U.S. Housing and Urban Development (HUD) Fair Market Rent (FMR) History

| FMR Year | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
|---|---|---|---|---|---|
| **FY 2000** | $563 | $643 | $805 | $1,119 | $1,320 |
| **FY 2001** | $627 | $716 | $896 | $1,247 | $1,470 |
| **FY 2002** | $708 | $809 | $1,012 | $1,408 | $1,660 |
| **FY 2003** | $766 | $875 | $1,095 | $1,524 | $1,796 |
| **FY 2004** | $822 | $939 | $1,175 | $1,636 | $1,928 |
| **FY 2005** | $854 | $975 | $1,183 | $1,725 | $2,080 |
| **FY 2006** | $760 | $870 | $1,065 | $1,514 | $1,871 |
| **FY 2007** | $870 | $993 | $1,205 | $1,757 | $2,118 |

High and rising housing costs and low-incomes drive the high rates of homelessness and housing instability among individuals with mental illness in the San Diego Region. In addition, other barriers to housing further contribute to a housing crisis for many individuals with mental illness. These issues were explored through focus groups with clients as part of the planning process.

## *Findings from Client Focus Groups*

The goal of the MHSA is to transform mental health systems to be more client-centered and recovery-focused. Client choice and preferences have been integral to the Housing Plan planning process. In order to receive client feedback on housing preferences from a broad range of perspectives, eight focus groups were held throughout the county, between October and December, 2006. The focus groups were conducted in Clubhouses in all six Health and Human Services Agency (HHSA) service regions. Clubhouses are drop-in centers that offer peer support services, skill development, socialization, and supportive employment services. Many of the county's clients with mental illness spend most of their daytime hours at their local clubhouses.

The eight focus groups included clients in the adult, older adult, and transition-age youth (TAY) age-groups and represent a wide range of demographics. With the aid of translators at each site, the discussions included clients speaking English, Spanish, Vietnamese and Hmong. American Sign Language was also available for these consultations. In all, approximately 160 mental health clients participated in the focus groups.

### Clubhouse Clients: Current Living Conditions

Focus group participants reported living in a variety of living situations. Many reported that they were currently or recently homeless, especially clients at the downtown Clubhouse. A small number of these clients lived in their cars, while others were staying in temporary accommodations, such as staying at a motel or with friends or family members.

The majority of clients lived in licensed Board and Cares or unlicensed independent living facilities. When asked about the conditions and services provided at these facilities, many had had unfavorable experiences. Overall, a few clients were happy with their current living arrangements, but the majority wanted greater independence and choice in their housing.

## Clubhouse Clients: Housing Preferences

A central goal of these Clubhouse conversations was to determine what clients valued in their housing and what were their expectations. Despite the diverse needs and preferences of the focus group participants, several consistent themes emerged from the conversations. The consistent themes as well as the diverse preferences expressed provide the basis from which the financial modeling and housing guidelines for this Plan were developed.

Not surprisingly, ***independence*** was consistently ranked as a top priority for clients. Most expressed a strong desire for privacy. They preferred to have their own "space." The large majority did not want to share an apartment. Seniors and youth were particularly emphatic about this desire. Most of the clients interviewed did not want to be mandated to check in with anyone when they left or returned to their apartment, and wanted a home where guests and family members may visit freely.

In addition to having their own bedrooms, clients mentioned the importance of having their own kitchen and bathroom, along with common areas to socialize in the building. One client commented, "It must not feel institutional. I don't want to pay for a jail cell."

A very high priority for clients was the need for ***affordable housing*** options. Currently, mental health clients are especially burdened by very high rents compared to their incomes. A large number of clients receive as little as $700 per month in SSI, which greatly limits their housing options. Clients described sharing rooms with several individuals, and in other cases, living in places unfit for human habitation.

A majority of clients interviewed would like some ***voluntary services*** connected to their housing. They did not necessarily want services to be required, but most clients wanted to learn to be independent so they would not need assistance. Many considered it necessary to acquire some essential life skills to gain this independence. Several individuals mentioned that they wanted someone to periodically check in on them and to help with medications. Some clients requested employment assistance to develop skills and to find and maintain employment.

In was apparent that the clients interviewed currently rely on Clubhouses and clinics for most of their health and psychiatric needs. The Clubhouse personnel also help with SSI, citizenship, and housing assistance applications. Most clients have only Clubhouse peer support services and lack other assistance, such as case managers for social, behavioral and mental health services. Because of the lack of case management, many clients reported that they admit themselves to emergency room care when they experience a crisis in their lives.

There were some differences in the needs for specific housing services between the age groups. Transition-age youth expressed the need for assistance to learn life skills: cooking, laundry, social interactions, dealing with risky behavioral choices. Youth also described their desire for

assistance in continuing their educations and developing job skills that would be useful in their future careers. Older adults expressed needs for assistance with certain types of physical health care, including transportation to doctors for medical appointments.

In discussing ***location*** requirements, clients thought it was essential to be close to main transportation lines so that they would have access to health and mental health care facilities, grocery shopping, banking and entertainment. Adult and TAY clients expressed the importance of access to education and employment opportunities as well. Another vital aspect of the location was the need for a safe neighborhood. Many individuals reported residing in unsafe conditions including the streets; the fear of living in an unsafe area was palpable.

There were differences in opinion among those interviewed about whether new housing options should be close to a client's current geographic area or if it was acceptable to be offered housing in a different area of the county. Transition-age youth were the most open to moving within the county. Most of the remaining clients stated that they preferred to stay within the geographic area in which they are currently residing. Individuals living in North County want to stay there, while those in East County and South County feel similarly about remaining in the geographic area where they are. Most who live in areas other than downtown San Diego voiced concerns about moving downtown; however, those living on the street downtown are more willing to move. In general, individuals felt comfortable and were familiar with their current surroundings. They report having postal boxes, knowing how to access health and social services, and having an informal support system. Seniors were most firm about not moving to a different community.

Clients interviewed cited many ***obstacles*** they face in obtaining housing. These include:

- low incomes;
- credit history and evictions;
- long wait lists for housing programs;
- language barriers and difficulty understanding program information;
- difficulty staying in stable housing due to the impacts of mental illness;[14]
- concerns such as the need for family units and apartments that allow clients' pets; and
- the stigma of mental illness: one woman commented, "no one wants to take me."

Overall, the clients attending the focus groups represented a great level of diversity in terms of their backgrounds and housing needs. Yet despite different backgrounds, focus group participants shared several important similarities in their housing priorities. Clients want greater independence, affordable choices, and supportive services that help them maintain their housing and develop employment opportunities. The large majority of clients expressed the need for more housing opportunities that provide independence and client choice. Virtually all participants described the importance of having a personal bedroom to provide privacy and stability. All of these considerations informed the stakeholder consultation process and the financial models.

[14] For example, one client lost her lease after an extended hospitalization due to a mental health crisis. Focus group participants agreed that the typical landlord is not always knowledgeable or accommodating about mental health conditions.

# Chapter 4: Inventory of Housing Currently Available For Mental Health Clients

In addition to understanding the range of needs in the county, it is also important to understand the existing housing resources currently available to mental health clients. Part of the Plan development therefore included assembling a detailed inventory of the existing types and locations of housing resources that are *dedicated to individuals with mental illness*. The inventory serves two central purposes: to inform the planning process by identifying current resources and housing gaps throughout the region, and to serve as a referral tool for clients and service providers. Drafts of the inventory were presented to the MHS Housing Council, and subsequent versions were revised to include their suggestions. The complete inventory is attached as Appendix **C**. The housing inventory will need to be updated on a regular basis, and future distribution of the inventory may include the development of an internet resource dedicated to the inventory.

## *Inventory Process*

Information about the programs listed in this inventory was first collected from existing inventories of housing dedicated to individuals with low incomes or special needs. These sources include:

- Regional Task Force on the Homeless' "Regional Homeless Services Profile, October 2006";
- 2-1-1 San Diego's online inventories of Board and Care facilities and homeless shelters;
- San Diego Housing Commission's Countywide affordable rental housing report;
- San Diego County Housing and Community Development's "Housing Resources Directory, 2006-2007";
- County Commission on Children, Youth and Family inventory;
- Independent Living Association;
- Sober Living Association of San Diego; and
- Input from clients, service providers and advocates.

All of the information gathered on housing programs and facilities included in the inventory were verified by the sponsor agencies, primarily through direct telephone conversations. CSH staff and contractors specifically verified that the housing programs in this inventory are *dedicated to individuals with mental illness.* The housing programs are categorized by regional location and the type of housing offered.

## *Summary by Type of Housing Dedicated to Individuals with Serious Mental Illness*

With input from the MHS Housing Council, CSH divided the existing housing resources into the following categories of housing types that specifically dedicate beds and units for individuals with mental illness:

- *Permanent Supportive Housing* – Units are dedicated to individuals with mental illness. Tenants hold leases with no limit to length of stay. Services are primarily voluntary and not a condition for remaining in the housing. Not a treatment environment. Example: The Association for Community Housing Solutions' (TACHS) Del Mar Apartments.
- *Transitional Housing* – Beds are dedicated to homeless individuals with mental illness. Tenants may stay for a time-limited period, ranging from 3 months up to 2 years. Tenants must participate in programs and services offered in Transitional Housing. Example: Episcopal Community Services' Downtown Safe Haven.
- *Emergency Shelter* – Beds are dedicated to homeless individuals with mental illness. Clients may stay up to 90 days. Example: Interfaith Community Services' Tikkun Home.
- *Crisis Residential Treatment Center* – Beds are dedicated to individuals with mental illness who are in a crisis situation. Length of stay is limited to less than two weeks. These facilities are considered an alternative to hospitalization. Example: Community Research Foundation's START facilities.
- *Licensed Board & Care (B&C)* – Board and Care facilities, licensed by the State of California Community Care and Licensing Division, which are permitted to dispense medications. Most Board and Cares in San Diego County provide care for less than ten clients at a time, although a small number have space for more than 40 clients. The purpose of the Board and Care facilities is to provide continued outpatient stability. In most facilities, clients share rooms. Example: Volunteers of America's Troy Center.
- *Sober Living* – Alcohol and drug-free living facilities for individuals in recovery from alcohol or drug addiction. There are a limited number of these facilities in the County that specifically target individuals with mental illness. Example: Mental Health Systems, Inc.'s Sisters Sober Living.

Table 5 identifies the breakdown of beds dedicated for individuals with mental illness into types of housing. In order to be able to make comparisons between housing types, all housing is listed by the number of "beds," i.e. the number of individuals with mental illness who can be served, not by units. In some cases, such as transitional or permanent housing, "units" may be the more traditional way to think about the resource.

Table 5: Number of Beds *Dedicated* to Individuals with Mental Illness

| **Type of Housing** | **Number of Beds** | **% of Total Beds** |
|---|---|---|
| Permanent Supportive Housing | 293 | 15 % |
| Transitional Housing | 189 | 10 % |
| Emergency Shelter | 6 | Less than 1% |
| Crisis Residential Treatment | 79 | 4 % |
| Licensed Board & Cares | 1,339 | 68 % |
| Sober Living Facilities | 48 | 2 % |
| | | |
| TOTAL BEDS | 1,954 | 100% |

## *Summary by Region*

Table 6 presents the distribution of housing opportunities across the six Health and Human Services Administration (HHSA) service regions. [See Appendix **D** for a map of the HHSA service regions.] As this chart attests, the permanent and transitional housing opportunities for individuals with mental illness are concentrated heavily in the Central region of the county, the smallest HHSA service region in terms of geographic area.

Table 6: Distribution of *Dedicated* Beds across HHSA Service Regions

| Region | Permanent Housing Beds | Transitional Housing Beds | Emergency Shelter Beds | Crisis Center Beds | Licensed B&C Beds | Sober Living Beds | Totals |
|---|---|---|---|---|---|---|---|
| North Coastal | 0 | 14 | 0 | 11 | 18 | 0 | **43** |
| North Inland | 20 | 12 | 6 | 0 | 150 | 0 | **188** |
| East County | 0 | 0 | 0 | 16 | 567 | 48 | **631** |
| North Central | 12 | 0 | 0 | 0 | 0 | 0 | **12** |
| Central | 261 | 163 | 0 | 40 | 498 | 0 | **962** |
| South County | 0 | 0 | 0 | 12 | 106 | 0 | **118** |
| | | | | | | | |
| TOTALS | 293 | 189 | 6 | 79 | 1,339 | 48 | **1,954** |

## *Additional Housing Resources Available but not Dedicated to Clients*

Due to the limited number of programs that dedicate housing to individuals with mental illness, homeless clients often rely on other housing resources. For informational purposes, CSH compiled an inventory of housing resources that are *available to, but not dedicated for, mental health clients.* These facilities admit and serve mental health clients along with other populations such as individuals struggling with addiction, HIV / AIDS, or general homeless populations. The programs listed in this inventory have varying capacity to serve mental health clients. Some may have appropriate supportive services, while others may not be capable of adequately meeting the needs of homeless individuals with serious mental illness. With these reservations in mind, CSH assembled this second inventory using a similar process to the one described above. The categories of housing types captured in the second inventory are:

- *Permanent Supportive Housing* – For individuals with disabilities, often who have also been homeless. Tenants hold individual leases, with no limit to length of stay. Services are primarily voluntary, and not a condition for remaining in the housing. Not a treatment environment. In the programs listed in this section, units are not dedicated for, but may be available to, individuals with mental illness. Example: The San Diego LGBT Community Center's Sunburst Apartments.
- *Transitional Housing* – For homeless people. Tenants may stay for a limited period, ranging from 3 months up to 2 years. Tenants must participate in the programs and services offered in Transitional Housing. In the programs listed in this section, beds are

not dedicated for, but may be available to, individuals with mental illness. Example: St. Vincent de Paul Village's Paul Mirabile Center.

- *Emergency Shelter* – Homeless individuals may stay up to 90 days. In the programs listed in this section, beds are not dedicated for, but may be available to, individuals with mental illness. Example: Catholic Charities' Rachel's Place.
- *Sober Living* – Alcohol and drug free living facilities for individuals in recovery from drug or alcohol addiction. The facilities listed in this section do not dedicate beds for individuals with mental illness, but all homes in this inventory indicated that they would accept mental health clients under some circumstances (these circumstances vary by program, and include the client's length of sobriety and severity of mental illness). Example: Next Step Sober Living.

Table 7: Number of Beds *Available but not Dedicated* to Individuals with Mental Illness

| Type of Housing | Number of Beds | % of Total Beds |
|---|---|---|
| Permanent Supportive Housing | 73 | 3 % |
| Transitional Housing | 1,455 | 66 % |
| Emergency Shelter | 43 | 2 % |
| Sober Living Facilities | 650 | 29 % |
| | | |
| TOTAL BEDS | 2,221 | 100% |

In addition to the housing and facilities listed in the two inventories, there are number of privately-operated unlicensed boarding homes, known also as Independent Living Facilities (ILFs), where people with mental illness reside. These facilities are not licensed by the State, and beds are not dedicated to individuals with mental illness. However, many mental health clients rely on the affordable rents these facilities offer. There are an estimated 500 ILFs in the county serving at least 5,000 individuals. Since there is no system of regulation or accountability, these facilities are difficult to catalog. However, many clients choose to live in them because they cost approximately $300 less per month than a licensed Board and Care and because there is a shortage of affordable independent housing opportunities with supportive services. Of the approximately 500 ILFs, there are 40 facilities that belong to the Independent Living Association (ILA), a new nonprofit organization that is working to develop a system of quality standards for ILFs[15].

## *Summary of Findings*

The SDMHS gap analysis (cited in Table 5 above) estimates that as many as 45,000 transition-age youth, adults, and older adults with mental illness are unserved or underserved by mental health services in San Diego County, and that more than 3,200 are homeless. The compiled inventory of housing resources dedicated to mental health clients indicates that there are

[15] The Independent Living Association is a coalition of ILFs led by Ronda Gibbs. Focusing on the Central and South regions of the County, the ILA seeks to ensure high standards of quality through trainings and self-regulation. The ILA may be contacted at gibbsep@ah.org, or 619-585-4291.

substantial unmet needs across housing types. Clients in the Clubhouse focus groups specifically and repeatedly expressed the desire to live more independently in permanent, affordable housing, yet less than 300 units of permanent supportive housing are dedicated to individuals with mental illness.

Permanent housing is a priority for the mental health clients. The research for this plan concludes that the limited number of housing opportunities dedicated for mental health clients restricts clients' choices. Opportunities that do exist are heavily concentrated in the Central HHSA service region, which includes downtown San Diego and the surrounding neighborhoods. Throughout the client focus groups, participants cited the need for a diverse range of housing opportunities, including across geographic areas. The MHS Housing Council stakeholders have echoed the high priority for developing affordable, permanent housing opportunities throughout the county.

The following chapter combines client preferences with stakeholder input and current housing realities to develop several housing recommendations for FSP clients. The results of this process are very similar to the 2001 San Diego County Strategic Housing Plan for Low-Income Persons with Psychiatric Disabilities, which concluded that there was an urgent need for at least 2,000 units of permanent housing with supportive services for mental health clients.

# Chapter 5: MHSA FSP Housing Recommendations

The primary focus of this Plan is to meet the housing needs associated with San Diego's new MHSA-funded Full Service Partnerships. San Diego's Community Services and Supports Plan includes five FSPs dedicated to meeting the comprehensive mental health housing and services needs of individuals with serious mental illness who have been unserved or underserved by the mental health system.

To best meet the housing needs of individuals enrolled in an FSP, SDMHS set a goal of creating the most FSP housing units feasible given available funding. The assumption is that at any given time some of those enrolled will not accept housing and some of those enrolled will have access to non-MHSA funded housing, such as current Shelter Plus Care, Section 8 or other existing subsidized housing. The financial model establishes a numerical goal of 438 units for the FSPs. By FSP, the housing creation goals are:

- Transition age youth – 80 units
- Homeless and At Risk Adults – 175 units (within two FSPs)
- Adults (Criminal Justice system involvement) – 100 units
- Older Adults – 83 units

The population groups targeted and the FSPs are described in more detail in Appendix **E**.

A number of models exist to provide special needs housing, including shared housing, transitional housing, scattered site permanent supportive housing and single site permanent supportive housing[16]. Different strategies for developing or providing such housing are appropriate based on the nature of the housing need, resources available, local real estate market dynamics, the subpopulation to be served, and the capacity of the local community to provide housing services.

Client focus groups, MHS Housing Council stakeholders, client advocates, and county staff concur that the Plan's goal is to provide adequate supportive housing for FSP clients. Generally, supportive housing is community-based housing that is affordable to clients on a permanent basis, provides all the rights and responsibilities of tenancy, and is accompanied by appropriate, voluntary services that assist clients to retain their housing. In the case of San Diego's FSPs, intensive supportive services are built into the programs and the housing created generally will not need additional services attached to the housing to be considered supportive housing.

Throughout the planning process for this Housing Plan, the focus remained on creating guidelines for supportive housing that are responsive to client preferences and promote client choice. The stakeholder process sought to create MHSA housing guidelines that reflected the

[16] Permanent supportive housing combines and links permanent, affordable housing with support services designed to help the tenants stay housed. Tenants have the legal right to remain in the unit as long as they wish, as defined by the terms of a renewable lease agreement.

client preferences voiced at the clubhouse focus groups, while recognizing the needs and realities of the local housing market.

Taking these considerations into account, the MHS Housing Council made the following recommendations to guide this Plan in terms of the types of housing opportunities to be pursued. Included are not only the preferred types and models of housing to be pursued but also a method for making exceptions in order to take advantage of opportunities to secure housing.

## *Recommendations to Develop a Variety of FSP Housing Opportunities*

1. FSP clients must be given choices for their housing arrangements.

2. MHSA funds dedicated to housing should be used to leverage funds toward the development of at least 438 new housing opportunities for FSP clients in San Diego County.

2. MHSA housing funds should be made available for capital costs for new construction or acquisition / rehabilitation projects, and for operating costs, including capitalized operating reserves.

3. To ensure long-term affordability, at least 2/3 of the new housing opportunities should be in permanently affordable sponsor-owned housing projects located throughout the county, including new construction and acquisition / rehabilitation projects. The remaining units may be leased apartments spread throughout the county.

4. MHSA units may be in buildings that are 100% targeted for FSP clients and in mixed buildings serving other target populations. To ensure client choice, SDMHS should seek to achieve a mix of building types.

5. While there is a need for different housing types to provide a continuum of care, the limited resources available under MHSA should promote the creation of permanent housing. Transitional Housing is not recommended for development using local MHSA housing funds.

6. SDMHS, CSH, the San Diego Housing Federation, and the FSP providers will work to encourage affordable housing developers to include units dedicated to FSP clients in their housing projects.

7. Once all the housing units are created and filled there will still be a need for housing for new clients coming into the FSPs. SDMHS, CSH and FSP providers should work together, consistent with State Department of Mental Health guidelines, to explore graduation/exit strategies for clients ready to leave the intensive services of an FSP to ensure that they are able to retain stable housing while making sure some FSP-dedicated housing can be made available to house new clients.

## *Housing Project Development Guidelines*

For projects developed using MHSA housing funds, the following guidelines shall apply.

1. FSP clients will pay no more than 30% of their income for housing, consistent with accepted federal standards of affordability.

2. FSP clients will live in housing where they have their own bedrooms.

3. Shared housing may be eligible for funding under the condition that clients have their own bedrooms. All shared housing projects will require the review process outlined in 8 below. The MHS Housing Council does not recommend shared housing for transition-age youth (TAY) clients.

4. While buildings may be of any size, SDMHS must ensure that a variety of projects are developed, that efforts are made to minimize concentration of clients, and that at least some projects funded are mixed tenancy and some projects are small in size (25 units or less.) Projects proposed with more than 25 MHSA-dedicated units shall be evaluated under the process outlined in 8 below.

5. MHSA-supported housing developments should be located near transportation, with access to health services, groceries, and other necessities.

6. Studio apartments dedicated to individual FSP clients should be at least 350 square feet in size. Single Room Occupancy (SRO) units are not desirable and will not be funded except as allowed under 8 below.

7. MHSA-supported housing developments should include indoor and/or community space, which may include the following: common meeting spaces, communal kitchens, and gardens.

8. For any proposed housing project, if guidelines 1 through 7 are not met, a committee of SDMHS staff, CSH, MHS Housing Council members, clients and family members will review the proposed project's design and provide input to the developer and County Mental Health before the project is considered for approval. This committee will review the proposed projects in an expedited process to prevent any delays in funding applications.

9. Developers must involve client representatives and family members in the design and planning process for all new projects that have not already been through the design process.

10. MHSA funded units should be retained as dedicated for mental health clients for the maximum time possible, based on other funding requirements and continued need and availability of services. Affordability requirements should be as long as permissible, with a target goal of 55 years.

# Chapter 6: Financial Modeling Results

Based on the recommendations described in Chapter 5, as well as more specific targets established regarding development and leasing strategies, scattered and single site models, and unit sizes, a financial model was created to estimate the costs associated with reaching the overall FSP housing target.

*NOTE: This financial model is a projection of how the goals of the plan may be met over time through the targeted balance of different project types and models. It is certain that the actual implementation of the Plan will vary in some ways because actual projects developed are unlikely to conform exactly to the projections. The complete model is found in Appendix **F**.*

The scenario described in this financial model is useful in describing the general assumptions about what it will take in terms of both time and resources to develop the number and types of units projected. The model should be re-evaluated, updated and revised on a regular basis as projects are funded and new funding resources become available.

## *Modeling Considerations*

As discussed in Chapter 5, the populations to be housed under the plan are described in Table 8 below. In all, the financial model estimated the creation of 438 MHSA housing units.

Table 8: Housing Goals by FSP Population

| Population | Housing Goal |
|---|---|
| • Transition age youth | 80 units |
| • Adults (Homeless, At-Risk, or Frequent Users of Acute Care) | 175 units |
| • Adults – justice system | 100 units |
| • Older Adults | 83 units |
| **TOTAL** | **438 units** |

Given the established housing unit goals, and the need to balance community preferences and feasibility, the MHS Housing Council recommended that approximately one-third (1/3) of the new housing should be offered as leased apartments at scattered sites. To preserve long-term affordability, approximately two-thirds (2/3) of the new housing created with MHSA dollars

should be in permanently affordable housing in single site developments. The following breakdown was established for the provision of leased units vs. new construction and rehabilitation housing units.

Table 9: Preferred Breakdown of Leased vs. New Construction / Rehabilitation

| FSP | Total # of Units | Leased Units | New Construction & Rehab |
|---|---|---|---|
| A-1 – Homeless, At-Risk, or Frequent Users of Acute Care | 175 | 50 Units<br><br>4 Sites X 10 Units ea.<br>2 Sites X 5 Units ea.<br>(Shared houses) | 125 Units<br><br>5 Bldgs X 25 Units<br>(Could be units in larger mixed-use buildings) |
| A-2 – Criminal Justice | 100 | 25 Units<br><br>5 Sites X 5 Units ea.<br>(Shared houses) | 75 Units<br><br>3 Bldgs X 25 Units |
| TAY-1 | 80 | 20 Units<br><br>4 Sites X 5 Units ea.<br>(Shared houses) | 60 Units<br><br>3 Bldgs X 20 Units |
| OA-1 Older Adults (over 60) | 83 | 20 Units<br><br>5 Sites X 4 Units ea.<br>(studios or 1-br) | 63 Units<br><br>1 Bldg X 40 Units<br>1 Bldg X 23 Units<br>(Could be units in larger senior building) |

The following unit mix was recommended based on the likely mix of families and individuals in the MHSA client populations. Most of the units recommended are studios, based on the general expectation that individuals will be those most likely in need of housing, given the populations to be served.

Table 10: Preferred Breakdown of Unit Mix by Bedroom Size

| FSP | # Units | Unit Mix |
|---|---|---|
| A-1 – Homeless, At-Risk, or Frequent Users of Acute Care | 175 | 10 Shared: (2 houses)<br>130 Studios<br>30 1-BR<br>5 2-BR |
| A-2 – Criminal Justice | 100 | 25 Shared: (5 houses)<br>60 Studios<br>5 1-BR<br>5 2-BR<br>5 3-BR |
| TAY-1 | 80 | 60 Studios<br>20 Shared: (4 houses) |
| OA-1 Older Adults (over 60) | 83 | 63 Studios<br>20 1-BR |

The three tables above show the targets that were used to develop the model, in terms of unit size, location and method for securing (new development versus leasing). The following additional factors were taken into account in developing the housing program to be modeled.

- Nature of the San Diego housing market: It was assumed that the housing program would need to rely on the creation of a greater proportion of acquisition / moderate rehabilitation projects over new construction projects given the low supply of vacant land. Additionally, acquisition / rehabilitation production strategies are more favorable given the difficulty of obtaining appropriate zoning for supportive housing projects. They also generally can be created more quickly than new construction units.

- Developer capacity in San Diego: There is currently limited capacity among housing developers to take on a major supportive housing production program. In general, it was felt that, given the supply of likely developers and development consultants available, no more than two or three projects were likely to be created in any given year. As will be discussed in more detail below, this results in a timeline of six years for the planned production program.

- Additional funding for 24/7 front desk security needed in some projects: A 24-hour staffed front desk is often recommended in supportive housing projects of middle to large size. In general, supportive housing projects in San Diego do not utilize this level of security coverage. Exceptions include very large senior projects. Small projects, which

cannot cover these costs from operating resources, can rely on more passive measures such as security cameras or key systems if security is a concern. Nonetheless, it was felt that a small number of projects in the program might require this level of security due to either population (older adult) or location.

- Mixed tenancy projects: In addition to meeting the housing goals listed above, the financial model assumes the creation of some general affordable units not targeted to the FSP population. Such units are rented to low income tenants (generally earning at or below the 50 – 60% Area Median Income level) who may be employed or have other sources of income and are not MHSA clients. As a result, units targeting low income tenants do not need to be as deeply subsidized as supportive housing units and do not require the same level of services. Adding these units can also help to

    - Promote integration of MHSA clients with non-MHSA individuals or families;
    - Create larger projects which can better leverage key housing resources such as Low Income Housing Tax Credits;
    - Lower the overall per-unit development and operating cost to promote cost-effectiveness;
    - Attract mainstream affordable housing developers to better meet the production timeline; and
    - Help leverage state and local housing resources which might normally support mainstream affordable projects.

    In all, 162 affordable housing units were integrated into the housing goal of 438 MHSA units for a total of 600 units to be created under the production plan.

- Rapid availability of some units: Because of the length of time required for development, 115 of the 438 units to be created should be leased units so as to create immediate housing opportunities. It was recognized that the development timeline for production units could last 2 – 4 years in total.

- Existing Pipeline: In discussion with local public funders, it was determined that a sizable production pipeline already exists for mainstream affordable housing units. Despite the long development timeline for new projects, the model assumes that MHSA funds will be able to "buy" units in projects already in the pipeline resulting in the creation of new production units in the near term.

## *Production Plan*

Given the considerations outlined above as well as the housing preferences described in Chapter 5, the following production plan for the non-leased units was developed:

Table 11: Project / Building Breakdown

| Population | Acquisition / Moderate Rehabilitation | New Construction / Substantial Rehabilitation |
|---|---|---|
| • Transition age youth | (3) 20-unit buildings | |
| • Adults (Homeless, At-Risk, or Frequent Users of Acute Care) | (1) 50-unit building*<br>(3) 25-unit buildings | (1) 50-unit building* |
| • Adults – justice system | (1) 25-unit building<br>(1) 50-unit building* | (1) 25-unit building |
| • Older Adults | | (2) 75-unit buildings* |

Note: All 20 – 25 units buildings are assumed to be 100% occupied by MHSA clients. Most buildings with 50 – 75 units contain 25 MHSA units, with the rest of the units occupied by general affordable tenants (non-MHSA, at or below 50 – 60% of Area Median Income).

The breakdown of the entire 600 units by type of unit and population is as follows:

**Table 12: Unit Breakdown by Population**

| | Shared | Studio | 1-br | 2-br | 3-br | Total |
|---|---|---|---|---|---|---|
| A1 - Homeless | 10 | 130 | 30 | 5 | | 175 |
| A2 - Criminal Justice | 25 | 60 | 5 | 5 | 5 | 100 |
| TAY1 | 20 | 60 | | | | 80 |
| OA-1 | | 63 | 20 | | | 83 |
| Affordable | | 42 | 80 | 30 | 10 | 162 |
| **Total** | **55** | **355** | **135** | **40** | **15** | **600** |

Note: "Shared" units consist of buildings in which MHSA clients share common spaces such as kitchens and bathrooms. All clients, however, have private bedrooms.

Given the capacity constraints mentioned earlier, a six year production timeline was established for the financial model. This timeline assumes the commitment of funding for two or three projects per year, based on developer capacity as well as funding constraints. In all, the model contemplates the creation of 13 buildings as described in Table 11 above.

Tables 13 and 14 outline planned production by year for the 13 buildings as well as the anticipated development costs.

**Table 13: Production Timeline**

| | Buildings | | | | | | |
|---|---|---|---|---|---|---|---|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6-Year Total |
| New Construction/Subst Rehab | | | | | | | |
| 20-Unit Buildings | | | | | | | 0 |
| 25-Unit Buildings | | | | 1 | | | 1 |
| 50-Unit Buildings | | | | | 1 | | 1 |
| 75-Unit Buildings | | 1 | 1 | | | | 2 |
| 100-Unit Buildings | | | | | | | 0 |
| TOTAL (New Construction/Subst Rehab) | 0 | 1 | 1 | 1 | 1 | 0 | 4 |
| | | | | | | | |
| Acquisition/Mod Rehab | | | | | | | |
| 20-Unit Buildings | | 1 | | 1 | 1 | | 3 |
| 25-Unit Buildings | 1 | | 1 | 1 | 1 | | 4 |
| 50-Unit Buildings | 1 | | 1 | | | | 2 |
| 75-Unit Buildings | | | | | | | 0 |
| 100-Unit Buildings | | | | | | | 0 |
| TOTAL (Acquisition/Mod Rehab) | 2 | 1 | 2 | 2 | 2 | 0 | 9 |
| | | | | | | | |
| **GRAND TOTAL** | 2 | 2 | 3 | 3 | 3 | 0 | 13 |

**Table 14: Capital Costs**

| | Capital Costs | | | | | | |
|---|---|---|---|---|---|---|---|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6-Year Total |
| New Construction/Subst Rehab | | | | | | | |
| 20-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| 25-Unit Buildings | $0 | $0 | $0 | $9,982,500 | $0 | $0 | $9,982,500 |
| 50-Unit Buildings | $0 | $0 | $0 | $0 | $20,131,375 | $0 | $20,131,375 |
| 75-Unit Buildings | $0 | $18,562,500 | $20,418,750 | $0 | $0 | $0 | $38,981,250 |
| 100-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| TOTAL (New Construction/Subst Rehab) | $0 | $18,562,500 | $20,418,750 | $9,982,500 | $20,131,375 | $0 | $69,095,125 |
| | | | | | | | |
| Acquisition/Mod Rehab | | | | | | | |
| 20-Unit Buildings | $0 | $5,500,000 | $0 | $6,655,000 | $7,320,500 | $0 | $19,475,500 |
| 25-Unit Buildings | $5,625,000 | $0 | $6,806,250 | $7,486,875 | $8,235,563 | $0 | $28,153,688 |
| 50-Unit Buildings | $10,000,000 | $0 | $12,100,000 | $0 | $0 | $0 | $22,100,000 |
| 75-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| 100-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| TOTAL (Acquisition/Mod Rehab) | $15,625,000 | $5,500,000 | $18,906,250 | $14,141,875 | $15,556,063 | $0 | $69,729,188 |
| | | | | | | | |
| **GRAND TOTAL** | $15,625,000 | $24,062,500 | $39,325,000 | $24,124,375 | $35,687,438 | $0 | $138,824,313 |

The financial model assumes that the year indicated is the year in which final capital commitments are made to the development of a particular project (In all, the process of obtaining capital financing for a project can last from 12 – 24 months in total.) As a result, it is anticipated that actual construction will occur in the year following that in which final funding is committed thereby resulting in units being operational as soon as the following year, assuming a construction timeline of approximately 12 months. The actual construction timeline may be shorter or longer depending on whether the project is a rehabilitation project or new construction, as well as issues that may arise during the construction process.

## *Model Summary*

Table 15 describes the total funding needed to be committed per year to develop the 13 projects, including capital costs, the costs of operating the units, and the services costs. Operations and services costs also include the costs associated with the leased units. Table 16 describes the funding which must actually be spent in a given year, given the development timeline considerations noted above.

**Table 15: Annual Funding Commitments**

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| Capital Funding[3] | $15,625,000 | $24,062,500 | $39,325,000 | $24,124,375 | $35,687,438 | $0 | $138,824,313 |
| Operating Subsidies | $1,551,496 | $1,870,011 | $2,261,048 | $2,644,263 | $3,034,917 | $3,065,267 | $14,427,002 |
| Additional Subsidy Needed for Front Desk[4] | $103,500 | $104,535 | $211,161 | $319,908 | $430,810 | $435,118 | $1,605,032 |
| Total Operating Subsidies | $1,654,996 | $1,974,546 | $2,472,208 | $2,964,172 | $3,465,727 | $3,500,385 | $16,032,034 |
| Service Funding | $1,980,000 | $2,754,000 | $3,720,470 | $4,686,295 | $5,689,263 | $5,803,049 | $24,633,077 |
| **Total Funding Commitments** | $19,259,996 | $28,791,046 | $45,517,679 | $31,774,841 | $44,842,428 | $9,303,433 | $179,489,424 |

**Table 16: Annual Funding Expenditures**

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| Capital Funding[3] | $0 | $15,625,000 | $24,062,500 | $39,325,000 | $24,124,375 | $35,687,438 | $138,824,313 |
| Operating Subsidies | $1,301,496 | $1,564,511 | $1,883,156 | $2,274,324 | $2,657,673 | $3,048,461 | $12,729,621 |
| Additional Subsidy Needed for Front Desk[4] | $0 | $103,500 | $104,535 | $211,161 | $319,908 | $430,810 | $1,169,914 |
| Total Operating Subsidies | $1,301,496 | $1,668,011 | $1,987,691 | $2,485,485 | $2,977,581 | $3,479,271 | $13,899,535 |
| Service Funding | $1,380,000 | $2,007,600 | $2,782,152 | $3,749,185 | $4,715,584 | $5,719,139 | $20,353,660 |
| **Total Funding Expenditures** | $2,681,496 | $19,300,611 | $28,832,343 | $45,559,670 | $31,817,540 | $44,885,847 | $173,077,507 |

The anticipated results of the funding commitments and expenditures are described in Tables 17 and 18. Scattered site/leased units are expected by be leased up by the end of the year indicated. Production units are expected to come on line as early as the latter part of the year indicated assuming that construction begins promptly following receipt of all permanent financing commitments and that no extraordinary delays are encountered during the development process.

**Table 17: Annual Production Schedule**

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| Scattered Site/Leased Units | 115 | | | | | | 115 |
| Total Production Units | 0 | 50 | 60 | 73 | 70 | 70 | 323 |
| New Construction/Subst Rehab | | | 40 | 23 | 25 | 25 | 113 |
| Acquisition/Mod Rehab | | 50 | 20 | 50 | 45 | 45 | 210 |
| **Total** | 115 | 50 | 60 | 73 | 70 | 70 | 438 |

**Table 18: Unit Production Schedule by Population**

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| A1 - Homeless, At-Risk or Frequent Users | 50 | 25 | | 25 | 25 | 50 | 175 |
| A2 - Criminal Justice | 25 | 25 | | 25 | 25 | | 100 |
| TAY1 | 20 | | 20 | | 20 | 20 | 80 |
| OA-1 Older Adults (over 60) | 20 | | 40 | 23 | | | 83 |
| **Total** | 115 | 50 | 60 | 73 | 70 | 70 | 438 |

## *Available Resources*

Supportive housing requires a variety of capital, operating, and services resources. Capital funding is what funds the actual construction or rehabilitation of the project; operating funds keep the project operational once construction is complete; services must be ongoing during operation as well to keep the project functional as a supportive housing project.

While services resources for the projects anticipated in this Plan are being supplied entirely through the Mental Health Services Act, the capital and operating resources available through MHSA only partially provide what is needed. As a result, MHSA funds need to "leverage" local, state, and federal resources. The financial model included in the Plan provides an example of how this leveraging might occur given the realities of the real estate market as well as the likely resources that the production program will leverage. Without leveraging, local MHSA funds could build and operate only a small fraction of the total units contemplated under the Plan.

The strategy to meet the capital costs anticipates the use of funding that will come from the local jurisdictions in which the projects will be located as well as the MHSA resources that the County Mental Health Administration controls. At the state level, anticipated sources include funding from the California Department of Housing and Community Development (HCD) and the California Housing Finance Agency (CalHFA). Low income housing tax credits (LIHTC) originate at the federal level but are managed by state entities (including the Tax Credit Allocation Committee, or TCAC) and are also a major source of capital funding. Competitive 9% tax credits are the most lucrative but also the most competitive source; 4% credits are non-competitive but must be paired with tax exempt bonds, another source of low-cost funding, as well as additional leveraged subsidies.

To cover the costs of operations, anticipated resources include MHSA state and local funds, tenant rents, funding from CalHFA, and funding from the federal government through the Department of Housing and Urban Development's McKinney-Vento homeless assistance programs. Priorities for these federal funds are established by the local Regional Continuum of Care Councils, and therefore SDMHS and MHSA project sponsors should continue to engage the San Diego Continuum of Care process.

Table 19 presents the anticipated capital sources necessary to construct / rehabilitate the 13 buildings projected in the financial model. Table 20 shows the anticipated operating resources. Locally-controlled MHSA funding is expected to be the funding source for the service costs

associated with this production plan and no financing gap is anticipated for services provided to MHSA FSP clients.

**Table 19: Capital Financing Sources**

| | Amount | Amount/Year | Terms |
|---|---|---|---|
| | | | |
| **Scattered Site/Leased Units** | n/a | n/a | n/a |
| | | | |
| **Production Units** | | | |
| TCAC ( 4% LIHTC) | $11,228,875 | $2,245,775 | Equity Investment |
| TCAC ( 9% LIHTC) | $35,467,575 | $7,093,515 | Equity Investment |
| *MHP (HCD)* | $28,648,000 | $5,729,600 | 3%/55 years |
| *MHSA Housing Program (CalHFA)* | $29,000,000 | $5,800,000 | 3%/20 years |
| *MHSA One-Time* | $0 | $0 | TBD |
| *MHSA Unspent* | $2,591,820 | $518,364 | TBD |
| *MHSA Capital Facilities* | $0 | $0 | TBD |
| *MHSA Additional Ongoing* | $6,025,234 | $1,205,047 | TBD |
| Local Continuums (McKinney SHP) | $2,750,000 | $550,000 | Grant |
| Federal Home Loan Bank (AHP) | $3,150,000 | $630,000 | Grant |
| Other Financing | $2,462,809 | $492,562 | TBD |
| Other Local Resources | $17,500,000 | $3,500,000 | TBD |
| **TOTAL** | **$138,824,313** | $27,764,863 | |

| | |
|---|---|
| **Gap** | **$0** |
| Average Per Unit Cost (production units only) | $286,236 |
| Gap Funding per Production Unit (485 total) | $0 |

**Table 20: Operating Sources**

| | Amount | Terms |
|---|---|---|
| Tenant Income | $3,527,832 | n/a |
| MHSA One-Time | $2,070,000 | TBD |
| MHSA Additional (Ongoing) | $5,906,278 | TBD |
| MHSA Housing Program | $3,427,924 | 20 years |
| Local Continuums (S+C) | $1,100,000 | 5 years |
| **Total** | $16,032,034 | |

| | |
|---|---|
| **Gap** | $0 |

As Tables 19 and 20 show, this financial model does not project a financing gap for either capital or operating funding over the six years. It should be emphasized that the operating costs

described in the model are only those associated with the six year timeline covered by the Plan.[17] These costs will continue in future years as well.

## *Financing Considerations*

As described above, the scenario described in this financial model does not include a capital or operating financing gap. However, housing development is very opportunistic, and the implementation of this housing plan will vary from the model. It is possible that capital or operating gaps may arise as the Plan is implemented. The following two considerations must be kept in mind:

- The model's predictive value is dependent on the accuracy of many forecasting assumptions as well as local market conditions. For example, the model currently assumes an overall increase in development costs of 10% per year. This is deemed to be a conservative assumption, and therefore may err on the high, or "safe," side as it is impossible to predict the nature of the San Diego real estate market over the next six years.

- There may be other sources that can help fill any potential financing gaps. These include additional resources from local funders (described in greater detail below in Chapter 7), beyond the estimates included in the model. Other additional resources include equity from the developers themselves, such as land or funds obtained through fundraising, which might be available in some cases. There is also the strong prospect of future MHSA resources. Other potential resources include the possible creation of a local permanent source of financing, perhaps through dedicating a portion of MediCal reimbursements to the housing program.

Annual updates to the Plan – and to the model – will enable the plan stakeholders to assess the availability of such resources on a regular basis, and either plan for additional resources or adjust the program accordingly.

[17] The duration of the model is six years, with development (capital) funding commitments being made in the first five years.

# Chapter 7: Local Housing Funding Sources

The financial model outlined in this Housing Plan summarizes the costs of capital, operating and service expenses required in order to provide 438 units of affordable housing with supportive services to clients of Full Service Partnerships. Services costs are fully funded under the Mental Health Services Act. The financial modeling identifies a number of sources of capital and operating funds that are available to developers and MHSA contractors seeking to develop housing opportunities for people with serious mental illness in San Diego County. These sources of funds include:

- 4% and 9% Low Income Housing Tax Credits (LIHTC)
- State of California Multifamily Housing Program (MHP / Prop 1C)
- State MHSA Housing Program (CalHFA) – includes capital and operating funds
- MHSA One-Time local funds
- MHSA Additional Ongoing local funds
- Local Continuum of Care resources (McKinney-Vento)
- Federal Home Loan Bank (AHP)
- Conventional Financing / Loans
- Other possible resources, including developer equity (such as land) or private philanthropy

The model also projects that local housing resources will contribute to the financing of MHSA housing projects. There are several potential sources for local housing funds, and the availability of these funds will vary, depending on:

- the specific location of a particular project;
- the amount of funds available each year; and
- the competitiveness of the project against the criteria for each of these sources, as each agency or jurisdiction that provides development resources has different programs and criteria to support housing development and operations.

## *Potential Local Sources of Capital Funds*

**San Diego County Housing and Community Development (County HCD)**

County HCD serves as the Housing Authority for the unincorporated areas of the county, in addition to the cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway, and Solana Beach. County HCD currently supports the development of new affordable rental housing through two Notices of Funding Applications (NOFAs). The first NOFA provides financing for affordable housing in the two redevelopment areas of unincorporated San Diego County. The second NOFA is a general NOFA that will provide funding to the unincorporated county or the six cities mentioned above. The goal of these NOFAs is to facilitate affordable rental housing by providing financing at rates below those charged by commercial lending institutions. County HCD expects its loans to be leveraged with other resources (such as tax credits or private loans). The sources for these NOFAs are federal HOME and CDBG funds.

In addition, County HCD administers the federal Housing Opportunities for Persons with AIDS (HOPWA) program that provides grant funds to design long-term, comprehensive strategies to meet the housing needs of low income people living with HIV/AIDS. HOPWA funds can be used for a variety of activities, including: acquisition, rehabilitation, or new construction of housing units, facility operations, rental assistance, and short-term payments to prevent homelessness. *(The City of San Diego is the recipient of HOPWA funds on behalf of all San Diego County jurisdictions. However, by agreement between the City and the County, the County HCD administers the HOPWA funds. Both the City and County participate in selecting projects for funding through HOPWA.)*

**San Diego Housing Commission (SDHC)**

The SDHC provides affordable housing opportunities for low-income residents in the City of San Diego through a variety of programs, including Section 8 Housing Choice Vouchers. The main way that SDHC assists the development of new affordable rental housing is through its "Notice of Funding Availability (NOFA) For Construction, Acquisition, and Operation of Affordable Rental Housing." Through this NOFA, affordable housing developers may apply for gap financing from SDHC for new affordable housing properties, including permanent supportive housing. The goal is to facilitate affordable rental housing by providing financing at rates below those charged by commercial lending institutions. SDHC expects its loans to be leveraged with other resources (such as tax credits or private loans). The funding for this NOFA comes from federal HOME funds allocated to the City of San Diego, the San Diego Housing Trust Fund, and inclusionary housing in-lieu fees.

**Centre City Development Corporation (CCDC)**

As the redevelopment agency for downtown San Diego, CCDC is required to allocate at least 20% of its tax increment financing revenue into low and moderate affordable housing projects. CCDC provides gap financing to affordable housing projects in the downtown area, and also will provide smaller subsidies to projects outside downtown San Diego under certain circumstances. CCDC has funded permanent supportive housing for formerly homeless individuals, and is continuing to consider funding future supportive housing projects. In August 2007, CCDC is expected to release a Request for Proposals for a new high-rise residential project that will include 25 studios dedicated to MHSA clients.

**Affordable Housing Collaborative**

In addition to the CCDC, there are 16 redevelopment areas in the City of San Diego (and several in the other cities in the county). The Affordable Housing Collaborative brought together the City of San Diego Redevelopment Agency, Southeastern Economic Development Corporation, CCDC and the San Diego Housing Commission in response to the Housing State of Emergency in San Diego. The Collaborative released a joint NOFA for affordable housing in 2003.[18] The original NOFA funds have been allocated, but there is potential for more funds in the future. These funds could potentially support MHSA units.

[18] To create the joint NOFA, the agencies pooled together existing affordable housing resources.

*Note: Other jurisdictions in the San Diego region have additional local capital funding sources to potentially support permanent supportive housing development. Jurisdictions with a dedicated housing agency or department include: City of Carlsbad Housing Agency, City of Escondido Housing Department, City of Encinitas Housing Department, City of Oceanside, City of Santee, National City Housing Agency, and City of Vista Housing Department.*

## *Potential Local Sources of Operating Funds*

In San Diego County, the sources for operating funds for supportive housing are more limited than for capital funds. There are potential resources that could provide operations funding to MHSA projects in the future.

**County HCD**

County HCD could potentially use federal HOPWA funds for operating funds for projects that include housing units for individuals living with HIV/AIDS. HOPWA service funds can be used for eligible activities, including: Short-Term Rent, Mortgage Payment or Utility Payments, Housing Information and Referral, Housing Operations, Project or Tenant-Based Rental Assistance, Resource Identification and Support Services.

**SDHC**

SDHC is currently considering a new program to support the operations of supportive housing developments. More information on this potential resource is expected later in 2007.

In addition, SDHC may also consider the use of Project-Based Section 8 Housing Choice Vouchers. Public housing authorities may dedicate a portion of their Section 8 vouchers to a project-based program, in which the building owner agrees to set aside a number of units and the housing authority provides an ongoing operating subsidy. If a program like this is created in San Diego, it potentially could assist the operations of MHSA funded developments.

## *Role of Local Housing Funds*

Overall, it is important for MHSA contractors and housing developers to understand the full range of funding options that may be available to them in master leasing or developing housing opportunities for people with serious mental illness. Local housing funds are a smaller portion of the total development costs in the model than state and federal sources, yet they serve a valuable role in completing the crucial gap financing that enables housing projects to meet their costs. Additionally, SDMHS and its contractors can use information regarding potential sources of funding to ensure consideration is given to the housing needs of vulnerable people with mental illness when making critical decisions involving valuable local resources.

# Chapter 8: Addressing Additional Housing Needs

The primary goal of the MHSA Housing Plan process is to create permanent housing for 438 FSP clients. Chapters 5-7 above have addressed the recommendations and strategies to create the needed units and the anticipated financing needed to do so.

In addition to meeting that need, the MHS Housing Council, clients and other stakeholders participating in the planning process identified a variety of other unmet housing needs for mental health clients in San Diego County. It is important to recognize that the majority of mental health clients in the region will not be served by an FSP but may also have significant unmet housing needs. The clients interviewed at the Clubhouses, for example, generally reported dissatisfaction with their housing situation, yet very few of them will be eligible for or able to enroll in one of the Full Service Partnerships.

As described above, many mental health clients live in licensed Board and Care homes or "Independent Living Facilities" which vary in quality and appropriateness for the clients. There is no doubt that the continuum of housing options should include licensed facilities that can assist clients with medications, provide meals and other services, as well as boarding-type facilities that can provide room and board to those who prefer that. But too often these facilities are the only options available to clients who are capable of living independently with some service support but who cannot afford their own housing in the private market. A variety of housing options and opportunities to access them need to be created to meet the broader needs of mental health clients not in an FSP. In addition, greater efforts must be made to ensure that mental health clients are not made homeless because of a mental health crisis that results in hospitalization, or being discharged an from institutional setting to homelessness.

The following recommendations address these unmet needs.

1. **Improve Board and Cares:** SDMHS and the MHS Housing Council recognize that many individuals with SMI currently live in licensed Board and Care homes or in unlicensed boarding homes/Independent Living Facilities, and that the quality of these settings vary widely, as well as the appropriateness of these settings for clients who would prefer to live independently. SDMHS, the MHS Housing Council and the Board and Care Committee will work together to identify means to increase oversight and improve the quality of those facilities that do not currently provide high quality environments, and to develop strategies to assist individuals desiring to live independently to pursue other housing options

2. **Review and improve discharge planning:** SDMHS and the MHS Housing Council (in collaboration with the Implementation committee of the Plan to End Chronic Homelessness in the San Diego Region) will undertake a review of the discharge process from various public systems, to work toward reducing the numbers of individuals with mental illness being discharged into homelessness. This review will include foster care, hospitals, the justice system, and veterans programs.

3. **Provide housing support and education to mental health system clients:** SDMHS should proactively collaborate with other housing partners and work to identify resources to assist mental health clients who are not eligible for, or unable to enroll in, an FSP to find and retain affordable housing. This should include educating clients about how to find, obtain and maintain housing; providing support for legal services that provide assistance to clients with bad credit histories or eviction records; developing a referral network for housing; and providing other support needed to improve access to housing for non-FSP clients. One strategy to meet this recommendation could be to use additional MHSA funds (i.e. system development funds) as they become available.

4. **Increase affordable housing:** SDMHS and the MHS Housing Council will undertake to increase access to affordable housing and housing subsidies for clients not eligible for, or unable to enroll in, an FSP. These actions will include:
    - Advocating with Federal, State and local funding agencies for more rental assistance / affordable housing funding, including permanent sources of funding at the State and local levels
    - Seeking new Shelter Plus Care resources through the Regional Continuum of Care Council, and Section 8 resources through the SDHC and County HCD, targeted for individuals with mental illness

5. **Promote employment services:** Clients with disability-level incomes or below are those with the greatest challenges in securing housing they can afford. Assisting clients to increase their incomes is an important way to increase their ability to live independently without requiring a housing subsidy indefinitely. SDMHS should work to integrate housing and employment assistance services to assist clients who have stabilized in subsidized housing to increase their incomes.

# Chapter 9: First Year Action Plan

The success of this Housing Plan in guiding the development of housing opportunities that meet the needs of people with serious mental illness in San Diego depends primarily on the active implementation of the recommendations in Chapter 5 and Chapter 8. To ensure the Plan's success, it is particularly important that a number of key activities are completed in the first year of the Plan's implementation. These activities are outlined below:

1. **Implement Recommendations Outlined in this Housing Plan.**
   The Recommendations outlined in Chapters 5 and 8 delineate key implementation targets and guidelines that will shape the successes of housing production strategies for individuals with serious mental illness in the County.

2. **Secure Expertise and Administration of Local Housing Funds:** To leverage local housing expertise, SDMHS should partner with a local housing agency to administer the locally available one-time and ongoing housing funds. This entails creating a Memorandum of Agreement and policies and procedures that outline the responsibilities of each organization, the resources that are available and their allowable uses, and the process by which organizations can apply for these funds.

   County Administration recommends that SDMHS and San Diego County Housing and Community Development (County HCD) form a partnership to administer the local MHSA housing funds. In this scenario, County HCD takes primary responsibility for managing the housing funds and evaluating the housing components of projects that apply for funding. County HCD can work with other housing agencies for projects that fall outside its jurisdiction. A potential example is the joint City-County administration of the Housing Opportunities for Persons with AIDS (HOPWA) program. SDMHS will make final decisions regarding funded projects.

   In developing the parameters for administration and disbursement of the local MHSA funds for housing, SDMHS and its housing partner(s) will need to determine:
   - How the funds will be administered
   - Whether there will be a funding maximum per unit
   - Whether there will be a funding maximum per project
   - Distribution of housing funds through contracts, loans, grants, or some combination thereof
   - Allowable uses for housing funds (development, acquisition, rehabilitation, gap financing, capitalized operating subsidies, capitalized operating reserves, operating subsidies, rent subsidies, etc)
   - Procedure to monitor housing quality (during the development period and over affordability term, potentially ranging from 30-55 years)
   - Criteria to assess / score potential projects.
   - Design guidelines
   - Affordability restrictions (e.g. rent levels and length of affordability)

- Timing of funds (should developers apply early to help leverage, or late as gap financing?)
- How MHSA funds will be used for operating subsidies
- How projects will be monitored and compliance with restrictions verified over the long term

When considering these aspects of local MHSA fund administration, SDMHS and its partner(s) should align local MHSA housing funds with the State MHSA Housing Program, both to leverage state resources and to provide standard requirements for projects applying to use MHSA housing funds.

3. **Building the Industry in San Diego:** The housing targets outlined in this plan map a new and transformative approach to mental health services that responds to the needs of individuals with serious mental illness in the county. In order to achieve the targets identified in this Plan, it is essential to support and strengthen potential housing development partners in the region, particularly those organizations that have no previous experience providing housing opportunities for people with mental illness.

   SDMHS, local Housing Agencies, and the Corporation for Supportive Housing (CSH) must determine assistance methods that will effectively expand the capacity of developers and service providers to create appropriate housing opportunities for people with mental illness in the county. These efforts should include:
   - ***Strategies to Build Capacity:*** Resources must be dedicated to build the capacity of potential housing providers to enable the creation of new housing opportunities for people with serious mental illness in the county. In particular this includes identifying and developing systems and procedures (e.g. health and safety; documentation; property management; etc.) that will enable potential housing providers to effectively provide appropriate housing opportunities.
   - ***Training and Support Strategies:*** Resources must also be dedicated to ensure housing provider staff have access to the skills, knowledge, and experience necessary to successfully house individuals with serious mental illness.

   It is recommended that an initial needs assessment be conducted in the first year in order to clearly define the most appropriate and effective strategies that will support the development of new housing opportunities in the San Diego region. These may include education and training for developers or property management agencies, grants or loans that make supportive housing development more attractive or feasible, and other methods to strengthen the local development community.

4. **Coordinating Funding:** SDMHS along with the Corporation for Supportive Housing will work actively to ensure maximum coordination between MHSA providers and other potential housing sponsors when applying for locally-available or locally-administered funding sources. This will include the creation of a housing development funding calendar that will identify key deadlines for funding applications.

5. **Establish MHSA Housing Project Review Committee:** The MHS Housing Council will establish a MHSA Ad Hoc Housing Project Committee which will include MHS

Housing Council members, SDMHS administration staff, clients and family members to provide input on the design of any new construction project or any acquisition rehabilitation project that falls outside of the identified guidelines. The goal of this Committee is to provide input to the developer and SDMHS before the project is approved. With this input, San Diego County Mental Health Services will make the final determinations.

6. **Assist the Siting of MHSA Housing Developments**: SDMHS along with CSH will proactively provide assistance to sponsors as they locate potential sites for MHSA housing. SDMHS and CSH will help sponsors determine if sites meet the needs of MHSA clients to facilitate recovery and a stable living environment. In addition, CSH will also work with local communities, lenders, advocates and public officials to address any misconceptions about supportive housing and to ensure projects are successful in finding appropriate sites.

7. **Identify Additional Sources of Funding to support Mental Health Housing locally:** A clear need for sustainable housing funds has been identified through this MHSA Housing Plan planning process. The one-time funds embedded in the Full Service Partnership contracts will be exhausted through master leasing and other operating costs over a six (6) year period, causing concern regarding the sustainability of the housing generated through these programs. It is essential that sustainable sources of local housing funds are identified. Potential additional sources could include:

    a. The dedication of a percentage of any additional MHSA funds (one-time or ongoing) that flow to San Diego County to a mental health housing program.

    b. The dedication of a percentage of any MediCal revenue generated through the MHSA programs to a mental health housing program.[19]

    c. Encourage local philanthropists to commit resources to the creation of housing for people with serious mental illness in the region.

[19] Under the Mental Health Services Act, housing is considered an eligible use of CSS service funds. See DMH Information Notice No.: 07-04, March 28, 2007.

# Chapter 10: Annual Evaluation and Update Process

This MHSA Housing Plan and its financial models are meant to serve as a living document that is updated annually to reflect progress toward the Plan's goals, and the changing dynamics in the County. To ensure that the document stays relevant and useful, SDMHS and the MHS Housing Council will review and evaluate the MHSA Housing Plan at the end of each fiscal year, beginning June 2008 (the end of FY 2007-08). This review process will include the following steps:

- The MHS Housing Council will establish an ad hoc MHSA Housing Plan Review Committee in coordination with SDMHS staff in April 2008, which will review progress made on the development of housing opportunities for FSP clients. The committee may decide to recommend revising the Plan's goals, timelines, and/or financial modeling assumptions.

- In its role as Housing Technical Consultant to County Mental Health, CSH will provide financial analysis, including updating the financial model used for this plan, and other relevant information to the ad hoc MHSA Housing Plan Review Committee and the MHS Housing Council to assist the review and update process.

- The MHSA Housing Plan Review Committee will present its findings and recommendations at the June 2008 MHS Housing Council meeting, and the MHS Housing Council will discuss the recommended revisions to the Housing Plan.

- In following years, the MHSA Housing Plan will be reviewed by the MHS Housing Council beginning in April, with financial analysis and other relevant information provided by SDMHS and / or its housing subcontractor.

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## Appendices

A List of Stakeholder Participants

B Detailed Summary of Client Focus Groups

C Housing Inventory

D Map of HHSA Service Regions

E Description of Full Service Partnerships in San Diego

F Financial Model

G Glossary

H List of Abbreviations

# APPENDIX A

**Mental Health Services Act (MHSA) Housing Plan**

Participants in Stakeholder Consultation Process through the MHS Housing Council

| Name | Organization |
|---|---|
| | |
| Joe Mortz | Client Representative |
| Mary Jo O'Brien | Client Representative |
| Leonard Mischley | Client Representative |
| Jack Farmer | Community Research Foundation |
| Troy Boyle | Community Research Foundation |
| Dolores Diaz | County HCD |
| Lisa Contreras | County HCD |
| Betsy Knight | Episcopal Community Services |
| Lisa Huff | Father Joe's Villages |
| Mathew Packard | Father Joe's Villages |
| Cynthia Jackson | Heritage Clinic |
| Myrna Pascual | HUD |
| Gloria Harris | Mental Health Board |
| Mark Carpenter | Mental Health Systems, Inc |
| Richard Bradway | Mental Health Systems, Inc |
| Connie Hoban | NAMI |
| Karen Dellinger | NAMI |
| Jane Fyer | NAMI |
| Elizabeth Kruidenier | NAMI |
| Ronda Gibbs | Paradise Valley Hospital; Independent Living Assoc. |
| Michael McPherson | Protection and Advocacy, Inc. |
| Cara Evans | Providence Community Services |
| Lili'a Fa'aola | Providence Community Services |
| Kathi Houck | SD Housing Commission |
| Doris Payne | SD Housing Federation |
| Maureen Piwowarski | Senior Community Centers |
| Mary Mazyck | Senior Community Centers |
| Adrienne Berlin | TACHS |
| Rev. Glenn Allison | TACHS |
| Kimberly Russell-Shaw | TACHS |
| Shanda Roberts | Telecare |
| Adele Lynch | University of San Diego Patient Advocacy Program |
| Khadija Muse | University of San Diego Patient Advocacy Program |
| | |

# APPENDIX B

# DETAILED NOTES FROM THE EIGHT FOCUS GROUPS

## CASA DEL SOL (SOUTH SAN DIEGO) CLUBHOUSE NOTES November 1, 2006

About 15 consumers attended, along with clubhouse staff, including one translator for Spanish to English translation.

Common themes:

- Clients rely on local clinics and the clubhouse for services, including health, psychiatric, and help processing SSI and other applications.
- On SSI incomes, many can only rent a single room. They would prefer independent living in their own place, or perhaps their own room with a roommate.
- Most are at risk of homelessness, if something happens to a family member or the have problems with their disability income.
- Most would like some living assistance, someone to check on them if they need it, although some attendees want complete independence.
- Most prefer living in South County.

Detailed Notes:

Where are you living now?

- One man has been on SSI and Section 8 since 1995, and believes it works very well for him. He does not think that SRO hotels would work.
- One man rents a single room in a home. He is fairly comfortable for now, but he wants his own place to live independently. He does not want stairs. He wants to have a full-size fridge, and access to a stove. He pays $400 / month, and stretches his SSI thin.
- One woman rents a single room. She cannot access a kitchen. She must eat outside, or at the clubhouse. She pays $350.
- One man is homeless. He has no knowledge of shelters or other programs. His SSI application is pending. He is epileptic, and gets assistance from the clubhouse.
- One man sleeps in a shed in his sister's backyard. He receives SSI, and he wants better.
- One man lives at a sober living house. He likes it, but after his first 3 months, he will have to pay $450 to share a room. He would like services to continue, but only if he needs them (not required).
- One man lives with his mother.
- One man lives at a Board & Care (B&C). It takes most of his $900 SSI. He gets food and help with his medications. The B&C facility has 6-8 clients. He is happy for now. He used to live in LA, but was beat up.
- One man lives with his mother and sister. He considers himself very fortunate to have a good support network and he has his own room. He has been on SSI for 9 years.
- One woman has her own apartment. She pays $340. She used to have a roommate. She pays her own utilities and food. She is diabetic. She feels more comfortable taking her medications without relying on anyone's assistance.

Would you share a room or an apartment?

- One man said yes, he would share a bedroom. He also would like someone to check up on him.
- One man said no, it is hard enough to live with his condition, he does not want to have another person living with him. But he would like someone to check on him.
- One woman does not want to share a room because of her condition. But she would like someone to check on her frequently.
- Only about 4 attendees would share a room.

What services do you need?
- One man wants to be near a church.
- One man wants to be able to take care of himself.
- Several mentioned psychiatric and health services.

Other Notes:
- Some of the group reported voting or having an interest in the upcoming election.
- No veterans present.
- Most prefer to live in South County. "That's why we're here now."
- Some are alright with living in a building with other mental health clients. Some did not want that living situation.
- People wanted to hear back, either through another clubhouse visit or newsletter or both.

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**EASTWINDS (LINDA VISTA) CLUBHOUSE NOTES** October 27, 2006

About 25-30 consumers attended, along with a couple family members and clubhouse staff, including two translators. All attendees were of Vietnamese or Hmong/Mong descent.

Common themes:

- Most consumers live with their families, often their sons' or daughters' families. They would like to move to a place of their own.
- Many attendees are on the waiting lists for Section 8 (S8) or other programs.
- Many reported problems communicating with staff at service and housing agencies, because of language barriers.
- Nearly all attendees have a strong preference to remain in the local community. They have strong ties to the community and are proud voters.
- Most are agreeable to having someone check in on them. The other service they want is transportation.
- The seniors prefer to live alone. Some of the younger consumers are more amenable to living with roommates. Some will need units for families with children.

Detailed Notes:

Where are you living now? / How did you sleep last night?
- One man said he stays with his family, and he slept well in this weather.

- One woman has an apartment, but she worries because it is too small for her children. It is a 2 Bedroom, but it is expensive. Sometime she sleeps on the floor.
- One woman lives alone in an apartment.
- About 10 reported living with their adult children.
- No one reported living in a Board & Care (staff reported that there may be one or two who live in B&Cs, but they were not present today).
- One woman applied for S8 3 years ago, and says her rent is increasing this month. She lives by herself. She was working before her car accident, but she was laid off. She received some help from her brother, but she struggles to make ends meet.
- One husband and wife report waiting a long time for housing assistance.
- One man is on the S8 waiting list. He had a second interview scheduled in April, but it was canceled because SDHC had no more funds for 2006.
- One woman is a family member of a consumer. They receive housing assistance. Her father's condition is getting worse, and she wants her brother to move in to their apartment to help care for the father.

What type of housing do you want?

- One man has lived with his daughter's family for 5 years, and wants his own independent living.
- One woman said she wanted to be independent. She didn't care if it were an apartment of house. She just wants to live alone, though she does want someone to check on her. She does not drive, so she needs to be near a hospital and supermarket.
- One man wants to be independent and alone. He has been on the S8 waiting list for 4 years.
- One woman wants housing assistance, because the only place her family can afford now is small and crowded.
- One woman applied for housing assistance in 2001, and needs help as soon as possible.
- One man has been on the S8 waiting list with his wife for 6 years. They can only afford their current apartment if they have a friend move in and share costs.

How do you feel about having living assistance (someone to check on you)?

- One woman said "yes," she agreed.
- One man said it would be good to have someone come by, in case something happened. He would want help right away [Hannah's note: emergency button].
- One man agreed that people should provide some living assistance. He wanted to apply right away.

What services do you need?

- One woman wants someone to call in case of emergency. She lives with her family now, and no one is home during the day.
- One man said housing assistance is the number one service he needs.
- One man wants help applying and communicating with housing and social services.
- One man needs transportation.
- One woman wants help communicating with housing and social services, and transportation.

- One woman wants transportation.
- One woman wants transportation and housing help, and help communicating.
- One man applied for housing assistance in 2002. He needs help communicating and getting information about his application.

Other Notes:

- About 20 of the 30 attendees enthusiastically reported voting. Clubhouse staff give citizenship instruction to clients. Citizenship is very important to this community.
- Clubhouse staff write a newsletter. Hannah mentioned providing MHSA updates for their newsletter.
- When asked about moving to another area, attendees reacted strongly. They prefer to stay in Linda Vista.
- Only a small number raised their hands when asked if they would share a room or an apartment.

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**FRIEND TO FRIEND (1009 G ST) CLUBHOUSE NOTES** October 25, 2006

About 30 consumers attended, along with clubhouse staff. The majority of attendees were homeless males. About 3 or 4 women attended.

Common themes:

- Attendees reported several problems locating and securing housing, including evictions, lack of money, stigma of being homeless, lack of quality affordable housing available, long waiting lists.
- Most did not want just a room, or to have to share a room.
- Most seemed open about location of housing, as long as it is near food and transportation.
- It seemed that many attendees were not getting the services that they need currently. Most are open to getting services with their housing, but they do not want to be forced to do things.

Detailed Notes:

Where are you living now?

- Most responded that they are living on the street. Many asked if we had any suggestions for them to find housing immediately.
- Some had tried Board & Cares (B&Cs), but most did not like it. “There was nothing to do.” One man did say he wished he could get into a B&C.
- One man has a place to live, but wants to be able to put his name on the waiting list for supportive housing when it becomes available.
- One man reported that living on the streets makes it very difficult to keep and take his medications. His possessions are often stolen.

Who has tried to find other housing?

- One woman cannot find appropriate housing with the money she has.

- One man said he cannot find housing because he has evictions on his record, which he claims are errors.
- One man said he does not want to live in the places that do not allow him to have guests in his room.
- One man said the waiting lists are closed, and won't take names for several months.
- One man said he felt undesirable, but said that perhaps if a program guaranteed him, landlords would take him as a tenant.

What would you like in a potential independent living apartment?

- Own apartment, with a bathroom and kitchen.
- More than just a bed; "I don't want to pay for a jail cell."
- It must be affordable.
- Only about 5 respondents would share a room. A larger number would be willing to share an apartment, but not all attendees.
- One man does not want a randomly assigned roommate.

Where would these units be?

- Prefer a good neighborhood, maybe in suburbs.
- Close to groceries, entertainment.
- Access to transportation.
- Attendees seem largely open to many different possible locations, including Chula Vista, Oceanside, La Mesa, Beaches.

How do you feel about having services available?

- Several were suspicious of being <u>forced</u> to interact with providers.
- One man said he did not want a nosy babysitter.
- One man said he did not want anyone to run his life for him, to force him to do things he does not want to do. He did not want to have to pass service providers every time he entered or left the building.

Other Notes:

- About ½ reported that they vote.
- A small number reported having trouble securing SSI.

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**EL CAJON CLUBHOUSE NOTES** October 23, 2006

Over 40 consumers attended, along with clubhouse and other staff. Consumers represented a broad range of backgrounds and experiences.

<u>Common themes</u>:

- Difficulty finding apartments because of income requirements, credit checks, references, and security deposits.
- No one is helping them find housing.

- Board & Care (B&C) facilities are okay for some, but not the answer for all consumers.
- Many prefer to live in East County, rather than move downtown.
- Several acknowledge they may need help with their medications at times.

Detailed Notes:

Where are you living now?

- Many consumers live at B&Cs.
- Several lived at home, with relatives.
- Some lived with roommates.
- At least one lived at a nursing home.

Any Veterans?

- 7 or 8 Veterans present. None had received housing assistance through Veterans agencies.

How satisfied are you with your current housing?

- One woman, age 21, had been living in "the system" since she was five. She currently lives in a B&C, but wants to move into independent living. She says B&C staff yells at her. She acknowledges that she may need some assistance with her medications in an independent living situation.
- One veteran said he had lived with roommates for 11 years, including Section 8 for 5 years. He would like to move out to a place of his own, now that his son is older. A place of his own would allow him to grow. He works at the Clubhouse.
- One woman wants a comfortable home that people can visit. She has lived in different B&Cs for 12 or so years. She wants to be employed again, and to be able to cook her own meals. She says she may need help with her medications.
- One woman said she likes her B&C, run by VOA. She has been there several years, and says she likes how it is stable, and she gets her meals there. Only problem is what to do during the day sometimes.
- One man worries about the flu at his B&C, and would prefer to live on his own.
- One woman said she liked her B&C, but felt she was being pushed to leave. She had previously lived in shelters, Section 8, and had been homeless. She has tried everything in the system, but she wants to be with her family, in independent living. But her problem is that she does not have money to pay for rent and meals.
- One man said his B&C was nice, and he comes to the Clubhouse during the day. He would like his own house, but he has no money for a deposit.
- One woman lives in an El Cajon apartment by herself. She sold her mobile home for $6,000, but had serious trouble finding housing after that. Most landlords insist she earn 3 times the rent, especially in low rent apartments. It was difficult to find an apartment that did not require a big security deposit, references, and 3x income.
- One woman lives at her mother's house, where she pays bills and takes care of everything. She would like to move, but she cannot save money for a security deposit with her disability income.
- One man lives in La Mesa with a roommate. He likes it.

- One man lives at a B&C, run by VOA. He thinks he needs help with his medications. He previously lived with his mother, but would neglect his medications and abuse other substances.
- One man would like a 2 bedroom place where he can have a studio to paint and make things to sell.
- One man had several apartments in El Cajon, but was laid off from his jobs as a steel fabricator and at an electronics factory. He is back on SSI.
- One woman just moved into independent living with roommates. She likes it. She cooks, but the landlord provides the food. She found it through her hospital.
- One man was living in a B&C, but moved to independent living. He seems to think he is having problems with his medications now.

Who has tried to find other housing?

- One woman cannot find independent living. "No one wants to take me."
- One man had to leave independent living, and is frustrated that his previous landlord will not take him back.
- One man tried to get subsidized housing in L.A., but it was still too expensive.
- One woman was evicted because of a hospital stay. She now has credit problems.
- One woman had lived in her car until she reapplied for SSI. Even then, it was a struggle to find an apartment.

What would you like in a potential independent living apartment?

- Utilities, phone included.
- Cable TV. Air Conditioning.
- Near transportation, groceries and other shopping, and entertainment.
- Should have Lifelines in apartments.
- Could there be help finding a job?
- Areas to socialize, exercise.
- Laundry (inexpensive).
- Many do not want to move downtown, but prefer East County.
- It should be affordable and well-maintained.

Notes from staff (during and after focus group):

- B&Cs need more oversight. They usually take a consumer's entire SSI (over $800) and leave her just $30 per month. The food is poor. There is no money for transit, hygiene or clothes, and the facilities are falling apart.
- Sometimes B&Cs are good about admitting consumers to hospitals when they need it. Other times, they admit patients for minor things, or they just ignore the consumers' needs. Sometimes, consumers admit themselves through the ER or hospitals' 1-800 numbers.
- Because HUD freezes rent subsidies, there is no stability as local rents increase and landlords ask them to leave.
- Case managers will drop clients that are "too high-functioning," and stable.
- Some independent living arrangements will provide food, but not medications. Usually, another person rents the apartments, and the consumers are matched as roommates.

**MARIPOSA (OCEANSIDE) CLUBHOUSE NOTES** October 16, 2006

Notes:

Where are you living now?

- Several are in Board and Cares (B&Cs).
- One said that independent living was "too loose;" that person wanted some supervision.
- Many live with their parents, but believe they are a great strain on their families.

What type of housing do you want?

- Several mentioned wanting some supervision in their living situations.
- Most prefer staying in North County.
- One would like roommates to help pay the rent.
- One would not like to become reclusive.
- Some have pets, and would be depressed if they could not keep them.
- People living in B&Cs said they want more interaction and friends.

What services do you need?

- One wants to learn to live socially with other people.
- Many have dual diagnosis.
- They like the clubhouse, where they get to share their experiences with similar people.
- They need to be reminded to take their medications.

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**ESCONDIDO CLUBHOUSE NOTES** October 16, 2006

Notes:

Where are you living now?

- Several were living in their cars.
- Most lived in Board & Cares (B&Cs) -- some licensed, some not.
- One spent $600 on a "tiny room in Oceanside."
- One shares a single room with three other people.

What type of housing do you want?

- Low cost housing.
- Some would like to get into B&Cs.
- One man wants senior living. He wants to be alone.

What services do you need?

- Case management.
- Housing specialists.
- Help with medications.

**YOUTH (18-24) HOUSING NOTES** December 11, 2006

Client Backgrounds: Most clients had long histories of living on the streets before entering their current programs, including risky behaviors, incarcerations, and family conflicts. Most had minimal income before entering the programs.

Building Size: Transition age youth (TAY) clients believe that there should be a limit of how many TAY clients are at one location. They explain that homeless youth have difficulty making adjustments to housing. They can be frustrated by having to see their peers all the time. On the other hand, they also seemed to make lasting friendships. Some clients were agreeable to shared housing, although many warned that "it would not work," because formerly homeless TAY often lack social living skills. What they liked about Sunburst was the ability to go to one's own room for privacy.

Characteristics of Housing: Access to laundry and internet are important. Housing must be safe. Some clients would like to see cameras or other security measures. Some prefer sober living environments, but the majority wanted to be able to drink alcohol if over 21.

Location: Close to public transportation, and to school and job opportunities. Some clients are agreeable to moving anywhere in the County, as long as the community is safe. Some clients prefer to live closer to their friend networks and entertainment.

Housing with Services: Clients said that case management and counseling have helped them become more stable. They use on-site case management to get referrals for off-site health care. Clients at Sunburst and with Providence have taken advantage of employment and education assistance. Many TAY would like assistance buying groceries and learning to prepare food. Some utilized alcohol and drug counseling.

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**SENIOR FOCUS GROUP NOTES** December 11, 2006

Roommates: Virtually none of the seniors want to share bedrooms. They prefer their own units.

Characteristics of Housing: Seniors want their own unit. It should be large enough to be comfortable as a permanent home. Some seniors may need bathtubs rather than showers. They want adequate closet space. Walls should keep down noise level. Kitchens allow seniors with dietary restrictions to prepare healthy meals. The majority of seniors we met took advantage of community meeting spaces, including some who used computers.

Location: Close to public transportation, and accessible to affordable health care. Some seniors strongly prefer remaining in their current communities, rather than moving to different parts of the County.

Housing with Services: Virtually all seniors would like some voluntary services. Many wanted someone to check in on them if needed and to help with medications. Some would like transportation to services, especially regarding healthcare. Employment services were not as important to many clients.

Other Needs: Services should be culturally appropriate (especially for seniors with language barriers to government services such as SSI or Section 8). One woman mentioned her chronic fatigue made her extremely sensitive to chemical cleaners.

# APPENDIX C

HOUSING INVENTORY

Beds Dedicated to Individuals with Mental Illness in San Diego County

| ORGANIZATION | PROGRAM NAME | PROGRAM TYPE | TOTAL SMI | REGION | CITY |
|---|---|---|---|---|---|
| (Licensed Board & Care) | Ross House Facility | Board & Care | 4 | Central | San Diego |
| (Licensed Board & Care) | AGAPE Residential Care | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Belton's B&C Home Facility | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Brandeis Care Home Facility | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Broas B&C | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Broas Guest Home | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Carmen's B&C | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Chavez Residential Care Facility II | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Dillard Heights B&C | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Division Heights B&C | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Easy Living Care | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Efren's Home Care | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Emerald Residential manor | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Ernesto B&C | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Family values II Facility | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Guiding Light Way Home #2 Facility | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Guiding Light Way Home #3 Facility | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Hall's B&C Facility #1 | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Joseph Young Residential Facility | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Mercy's Guest Home #2 | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Mesa Hills Residential Care | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Mullins Guest Home | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Mullins Guest Home II | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Pat Aaron's ARF Facility | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Renell's Residential Care Home | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Tammie's Place | Board & Care | 6 | Central | San Diego |
| (Licensed Board & Care) | Baker's B&C Facility | Board & Care | 8 | Central | San Diego |
| (Licensed Board & Care) | Chavez Residential Care Facility I | Board & Care | 8 | Central | San Diego |
| (Licensed Board & Care) | Frison's Guest Home #3 Facility | Board & Care | 8 | Central | San Diego |
| (Licensed Board & Care) | Frison's Guest Home #4 Facility | Board & Care | 8 | Central | San Diego |
| (Licensed Board & Care) | Carrasco Residential Care Facility #1 | Board & Care | 9 | Central | San Diego |

HOUSING INVENTORY

Beds Dedicated to Individuals with Mental Illness in San Diego County

| ORGANIZATION | PROGRAM NAME | PROGRAM TYPE | TOTAL SMI | REGION | CITY |
|---|---|---|---|---|---|
| (Licensed Board & Care) | Mona's Guest Home | Board & Care | 9 | Central | San Diego |
| (Licensed Board & Care) | Elvado B&C | Board & Care | 10 | Central | San Diego |
| (Licensed Board & Care) | Mother of Perpetual Help Services Guest Home | Board & Care | 10 | Central | San Diego |
| (Licensed Board & Care) | Frison's Guest Home #1 Facility | Board & Care | 11 | Central | San Diego |
| (Licensed Board & Care) | Mercy's Guest Home | Board & Care | 11 | Central | San Diego |
| (Licensed Board & Care) | Rodriguez B&C | Board & Care | 12 | Central | San Diego |
| (Licensed Board & Care) | Rodriguez Residential Care Facility #1 | Board & Care | 12 | Central | San Diego |
| (Licensed Board & Care) | Chavez Residential Care Home Facility | Board & Care | 13 | Central | San Diego |
| (Licensed Board & Care) | Friendly Home facility | Board & Care | 14 | Central | San Diego |
| (Licensed Board & Care) | Rosie's B&C | Board & Care | 15 | Central | San Diego |
| (Licensed Board & Care) | Friendly Home II facility | Board & Care | 22 | Central | San Diego |
| (Licensed Board & Care) | Friendly Home of Mission Hills Facility | Board & Care | 30 | Central | San Diego |
| (Licensed Board & Care) | Nelson - Haven Facility | Board & Care | 40 | Central | San Diego |
| (Licensed Board & Care) | Chipper's Chalet Facility | Board & Care | 45 | Central | San Diego |
| (Licensed Board & Care) | The Broadway Home | Board & Care | 49 | Central | San Diego |
| Community Research Foundation | Jay Barreto Crisis Center | Emergency | 12 | Central | San Diego |
| Community Research Foundation | New Vistas Crisis Center | Emergency | 14 | Central | San Diego |
| Community Research Foundation | Vista Balboa Crisis Center | Emergency | 14 | Central | San Diego |
| MHS Inc | Boston Villas | Permanent Supp. Housing | 9 | Central | San Diego |
| Pathfinders -- San Diego Housing Commission | Stream View -- Shelter Plus Care | Permanent Supp. Housing | 16 | Central | San Diego |
| Pathfinders -- San Diego Housing Commission | Grim Ave -- Shelter Plus Care | Permanent Supp. Housing | 17 | Central | San Diego |
| TACHS | Reese Village Apts | Permanent Supp. Housing | 18 | Central | San Diego |
| TACHS | Del Mar Apts -- Shelter Plus Care | Permanent Supp. Housing | 22 | Central | San Diego |
| St. Vincent de Paul Village | Villa Harvey Mandel | Permanent Supp. Housing | 25 | Central | San Diego |
| St. Vincent de Paul Village | Village Place | Permanent Supp. Housing | 25 | Central | San Diego |
| Catholic Charities | Leah Residence | Permanent Supp. Housing | 29 | Central | San Diego |

HOUSING INVENTORY

Beds Dedicated to Individuals with Mental Illness in San Diego County

| ORGANIZATION | PROGRAM NAME | PROGRAM TYPE | TOTAL SMI | REGION | CITY |
|---|---|---|---|---|---|
| Telecare | REACH | Permanent Supp. Housing | 100 | Central | San Diego |
| Episcopal Community Services | Uptown Safe Haven | Transitional | 19 | Central | San Diego |
| St. Vincent de Paul Village, CRF, and County HHSA | Paul Mirabile Center | Transitional | 20 | Central | San Diego |
| Episcopal Community Services | Downtown Safe Haven | Transitional | 28 | Central | San Diego |
| Community Research Foundation | 10th Ave Apts Semi-Supervised Living | Transitional | 31 | Central | San Diego |
| St. Vincent de Paul Village | VCARE | Transitional | 65 | Central | San Diego |
| (Licensed Board & Care) | Cacus Heights ARF | Board & Care | 6 | East County | (Spring Valley) |
| (Licensed Board & Care) | Dillards II | Board & Care | 6 | East County | (Spring Valley) |
| (Licensed Board & Care) | Doubletree Guest Home | Board & Care | 6 | East County | (Spring Valley) |
| (Licensed Board & Care) | Doubletree Guest Home II | Board & Care | 6 | East County | (Spring Valley) |
| (Licensed Board & Care) | Family Values Adult Residential Facility | Board & Care | 6 | East County | La Mesa |
| (Licensed Board & Care) | Hilde's Heaven III Facility | Board & Care | 6 | East County | (Spring Valley) |
| (Licensed Board & Care) | Real Guest Home #1 | Board & Care | 6 | East County | Lemon Grove |
| (Licensed Board & Care) | Real Guest Home #2 | Board & Care | 6 | East County | (Spring Valley) |
| (Licensed Board & Care) | Ric - Tel's Loving Home Facility | Board & Care | 6 | East County | (Spring Valley) |
| (Licensed Board & Care) | Rogers Serenity Villa Home | Board & Care | 6 | East County | El Cajon |
| (Licensed Board & Care) | The Sandos Home | Board & Care | 6 | East County | El Cajon |
| (Licensed Board & Care) | Turman's Guest Home #2 | Board & Care | 6 | East County | El Cajon |
| (Licensed Board & Care) | Carrasco Residential Care Facility #2 | Board & Care | 9 | East County | La Mesa |
| (Licensed Board & Care) | Cal-Cris Lodge Facility | Board & Care | 10 | East County | (Lakeside) |
| (Licensed Board & Care) | Phil - Am Manor Guest Home | Board & Care | 10 | East County | Lemon Grove |
| (Licensed Board & Care) | Lexington Home | Board & Care | 12 | East County | El Cajon |
| (Licensed Board & Care) | Turman's Guest Home #3 | Board & Care | 13 | East County | El Cajon |
| (Licensed Board & Care) | Cresta Loma Community Living Facility | Board & Care | 14 | East County | Lemon Grove |
| (Licensed Board & Care) | Turman's Guest Home #4 | Board & Care | 15 | East County | (Lakeside) |
| (Licensed Board & Care) | Davis Manor | Board & Care | 16 | East County | Lemon Grove |
| (Licensed Board & Care) | Cavelaris Communty Care Center | Board & Care | 22 | East County | (Spring Valley) |
| (Licensed Board & Care) | Casa de Oro Guest Home | Board & Care | 24 | East County | (Spring Valley) |
| (Licensed Board & Care) | VOA - Hawley Center | Board & Care | 29 | East County | El Cajon |
| (Licensed Board & Care) | Orlando Residential Care | Board & Care | 32 | East County | El Cajon |
| (Licensed Board & Care) | VOA - Carlton G Luhman Center for Supportive Living | Board & Care | 39 | East County | El Cajon |

HOUSING INVENTORY

Beds Dedicated to Individuals with Mental Illness in San Diego County

| ORGANIZATION | PROGRAM NAME | PROGRAM TYPE | TOTAL SMI | REGION | CITY |
|---|---|---|---|---|---|
| (Licensed Board & Care) | VOA - Troy Center | Board & Care | 40 | East County | (Spring Valley) |
| (Licensed Board & Care) | Fancor guest Home | Board & Care | 41 | East County | El Cajon |
| (Licensed Board & Care) | Orange Wood Manor | Board & Care | 49 | East County | El Cajon |
| (Licensed Board & Care) | Heart Haven Facility | Board & Care | 50 | East County | El Cajon |
| (Licensed Board & Care) | Carroll's Community care Facility | Board & Care | 70 | East County | El Cajon |
| County Mental Health Services | Shelter Beds | Emergency | 4 | East County | El Cajon |
| Community Research Foundation | Halcyon Crisis Center | Emergency | 12 | East County | El Cajon |
| MHS Inc | Friends - East Sober Living | Sober Living | 24 | East County | El Cajon |
| MHS Inc | Sisters Sober Living | Sober Living | 24 | East County | El Cajon |
| TACHS | Paseo Glenn -- Shelter Plus Care | Permanent Supp. Housing | 12 | North Central | San Diego |
| (Licensed Board & Care) | AGAPE 2 | Board & Care | 6 | North Coastal | San Diego |
| (Licensed Board & Care) | Downstown VII Facility | Board & Care | 6 | North Coastal | Vista |
| (Licensed Board & Care) | Real Guest Home #3 | Board & Care | 6 | North Coastal | San Diego |
| Community Research Foundation | Turning Point Crisis Center | Emergency | 11 | North Coastal | Oceanside |
| Community Research Foundation | Casa Pacifica | Transitional | 14 | North Coastal | Oceanside |
| (Licensed Board & Care) | Changing Options, Inc - Farm Facility | Board & Care | 6 | North Inland | (Ramona) |
| (Licensed Board & Care) | Hidden Valley Ranch - The Kremlin facility | Board & Care | 6 | North Inland | (Ramona) |
| (Licensed Board & Care) | Hurndon Guest Home Facility | Board & Care | 6 | North Inland | San Diego |
| (Licensed Board & Care) | Jacaranda's Home Care Facility | Board & Care | 6 | North Inland | Escondido |
| (Licensed Board & Care) | Sunrise Village Guest Home | Board & Care | 6 | North Inland | Escondido |
| (Licensed Board & Care) | Quality Guest Home | Board & Care | 10 | North Inland | Escondido |
| (Licensed Board & Care) | Avocado Guest Home Facility | Board & Care | 12 | North Inland | Escondido |
| (Licensed Board & Care) | Petka's Guest Home | Board & Care | 12 | North Inland | San Marcos |
| (Licensed Board & Care) | Rancho Verona | Board & Care | 26 | North Inland | Escondido |
| (Licensed Board & Care) | Real Guest Home of North County | Board & Care | 60 | North Inland | Escondido |
| Interfaith Community Services | Tikkun Home | Emergency Shelter | 6 | North Inland | Escondido |
| Interfaith Community Services | County of San Diego -- Tenant Based | Permanent Supp. Housing | 10 | North Inland | Escondido |
| Interfaith Community Services | Harmony Place -- Shelter Plus Care | Permanent Supp. Housing | 10 | North Inland | Escondido |

HOUSING INVENTORY

Beds Dedicated to Individuals with Mental Illness in San Diego County

| ORGANIZATION | PROGRAM NAME | PROGRAM TYPE | TOTAL SMI | REGION | CITY |
|---|---|---|---|---|---|
| MHS Inc | Safe Haven | Transitional | 12 | North Inland | Escondido |
| (Licensed Board & Care) | Ruff's Residential Care Facility II | Board & Care | 4 | South County | Chula Vista |
| (Licensed Board & Care) | Azurin's Family Home facility | Board & Care | 6 | South County | (San Ysidro) |
| (Licensed Board & Care) | Broas Guest Home II | Board & Care | 6 | South County | Chula Vista |
| (Licensed Board & Care) | Cruz Home Care 2 Facility | Board & Care | 6 | South County | National City |
| (Licensed Board & Care) | Cruz Home Care Facility | Board & Care | 6 | South County | San Diego |
| (Licensed Board & Care) | Eastgate Village ARF #2 | Board & Care | 6 | South County | National City |
| (Licensed Board & Care) | Guilas B&C Home | Board & Care | 6 | South County | Chula Vista |
| (Licensed Board & Care) | Ideal Residential Home Facility | Board & Care | 6 | South County | (San Ysidro) |
| (Licensed Board & Care) | Joy's Home Care | Board & Care | 6 | South County | National City |
| (Licensed Board & Care) | Lyn's Home Care | Board & Care | 6 | South County | Chula Vista |
| (Licensed Board & Care) | Lyn's Home Care II | Board & Care | 6 | South County | Chula Vista |
| (Licensed Board & Care) | Malicsi's Guest Home | Board & Care | 6 | South County | National City |
| (Licensed Board & Care) | Rebecca A Fernandez Home Facility | Board & Care | 6 | South County | San Diego |
| (Licensed Board & Care) | Rosie's B&C I | Board & Care | 6 | South County | Imperial Beach |
| (Licensed Board & Care) | Rosie's B&C II | Board & Care | 6 | South County | Chula Vista |
| (Licensed Board & Care) | Ruff's Residential Care Facility | Board & Care | 6 | South County | Chula Vista |
| (Licensed Board & Care) | Trinity Adult Residential Care | Board & Care | 12 | South County | Chula Vista |
| Community Research Foundation | Isis Center | Emergency | 12 | South County | San Diego |

HOUSING INVENTORY

Beds Available but NOT Dedicated to Individuals with Mental Illness

| ORGANIZATION | PROGRAM NAME | PROGRAM TYPE | BEDS | REGION | CITY |
|---|---|---|---|---|---|
| Catholic Charities | Rachel's Night Shelter | Emergency | 35 | Central | San Diego |
| SD LGBT Community Center | Sunburst Apts | Perm. Supp. | 23 | Central | San Diego |
| Senior Community Centers of SD | Potiker Residence | Perm. Supp. | 25 | Central | San Diego |
| Next Step Sober Living | I | Sober Living | 4 | Central | San Diego |
| Next Step Sober Living | IX | Sober Living | 4 | Central | San Diego |
| Jeff's Place | | Sober Living | 4 | Central | San Diego |
| Next Step Sober Living | III | Sober Living | 8 | Central | San Diego |
| JLH Sober Living | | Sober Living | 10 | Central | San Diego |
| Mazie's Place | | Sober Living | 10 | Central | San Diego |
| Next Step Sober Living | II | Sober Living | 12 | Central | San Diego |
| Next Step Sober Living | IV | Sober Living | 12 | Central | San Diego |
| S.A.F.E. House | House I | Sober Living | 16 | Central | San Diego |
| Heart & Soul Transitional Living | | Sober Living | 20 | Central | San Diego |
| Home Stretch | | Sober Living | 27 | Central | San Diego |
| YMCA | Tommie's Place | Transitional | 8 | Central | San Diego |
| Salvation Army | Door of Hope | Transitional | 12 | Central | San Diego |
| YMCA | Turning Point | Transitional | 16 | Central | San Diego |
| St Vincent de Paul | Toussaint Academy | Transitional | 30 | Central | San Diego |
| Senior Community Centers of SD | Transitional Housing | Transitional | 35 | Central | San Diego |
| Salvation Army | STEPS | Transitional | 42 | Central | San Diego |
| SD Youth & Community Services | Take Wing | Transitional | 50 | Central | San Diego |
| St Vincent de Paul Village | Joan Kroc Center | Transitional | 68 | Central | San Diego |
| St Vincent de Paul Village | Bishop Maher Center | Transitional | 150 | Central | San Diego |
| San Diego Rescue Mission | Transitional Housing | Transitional | 245 | Central | San Diego |
| St Vincent de Paul | Paul Mirabile Center | Transitional | 350 | Central | San Diego |
| Volunteers of America | Luhman Center | Emergency | 8 | East County | El Cajon |
| Veterans Village San Diego | Focus | Transitional | 4 | East County | El Cajon |
| Volunteers of America | Luhman Center | Transitional | 8 | East County | El Cajon |
| Volunteers of America | Hawley | Transitional | 8 | East County | El Cajon |
| Crisis House | Adults with Disabilites | Transitional | 19 | East County | El Cajon |
| Mountain High Sober Living | | Sober Living | 8 | East County | Boulevard |
| Next Step Sober Living | V | Sober Living | 8 | East County | Lemon Grove |
| Shepherd's Ranch | | Sober Living | 8 | East County | Lakeside |
| Fresh Start Sobriety House | | Sober Living | 14 | East County | Lemon Grove |

HOUSING INVENTORY

Beds Available but NOT Dedicated to Individuals with Mental Illness

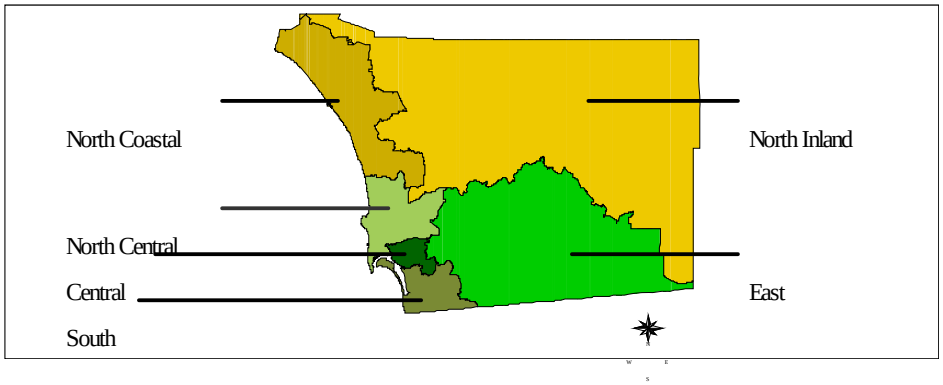
| ORGANIZATION | PROGRAM NAME | PROGRAM TYPE | BEDS | REGION | CITY |
|---|---|---|---|---|---|
| Next Step Sober Living | VIII | Sober Living | 6 | North Central | San Diego |
| It's Possible | | Sober Living | 6 | North Central | San Diego |
| Braveheart Recovery Home | | Sober Living | 7 | North Central | San Diego |
| S.A.F.E. House | House II | Sober Living | 7 | North Central | San Diego |
| Villa Fontana | | Sober Living | 7 | North Central | San Diego |
| Madison Park Sober Living | UTC Location | Sober Living | 8 | North Central | San Diego |
| Seek House | 2 houses | Sober Living | 12 | North Central | San Diego |
| Claire House | | Sober Living | 3 | North Coastal | Encinitas |
| Community Housing Works | Centro | Transitional | 84 | North Coastal | Vista |
| Alpha Project | Casa Base and Raphael | Transitional | 134 | North Coastal | Vista |
| Interfaith Community Services | Emergency Shelter | Emergency | 10 | North Inland | Escondido |
| St Clares | Shelter Plus Care | Perm. Supp. | 30 | North Inland | Escondido |
| People from Bondage | | Sober Living | 5 | North Inland | Vista |
| People from Bondage | | Sober Living | 5 | North Inland | Vista |
| Us in Recovery | San Marcos Step Up #2 | Sober Living | 7 | North Inland | San Marcos |
| Us in Recovery | San Marcos Step Up #1 | Sober Living | 8 | North Inland | San Marcos |
| Us in Recovery | Escondido House for Women | Sober Living | 10 | North Inland | Escondido |
| Living Solutions, Inc. | 2 locations | Sober Living | 12 | North Inland | Escondido |
| Us in Recovery | Escondido (Younger Adults) | Sober Living | 15 | North Inland | Escondido |
| Suzie's House | | Sober Living | 20 | North Inland | Vista |
| R&R Retreats | | Sober Living | 57 | North Inland | Vista |
| YMCA | Mary's House | Transitional | 5 | North Inland | Escondido |
| Interfaith / VVSD | New Resolve | Transitional | 44 | North Inland | Escondido |
| South Bay Community Services | Trolley Trestle | Transitional | 17 | South County | Chula Vista |
| Papi's Place | | Sober Living | 4 | South County | National City |
| Next Step Sober Living | X | Sober Living | 5 | South County | Chula Vista |
| Madison Park Sober Living | Chula Vista Location | Sober Living | 7 | South County | Chula Vista |
| Trinity House | | Sober Living | 9 | South County | Chula Vista |
| Next Step Sober Living | VI | Sober Living | 20 | South County | National City |
| Next Step Sober Living | VII | Sober Living | 20 | South County | National City |
| County of San Diego HHSA & HCD | HOME Emancipated Foster Youth Transitional Housing - Scattered Site | Transitional | 65 | County-wide | County-wide |
| Home of Hope | 6 locations | Sober Living | 85 | (6 loc.) | Escondido |
| Foundations | (8 locations) | Sober Living | 140 | (8 loc.) | |
| Sylvia's Place | Sylvia's Place | Transitional | 12 | | |

# APPENDIX D

## Appendix 5. Health and Human Services Agency (HHSA) Regions of San Diego (from the 2006 Annual Report)

San Diego County is divided into 6 Health and Human Services Agency regions by zip code. The following list presents the regions and the zip codes contained therein.

**Figure 12:**
HHSA Regions of San Diego County




### Central Area

Zip codes 92101, 92102, 92103, 92104, 92105, 92113, 92114, 92115, 92116, 92132, 92134, 92136, 92139, 92112, 92162, 92163, 92164, 92165, 92170, 92175, 92176, 92186, 92191, 92194, 92186, 92191, 92194, 92199, 92152, 92158, 92181, 92187, 92191, 92194, and 92195.

### East Area

Zip codes 91901, 91905, 91906, 91916, 91917, 91931, 91934, 91935, 91941, 91942, 91945, 91948, 91962, 91963, 91977, 91978, 91980, 92019, 92020, 92021, 92040, 92071, 91944, 92090, 91946, and 92090.

### South

Zip codes 91902, 91910, 91911, 91913, 91914, 91915, 91932, 91950, 92010, 92011, 92118, 91921, 91990, 92135, 92154, 92155, 92173, 92179, 91909, 91912, 92143, 91951, 91933, 92073, 92050, 92153, 92158, 91921, and 91990.

### North Coastal

Zip codes 92007,92008,92009,92013, 92014, 92024, 92051, 92052, 92054, 92055, 92056, 92057, 92067, 92013, 92058, 92068,92075, 92077, 92081, 92083, 92084, 92672, 92092, 92093, 92169, 92161, 92038, 92137, 92078, 92091, 92199, 92096, 92013, 92078, 92091, 92077, 92081, 92008, 92058, and 92096.

### North Inland

Zip codes 92003, 92004, 92025, 92026, 92027, 92028, 92029, 92036, 92059, 92060, 92061 , 92064, 92065, 92066, 92069, 92070, 92082, 92086, 92127, 92128, 92129, 92259, 92390 , 92536, 92592, 92046,92198, 92190, and 92079.

### North Central

Zip codes 92037, 92106, 92107, 92108, 92109, 92110, 92111, 92117, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92130, 92131, 92133, 92140, 92142, 92145, 92138, 92147,92166, 92168, 92171, 92172, 91990, 92193, 92196, 92177, and 92147.

# APPENDIX E

San Diego County MHSA Full Service Partnerships (FSP): Target Populations and Proposed Number of Housing Units

| FSP | Service Provider | Target Population | HHSA Service Region | Total Clients | Housing in Model |
|---|---|---|---|---|---|
| A-1 Homeless or High utilizers of acute care | CRF | SMI* adults who are:<br>▪ Homeless (first priority); or<br>▪ At risk of homelessness; or<br>▪ Unserved or high users of acute inpatient care | Central and North Central | 224 | |
| | MHS Inc | | North Inland and North Coastal | 100 | |
| | | | Subtotal | 324 | 175 |
| A-2 Criminal Justice | MHS Inc | Unserved SMI adults who have treated for mental illness while in jail or may be diverted from jail | County-wide | 111 | 100 |
| TAY-1 Transition Age Youth 18-24 | Providence | Youth with SMI who are:<br>▪ Homeless; or<br>▪ At risk of homelessness; or<br>▪ Unserved | County-wide | 156 | 80 |
| OA-1 High utilizers over 60 | Heritage Clinic | Older Adults (60 and older) with SMI from focal population (unserved, Latino and Asian) who have:<br>▪ History of emergency mental health services; and/or<br>▪ Several inpatient admissions or at risk for institutionalization; and/or<br>▪ Have been or at-risk of homelessness | County-wide | 100 | 83 |
| | | | **TOTALS** | **691** | **438** |

*SMI: Serious mental illness.*

# APPENDIX F

# San Diego Housing Model
# Mental Health Services Act (MHSA) Housing Plan

**PRINCIPLES OF SUPPORTIVE HOUSING FINANCE**

-- Stand-alone supportive housing projects, in which tenants generally earn 30% of the Area Median Income (AMI) or less, typically cannot support debt service

-- Tenants in supportive housing projects are not able to pay rent in an amount sufficient to cover operating cost per unit

-- Low Income Housing Tax Credit Investors will require significant reserves if rental subsidies are not long term (ten years or greater)

-- The more sources of financing it takes to fund a project, the longer it takes to develop a project

-- All affordable housing, but especially supportive housing projects, take longer than market rate projects to develop due to the complexity of financing and the public processes involved.

-- Rental subsidies must be committed 2 years in advance of use

-- Service funding must be committed 1 to 2 years in advance of expenditures

-- Stand-alone supportive housing projects cannot typically fund the cost of security from their operating budgets and projects with 25 units & less are too small to include a 24/7 front desk.

-- Funders evaluate the cost of services separately from operating costs when underwriting supportive housing projects

# San Diego Housing Model
# Mental Health Services Act (MHSA) Housing Plan

## PROGRAM PRINCIPLES

### Leasing vs. Ownership

---At least two-thirds of the units created under this program should be new construction or rehabilitation projects, reflecting the importance of long-term ownership and affordability of MHSA housing development.

---A smaller portion of leased units enable units to be made available right away and promote integration goals. Leased units in scattered sites also promotes flexibility and client choice.

### Personal Bedrooms/Shared Housing

---Consumers should live in housing where they have their own bedrooms.

---To promote choice in housing opportunities, some units should be made available with shared common space.

### Number and Mix of Units

---Housing developments are recommended to be in the 25-unit range for adult, youth, and criminal justice populations.

---Housing developments serving older adults (OA-1 population) are recommended to be larger than for other populations.

### Mixed Special Needs and Affordable Projects

---Housing developments serving adults and older adults could be units in a standalone project, OR units within a larger affordable housing development. It is recommended that the special needs portion of such projects contain no more than 25 units.

### Unit Size and Mix

---Approximately 75% to 80% of units that are acquired and rehabilitated or newly constructed are recommended to to be studio apartments. Studio apartments must have a kitchen and a bathroom within the unit and should be at least 350 - 400 sq ft in size.

# San Diego Housing Model
# Mental Health Services Act (MHSA) Housing Plan

**COST ASSUMPTIONS**

**Table 1: Capital Assumptions**

| | Per Unit TDC (Yr 1 $) | Total Development Cost (TDC) |
|---|---|---|
| **New Construction/Subst Rehab** | | |
| 20-Unit Buildings | $325,000 | $6,500,000 |
| 25-Unit Buildings | $300,000 | $7,500,000 |
| 50-Unit Buildings | $275,000 | $13,750,000 |
| 75-Unit Buildings | $225,000 | $16,875,000 |
| 100-Unit Buildings | $200,000 | $20,000,000 |

| | Per Unit TDC (Yr 1 $) | Total Development Cost (TDC) |
|---|---|---|
| **Acquisition/Mod Rehab** | | |
| 20-Unit Buildings | $250,000 | $5,000,000 |
| 25-Unit Buildings | $225,000 | $5,625,000 |
| 50-Unit Buildings | $200,000 | $10,000,000 |
| 75-Unit Buildings | $175,000 | $13,125,000 |
| 100-Unit Buildings | $150,000 | $15,000,000 |

| | |
|---|---|
| Annual Development Cost Escalator | 10% |

**Table 2: Operating Assumptions**

**Leased Units**

| | |
|---|---|
| 0-Bedroom Fair Market Rent (FMR) | $836 |
| 1-Bedroom FMR | $954 |
| 2-Bedroom FMR | $1,158 |
| 3-Bedroom FMR | $1,688 |
| Shared Facilities Cost | $900 |

**Production Units**

| | |
|---|---|
| Annual Per Unit Operating Cost | $5,000 |
| Annual Average Tenant Income ($260/mo, 70% of non-TAY tenants) | $1,826 |
| Annual Average Operating Shortfall | $3,174 |

| | |
|---|---|
| Annual Per Project 24/7 Security Cost* | $103,500 |

*Assumed for all senior and two additional projects

| | |
|---|---|
| Annual Operating Cost Escalator** | 1% |

**Difference between the annual increase in costs versus income

**Table 3: Services Assumptions**

| | |
|---|---|
| Intensive Service Needs - Individuals | $12,000 |
| Intensive Service Needs - Families | $12,000 |

| | |
|---|---|
| Annual Services Cost Escalator | 2% |

# San Diego Housing Model
## Mental Health Services Act (MHSA) Housing Plan

**PROGRAM SUMMARY**

**Program Length: 6 Years[1]**

| Table 1: Funding Commitments Needed Per Year[2] | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| Capital Funding[3] | $15,625,000 | $24,062,500 | $39,325,000 | $24,124,375 | $35,687,438 | $0 | $138,824,313 |
| Operating Subsidies | $1,551,496 | $1,870,011 | $2,261,048 | $2,644,263 | $3,034,917 | $3,065,267 | $14,427,002 |
| Additional Subsidy Needed for Front Desk[4] | $103,500 | $104,535 | $211,161 | $319,908 | $430,810 | $435,118 | $1,605,032 |
| Total Operating Subsidies | $1,654,996 | $1,974,546 | $2,472,208 | $2,964,172 | $3,465,727 | $3,500,385 | $16,032,034 |
| Service Funding | $1,980,000 | $2,754,000 | $3,720,470 | $4,686,295 | $5,689,263 | $5,803,049 | $24,633,077 |
| **Total Funding Commitments** | $19,259,996 | $28,791,046 | $45,517,679 | $31,774,841 | $44,842,428 | $9,303,433 | $179,489,424 |

| Table 2: Funding Expenditures Needed Per Year[2] | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| Capital Funding[3] | $0 | $15,625,000 | $24,062,500 | $39,325,000 | $24,124,375 | $35,687,438 | $138,824,313 |
| Operating Subsidies | $1,301,496 | $1,564,511 | $1,883,156 | $2,274,324 | $2,657,673 | $3,048,461 | $12,729,621 |
| Additional Subsidy Needed for Front Desk[4] | $0 | $103,500 | $104,535 | $211,161 | $319,908 | $430,810 | $1,169,914 |
| Total Operating Subsidies | $1,301,496 | $1,668,011 | $1,987,691 | $2,485,485 | $2,977,581 | $3,479,271 | $13,899,535 |
| Service Funding | $1,380,000 | $2,007,600 | $2,782,152 | $3,749,185 | $4,715,584 | $5,719,139 | $20,353,660 |
| **Total Funding Expenditures** | $2,681,496 | $19,300,611 | $28,832,343 | $45,559,670 | $31,817,540 | $44,885,847 | $173,077,507 |

| Table 3: Unit Production Schedule by Type[5] | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| Scattered Site/Leased Units | 115 | | | | | | 115 |
| Total Production Units | 0 | 50 | 60 | 73 | 70 | 70 | 323 |
| New Construction/Subst Rehab | | | 40 | 23 | 25 | 25 | 113 |
| Acquisition/Mod Rehab | | 50 | 20 | 50 | 45 | 45 | 210 |
| **Total** | 115 | 50 | 60 | 73 | 70 | 70 | 438 |

| Table 4: Unit Production Schedule by Population[5] | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6 Year Total |
|---|---|---|---|---|---|---|---|
| A1 - Homeless, At-Risk or Frequent Users | 50 | 25 | | 25 | 25 | 50 | 175 |
| A2 - Criminal Justice | 25 | 25 | | 25 | 25 | | 100 |
| TAY1 | 20 | | 20 | | 20 | 20 | 80 |
| OA-1 Older Adults (over 60) | 20 | | 40 | 23 | | | 83 |
| **Total** | 115 | 50 | 60 | 73 | 70 | 70 | 438 |

[1]Program timeline is 6 years in length; however, capital funding commitments are made over the first 5 years only

[2]Operating and service funding for leased units is committed and expended in the same year; for production units, capital, operating, and services funding is expended one year after the commitment

[3]The process of obtaining capital commitments can be 12-24 months in duration. This model assumes that final commitments associated with the project are made in the year indicated. This means that projects which are being shown as having commitments in Year 1 expend the capital funds (permanent financing) in Year 2; projects are completed in Year 2 and begin expenditure of operating and services funds.

[4]Additional funding for 24/7 desk coverage is assumed to be required in all senior projects as well as two additional projects in the program.

[5]Units are assumed to enter into operation in the program year indicated. Greater than anticipated development timelines may result in delayed project completion.

# San Diego Housing Model
# Mental Health Services Act (MHSA) Housing Plan

**PRODUCTION SUMMARY (1): BUILDING CONFIGURATION[1]**

**Table 1: Building/Unit Breakdown**

| Population/Housing Preference | Building Configuration | | Acquisition/Rehab Summary | | | | New Construction/Subst Rehab Summary | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Acquisition/ Rehab | New Construction/Subst Rehab | # Buildings | # SH Units | # Affordable Units | Subtotal | # Buildings | # SH Units | # Affordable Units | Subtotal | |
| **A1 - Homeless, At-Risk, or Frequent Users** | (1) 50-unit | (1) 50-unit | 3 | 25 | | 75 | | | | | 75 |
| (5 bldgs X 25 units) | (3) 25-unit | | 1 | 25 | 25 | 50 | 1 | 25 | 25 | 50 | 100 |
| **A2 - Criminal Justice** | (1) 25-unit | (1) 25-unit | 1 | 25 | | 25 | 1 | 25 | | 25 | 50 |
| (3 bldgs X 25 units) | (1) 50-unit | | 1 | 25 | 25 | 50 | | | | | 50 |
| **TAY1 - Transition Age Youth** | (3) 20-unit | | 3 | 20 | | 60 | | | | | 60 |
| (3 bldgs X 20 units) | | | | | | | | | | | |
| **OA-1 Older Adults** | | (2) 75-unit | | | | | 2 | 63 | 87 | 150 | 150 |
| (1 bldg X 40 units, 1 bldg X 23 units) | | | | | | | | | | | 0 |
| **GRAND TOTAL** | | | 9 | | | 260 | 4 | | | 225 | 485 |

[1]This table describes production units only, not scattered site/leased units.

**Table 2: Unit Breakdown by Population**

| | Shared | Studio | 1-br | 2-br | 3-br | Total |
|---|---|---|---|---|---|---|
| A1 - Homeless | 10 | 130 | 30 | 5 | | 175 |
| A2 - Criminal Justice | 25 | 60 | 5 | 5 | 5 | 100 |
| TAY1 | 20 | 60 | | | | 80 |
| OA-1 | | 63 | 20 | | | 83 |
| Affordable | | 42 | 80 | 30 | 10 | 162 |
| **Total** | **55** | **355** | **135** | **40** | **15** | **600** |

**Table 3: Population by Building Size[1]**

| | New Construction/Substantial Rehab | | | | | Acquisition/Mod Rehab | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 20-Unit | 25-Unit | 50-Unit | 75-Unit | 100-Unit | 20-Unit | 25-Unit | 50-Unit | 75-Unit | 100-Unit | |
| A1 - Homeless | | | 1 | | | | 3 | 1 | | | 5 |
| A2 - Criminal Justice | | 1 | | | | | 1 | 1 | | | 3 |
| TAY1 | | | | | | 3 | | | | | 3 |
| OA-1 | | | | 2 | | | | | | | 2 |
| **Total** | **0** | **1** | **1** | **2** | **0** | **3** | **4** | **2** | **0** | **0** | **13** |

[1]This table describes production units only, not scattered site/leased units.

## San Diego Housing Model
## Mental Health Services Act (MHSA) Housing Plan

**PRODUCTION SUMMARY (2): PRODUCTION SCHEDULE[1]**

**Table 1: Buildings[2]**

| | Buildings | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **6-Year Total** |
| New Construction/Subst Rehab | | | | | | | |
| 20-Unit Buildings | | | | | | | 0 |
| 25-Unit Buildings | | | | 1 | | | 1 |
| 50-Unit Buildings | | | | | 1 | | 1 |
| 75-Unit Buildings | | 1 | 1 | | | | 2 |
| 100-Unit Buildings | | | | | | | 0 |
| TOTAL (New Construction/Subst Rehab) | 0 | 1 | 1 | 1 | 1 | 0 | 4 |
| Acquisition/Mod Rehab | | | | | | | |
| 20-Unit Buildings | | 1 | | 1 | 1 | | 3 |
| 25-Unit Buildings | 1 | | 1 | 1 | 1 | | 4 |
| 50-Unit Buildings | 1 | | 1 | | | | 2 |
| 75-Unit Buildings | | | | | | | 0 |
| 100-Unit Buildings | | | | | | | 0 |
| TOTAL (Acquisition/Mod Rehab) | 2 | 1 | 2 | 2 | 2 | 0 | 9 |
| | | | | | | | |
| **GRAND TOTAL** | 2 | 2 | 3 | 3 | 3 | 0 | 13 |

**Table 2: Capital Costs[2]**

| | Capital Costs | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **6-Year Total** |
| New Construction/Subst Rehab | | | | | | | |
| 20-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| 25-Unit Buildings | $0 | $0 | $0 | $9,982,500 | $0 | $0 | $9,982,500 |
| 50-Unit Buildings | $0 | $0 | $0 | $0 | $20,131,375 | $0 | $20,131,375 |
| 75-Unit Buildings | $0 | $18,562,500 | $20,418,750 | $0 | $0 | $0 | $38,981,250 |
| 100-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| TOTAL (New Construction/Subst Rehab) | $0 | $18,562,500 | $20,418,750 | $9,982,500 | $20,131,375 | $0 | $69,095,125 |
| Acquisition/Mod Rehab | | | | | | | |
| 20-Unit Buildings | $0 | $5,500,000 | $0 | $6,655,000 | $7,320,500 | $0 | $19,475,500 |
| 25-Unit Buildings | $5,625,000 | $0 | $6,806,250 | $7,486,875 | $8,235,563 | $0 | $28,153,688 |
| 50-Unit Buildings | $10,000,000 | $0 | $12,100,000 | $0 | $0 | $0 | $22,100,000 |
| 75-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| 100-Unit Buildings | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| TOTAL (Acquisition/Mod Rehab) | $15,625,000 | $5,500,000 | $18,906,250 | $14,141,875 | $15,556,063 | $0 | $69,729,188 |
| | | | | | | | |
| **GRAND TOTAL** | $15,625,000 | $24,062,500 | $39,325,000 | $24,124,375 | $35,687,438 | $0 | $138,824,313 |

[1]Production units only

[2]The year indicated is the year in which final funding commitments associated with a project are expected to be made. The process of obtaining funding commitments, however, typically takes 12 - 24 months depending on the number of funding sources a project needs. Hence, the process of obtaining funding commitments, as well as the predevelopment for a given project, will typically commence in advance of the year indicated in the model.

# San Diego Housing Model
# Mental Health Services Act (MHSA) Housing Plan

**PRODUCTION SUMMARY (3): UNIT/TENANT MIX**

| | Unit Sizes | | | | | | Tenant Mix | | | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # Bldgs | Shared* | 0-Bedroom | 1-Bedroom | 2-Bedroom | 3-Bedroom | A1 | A2 | TAY1 | OA-1 | Affordable Units | |
| **Scattered Site** ***(Leased Units)*** | 24 | 55 | 20 | 33 | 2 | 5 | 50 | 25 | 20 | 20 | 0 | 115 |
| **TOTAL (Scattered Site)** | 24 | 55 | 20 | 33 | 2 | 5 | 50 | 25 | 20 | 20 | 0 | 115 |
| **New Construction/Subst Rehab** | | | | | | | | | | | | |
| 20-Unit Buildings | | | | | | | | | | | | 0 |
| 25-Unit Buildings | 1 | | 20 | 1 | 2 | 2 | | 25 | | | | 25 |
| 50-Unit Buildings | 1 | | 40 | 5 | 5 | | 25 | | | | 25 | 50 |
| 75-Unit Buildings | 2 | | 123 | 27 | | | | | | 63 | 87 | 150 |
| 100-Unit Buildings | | | | | | | | | | | | 0 |
| **TOTAL (New Construction/Subst Rehab)** | 4 | 0 | 183 | 33 | 7 | 2 | 25 | 25 | 0 | 63 | 112 | 225 |
| **Acquisition/Mod Rehab** | | | | | | | | | | | | |
| 20-Unit Buildings | 3 | | 60 | | | | | | 60 | | | 60 |
| 25-Unit Buildings | 4 | | 59 | 32 | 7 | 2 | 75 | 25 | | | | 100 |
| 50-Unit Buildings | 2 | | 35 | 30 | 29 | 6 | 25 | 25 | | | 50 | 100 |
| 75-Unit Buildings | | | | | | | | | | | | 0 |
| 100-Unit Buildings | | | | | | | | | | | | 0 |
| **TOTAL (Acquisition/Mod Rehab)** | 9 | 0 | 154 | 62 | 36 | 8 | 100 | 50 | 60 | 0 | 50 | 260 |
| **GRAND TOTAL** | 13 | 55 | 357 | 128 | 45 | 15 | 175 | 100 | 80 | 83 | 162 | 600 |

*Shared units constitute units in residential settings where tenants have separate bedrooms but shared common living space.

# San Diego Housing Model
# Mental Health Services Act (MHSA) Housing Plan

**CAPITAL FINANCING SOURCES**

| | Amount | Amount/Year[7] | Terms |
|---|---|---|---|
| | | | |
| **Scattered Site/Leased Units** | n/a | n/a | n/a |
| | | | |
| **Production Units** | | | |
| TCAC ( 4% LIHTC)[1] | $11,228,875 | $2,245,775 | Equity Investment |
| TCAC ( 9% LIHTC)[1] | $35,467,575 | $7,093,515 | Equity Investment |
| MHP (HCD)[2] | $28,648,000 | $5,729,600 | 3%/55 years |
| *MHSA Housing Program (CalHFA)*[3] | $29,000,000 | $5,800,000 | 3%/20 years |
| *MHSA One-Time* | $0 | $0 | TBD |
| *MHSA Unspent*[4] | $2,591,820 | $518,364 | TBD |
| *MHSA Capital Facilities*[5] | $0 | $0 | TBD |
| *MHSA Additional Ongoing*[4] | $6,025,234 | $1,205,047 | TBD |
| Local Continuums (McKinney SHP)[6] | $2,750,000 | $550,000 | Grant |
| Federal Home Loan Bank (AHP) | $3,150,000 | $630,000 | Grant |
| Other Financing[8] | $2,462,809 | $492,562 | TBD |
| Other Local Resources | $17,500,000 | $3,500,000 | TBD |
| **TOTAL** | **$138,824,313** | $27,764,863 | |

| **Gap** | **$0** |
|---|---|

| | |
|---|---|
| Average Per Unit Cost (production units only) | $286,236 |
| Gap Funding per Production Unit (485 total) | $0 |

[1]In 2005 tax credits for (5) 4 % projects and (5) 9% projects were allocated and the total for both was 965 units and $11,581,155 in credits. Total equity on the 9% projects was $62.2 million.

[2]Assumes program receives 8% share of Prop 1C SH allocation, 8% of Youth allocation, plus a share of the general allocation for mixed projects.

[3]Assumes nearly $6 million per year (8% share, adjusted downward) over 5 year production timeline.

[4]These amounts are net of 15% administrative costs.

[5]This funding is assumed to be unavailable for housing costs.

[6]Assumes 5 funded projects over 5 year production timeline.

[7]Based on 5 year production timeline.

[8]Consists of conventional financing, developer equity (e.g. land, fundraising), and potential additional local resources.

## San Diego Housing Model
## Mental Health Services Act (MHSA) Housing Plan

**Table 1: OPERATING SUBSIDY EXPENDITURES[1]**

| | # Units | Year Occupied[2] | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6-Year Total |
|---|---|---|---|---|---|---|---|---|---|
| **Scattered Site (Leased Units)** | | | | | | | | | |
| Shared | 55 | Year 1 | $594,000 | $599,940 | $605,939 | $611,999 | $618,119 | $624,300 | $3,654,297 |
| 0-Bedroom | 20 | Year 1 | $200,640 | $202,646 | $204,673 | $206,720 | $208,787 | $210,875 | $1,234,340 |
| 1-Bedroom | 33 | Year 1 | $377,784 | $381,562 | $385,377 | $389,231 | $393,124 | $397,055 | $2,324,133 |
| 2-Bedroom | 2 | Year 1 | $27,792 | $28,070 | $28,351 | $28,634 | $28,920 | $29,210 | $170,977 |
| 3-Bedroom | 5 | Year 1 | $101,280 | $102,293 | $103,316 | $104,349 | $105,392 | $106,446 | $623,076 |
| Subtotal (Leased Units) | 115 | Year 1 | $1,301,496 | $1,314,511 | $1,327,656 | $1,340,933 | $1,354,342 | $1,367,885 | $8,006,823 |

| | # Units | Year Funds Committed[3] | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6-Year Total |
|---|---|---|---|---|---|---|---|---|---|
| **Production Units** | | | | | | | | | |
| 0-Bedroom | 44 | Year 1 | $220,000 | $222,200 | $224,422 | $226,666 | $228,933 | $231,222 | $1,353,443 |
| 0-Bedroom | 56 | Year 2 | | $282,800 | $285,628 | $288,484 | $291,369 | $294,283 | $1,442,564 |
| 0-Bedroom | 67 | Year 3 | | | $341,734 | $345,151 | $348,602 | $352,088 | $1,387,575 |
| 0-Bedroom | 64 | Year 4 | | | | $329,696 | $332,993 | $336,323 | $999,013 |
| 0-Bedroom | 64 | Year 5 | | | | | $332,993 | $336,323 | $669,316 |
| 1-Bedroom | 4 | Year 1 | $20,000 | $20,200 | $20,402 | $20,606 | $20,812 | $21,020 | $123,040 |
| 1-Bedroom | 2 | Year 2 | | $10,100 | $10,201 | $10,303 | $10,406 | $10,510 | $51,520 |
| 1-Bedroom | 4 | Year 3 | | | $20,402 | $20,606 | $20,812 | $21,020 | $82,840 |
| 1-Bedroom | 5 | Year 4 | | | | $25,758 | $26,015 | $26,275 | $78,048 |
| 1-Bedroom | 5 | Year 5 | | | | | $26,015 | $26,275 | $52,290 |
| 2-Bedroom | 2 | Year 1 | $10,000 | $10,100 | $10,201 | $10,303 | $10,406 | $10,510 | $61,520 |
| 2-Bedroom | 2 | Year 2 | | $10,100 | $10,201 | $10,303 | $10,406 | $10,510 | $51,520 |
| 2-Bedroom | 2 | Year 3 | | | $10,201 | $10,303 | $10,406 | $10,510 | $41,420 |
| 2-Bedroom | 1 | Year 4 | | | | $5,152 | $5,203 | $5,255 | $15,610 |
| 2-Bedroom | 1 | Year 5 | | | | | $5,203 | $5,255 | $10,458 |
| 3-Bedroom | 0 | Year 1 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| 3-Bedroom | 0 | Year 2 | | $0 | $0 | $0 | $0 | $0 | $0 |
| 3-Bedroom | 0 | Year 3 | | | $0 | $0 | $0 | $0 | $0 |
| 3-Bedroom | 0 | Year 4 | | | | $0 | $0 | $0 | $0 |
| 3-Bedroom | 0 | Year 5 | | | | | $0 | $0 | $0 |
| Subtotal (Production Units) | 323 | | $250,000 | $555,500 | $933,392 | $1,303,331 | $1,680,575 | $1,697,381 | $6,420,179 |
| **Additional subsidy needed for Front Desk** | | Years 1 - 6 | $103,500 | $104,535 | $211,161 | $319,908 | $430,810 | $435,118 | $1,605,032 |
| **Total (Scattered Site & New Production)** | 438 | | $1,551,496 | $1,870,011 | $2,261,048 | $2,644,263 | $3,034,917 | $3,065,267 | $16,032,034 |

**Table 2: OPERATING FINANCING SOURCES**

| | Amount | Terms |
|---|---|---|
| Tenant Income | $3,527,832 | n/a |
| MHSA One-Time[4] | $2,070,000 | TBD |
| MHSA Additional (Ongoing) | $5,906,278 | TBD |
| MHSA Housing Program | $3,427,924 | 20 years |
| Local Continuums (S+C) | $1,100,000 | 5 years |
| **Total** | $16,032,034 | |
| **Gap** | $0 | |

[1]Does not include service costs; see Service Funding tab.

[2]The model assumes that leased units become operational in the first year of the program.

[3]Production units become operational starting in Year 2 of the model, in the years following those in which funding commitments are made.

[4]One-time MHSA funds embedded in contracts with FSPs.

# San Diego Housing Model
# Mental Health Services Act (MHSA) Housing Plan

**SERVICE FUNDING EXPENDITURES**[1]

| | # of People | Year Funds Expended | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6-year Total |
|---|---|---|---|---|---|---|---|---|---|
| **Scattered Site Units** | | | | | | | | | |
| Singles | 108 | Year 1 | $1,296,000 | $1,321,920 | $1,348,358 | $1,375,326 | $1,402,832 | $1,430,889 | $8,175,325 |
| Families | 7 | Year 1 | $84,000 | $85,680 | $87,394 | $89,141 | $90,924 | $92,743 | $529,882 |
| **Subtotal** | 115 | | $1,380,000 | $1,407,600 | $1,435,752 | $1,464,467 | $1,493,756 | $1,523,632 | $8,705,207 |

| | # of People | Year Funds Committed | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 6-year Total |
|---|---|---|---|---|---|---|---|---|---|
| **Production Units** | | | | | | | | | |
| Singles | 48 | Year 1 | $576,000 | $587,520 | $599,270 | $611,256 | $623,481 | $635,951 | $3,633,478 |
| Singles | 58 | Year 2 | | $709,920 | $724,118 | $738,601 | $753,373 | $768,440 | $3,694,452 |
| Singles | 71 | Year 3 | | | $886,421 | $904,149 | $922,232 | $940,677 | $3,653,479 |
| Singles | 69 | Year 4 | | | | $878,680 | $896,254 | $914,179 | $2,689,113 |
| Singles | 69 | Year 5 | | | | | $896,254 | $914,179 | $1,810,433 |
| Families | 2 | Year 1 | $24,000 | $24,480 | $24,970 | $25,469 | $25,978 | $26,498 | $151,395 |
| Families | 2 | Year 2 | | $24,480 | $24,970 | $25,469 | $25,978 | $26,498 | $127,395 |
| Families | 2 | Year 3 | | | $24,970 | $25,469 | $25,978 | $26,498 | $102,915 |
| Families | 1 | Year 4 | | | | $12,734 | $12,989 | $13,249 | $38,973 |
| Families | 1 | Year 5 | | | | | $12,989 | $13,249 | $26,238 |
| **Subtotal** | 323 | | $600,000 | $1,346,400 | $2,284,718 | $3,221,827 | $4,195,507 | $4,279,417 | $15,927,870 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Grand Total** | 438 | | 1,980,000 | 2,754,000 | 3,720,470 | 4,686,295 | 5,689,263 | 5,803,049 | 24,633,077 |

[1]Service costs are based on county MHSA funds designated for approved service programs provided by Full Service Partnerships (FSPs).

# APPENDIX G

# Mental Health Services Act (MHSA) Housing Plan

## Glossary

**AB 34 / AB 2034:** These assembly bills created programs in California to serve individuals with mental illness who experienced homelessness. The San Diego County AB 2034 program began operations in 2000, targeting the downtown San Diego homeless population.

**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 HUD, any housing accommodation for which a tenant household pays 30% or less of its income.

**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 other having incomes below the median.

**Assertive community treatment (ACT) teams:** Multidisciplinary teams that provide case management, crisis intervention, medication monitoring, social support, assistance with everyday living needs, access to medical care, and employment assistance for people with mental illness. The programs are based on an assertive outreach approach with hands-on assistance provided to individuals in their homes and neighborhoods.

**At risk of homelessness:** An individual or family that is coming out of a treatment program, institution, transitional living program, half-way house or jail and has no place to go; is living in a situation where the individual / family is 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 (B&C):** See Licensed Board and Care.

**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 local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy, and referral on behalf of individual clients.

**CDBG (Community Development Block Grants):** Funds that are provided to communities from the U.S. Dept. of Housing and Urban Development (HUD) for a range of eligible activities, setting their own priorities as long as they meet basic program requirements.

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

**Clubhouse:** Drop-in day centers that offer case management, mental health, and other services. Many of the County's clients with mental illness spend most of their day time hours at their local clubhouses.

**Community Services and Supports (CSS) Plan:** These plans set the funding priorities for each county for services to be provided under the first three years of the Mental Health Services Act. The San Diego County CSS was finalized in December 2005.

**Conventional Financing:** Loans that are secured on the private market at market rates.

**Crisis residential treatment center:** Individuals with mental health emergencies may stay at these facilities for up to two weeks. These facilities are considered alternatives to hospitalization.

**Dually-diagnosed:** Term used to describe individuals who are diagnosed with two different disorders, typically a combination of mental health and substance use diagnoses.

**Emergency Housing:** Facilities dedicated to homeless individuals, in which the maximum length of stay is less than 90 days.

**Fair Market Rent (FMR):** Fair Market Rent is an amount determined by the U.S. Dept. 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.

**Full Service Partnership (FSP):** Provide all necessary services and supports to help clients achieve their mental health goals and treatment plan. FSP services comprehensively address client and family needs and "do whatever it takes" to meet those needs, including intensive services and supports and strong connections to community resources with a focus on resiliency and recovery. [From: County of San Diego, Mental Health Services]

**HOME Investment Partnership Program (HOME):** HUD funds that are administered locally for the following uses: building acquisition; new construction and reconstruction; moderate or substantial rehabilitation; homebuyer assistance; and tenant-based rental assistance.

**Homeless:** Individuals and families who lack a fixed, regular, and adequate nighttime residence, or whose primary nighttime residence that is a temporary shelter or institution.

**Housing and Urban Development (HUD):** The U.S. Department of Housing and Redevelopment, created in 1965 to administer programs of the federal government which provide assistance for housing for the development of the nation's communities.

**Licensed Board and Care (B&C):** Board and Care facilities licensed by the State, which are permitted to dispense medications. The purpose of the B&Cs is to provide continued outpatient stability. In most B&Cs, the client shares a room.

**Low Income Housing Tax Credit (LIHTC):** A congressionally created tax credit (Internal Revenue Code Section 42) available to investors in low income housing designed to encourage investment that helps finance construction and rehabilitation of housing for low income renters.

**Master leasing:** A legal contract in which a third party (other than the actual tenant) enters into a lease agreement with the property owner and is responsible for tenant selection and collection of rental payments from sub-lessees.

**Mental Health Services Housing Council (MHS Housing Council):** The MHS Housing Council is comprised of clients, advocates, service providers, and housing experts to provide information to the Mental Health Board.

**Mental Health Services Act (MHSA):** Approved by California voters in November 2004, the MHSA created a 1% income tax on personal income exceeding $1 million. These funds are dedicated to serving individuals with mental illness, and the Act seeks to transform mental health systems throughout the state by making services more client-focused and recovery-driven.

**Mortgage:** Debt instrument by which the borrower (mortgagor) gives the lender (mortgagee) a lien on property as security for the repayment of a loan.

**Operating and maintenance expenses:** The ordinary expenses of operating and maintaining an income property, such as taxes, insurance, repairs, utilities, etc.

**Operating reserve:** Funds set aside to be used to offset possible losses due to unexpectedly low rent collections or unanticipated operating and maintenance costs. A reserve may be required by a lender in the form of an escrow to pay upcoming taxes and insurance costs.

**Permanent Supportive Housing:** Combines and links permanent, affordable housing with support services designed to help the tenants stay housed. Tenants have the legal right to remain in the unit as long as they wish, as defined by the terms of a renewable lease agreement.

**Plan to End Chronic Homelessness in the San Diego Region (PTECH):** The ten year plan created in collaboration with the United Way and local government, civic, and business leaders. The Plan focuses on providing supportive housing with wraparound support services as well as prevention as ways to end chronic homelessness in the San Diego region.

**Proposition 63:** In November 2004, California voters approved a ballot referendum called Proposition 63, which created the Mental Health Services Act.

**Rehabilitation:** A treatment approach that involves assessing a person's skills and needs, and teaching skills to reduce a person's disability and maximize a person's functioning in the community.

**Scattered-site housing:** Dwelling units in apartments or homes spread throughout a neighborhood or community that are designated for specific populations, usually accompanied by supportive services.

**Section 8 housing:** This type of affordable housing is based on the use of subsidies, the amount of which is geared to the tenant's ability to pay. The subsidy makes up the difference between what the low-income household can afford, and the 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).

**Severe Mental Illness (SMI)**: A diagnosable mental disorder found in persons aged 18 years and older that is so long lasting and severe that it seriously interferes with a person's ability t take part in major life activities. [From: County of San Diego, Mental Health Services]

**Single room occupancy (SRO) Building:** A type of building that offers residents a single, furnished room, usually with shared bathroom and kitchen facilities.

**Single-site housing:** A housing program in which all living units are located in a single building or complex.

**Sober Living facility:** Alcohol- and drug-free living facilities for persons in recovery from alcohol or drug addiction.

**Sponsor:** An organization that pays for or plans and carries out a project or activity

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

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

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

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

**Transition Age Youth (TAY):** Youth and young adults age 18-24.

**Transitional housing:** Housing meant to help homeless people access permanent housing, usually within two years.

**Tax credits:** Tax benefits, granted for engaging in particular activities that are subtracted on a dollar for dollar basis, from taxes owed. Also see Low Income Housing Tax Credits.

**Tax Credit Allocation Committee (TCAC):** The state committee, operating under the state treasurer, that allocates state and federal Low Income Housing Tax Credits.

**Unlicensed Independent Living Facility (ILF):** These residences are not licensed by the State of California Community Care and Licensing Division, and are not restricted to individuals with mental illness.

# APPENDIX H

## Mental Health Services Act (MHSA) Housing Plan

Frequently Used Abbreviations and Terms

| | |
|---|---|
| AB 34 / 2034 | Assembly Bill 34 or 2034 |
| ACT | Assertive Community Treatment |
| AHP | Affordable Housing Program (Federal Home Loan Bank) |
| AMI | Area Median Income |
| B&C | Board and Care facility |
| CalHFA | California Housing Finance Agency |
| CCDC | Centre City Development Corporation (San Diego Downtown Redevelopment Agency) |
| CDBG | Community Development Block Grants |
| CSH | Corporation for Supportive Housing |
| FHLB | Federal Home Loan Bank |
| FMR | Fair Market Rent (HUD) |
| FSP | Full Service Partnership |
| HCD | Housing and Community Development (County of San Diego) |
| HHSA | Health and Human Services Agency (County of San Diego) |
| HOME | HOME Investment Partnership Program |
| HOPWA | Housing Opportunities for People with AIDS (HUD) |
| HUD | U.S. Department of Housing and Urban Development |
| ILA | Independent Living Association |
| ILF | Independent Living Facility |
| LIHTC | Low Income Housing Tax Credit |
| NAMI | National Alliance for the Mentally Ill |
| MHP | Multifamily Housing Program (CalHFA) |
| MHSA | Mental Health Services Act |
| PTECH | Plan to End Chronic Homelessness in the San Diego Region |
| S+C | Shelter Plus Care (HUD) |
| SDHC | San Diego Housing Commission |
| SDMHS | San Diego County Mental Health Services |

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| Section 8 | Section 8 Housing Choice Voucher Program (HUD) |
| SHP | Supportive Housing Program (HUD) |
| SMI | Serious Mental Illness |
| SRO | Single Room Occupancy |
| SSDI | Social Security Disability Insurance |
| SSI | Supplemental Security Income |
| TAY | Transition Age Youth (18-24 years old) |
| TCAC | Tax Credit Allocation Committee |