

**County of San Diego
Health and Human Services Agency
Adult/Older Adult Behavioral Health Services**

**Five Year Behavioral Health
Strategic Housing Plan
FY 2014-2019**

FY 2018-2019 Update



Acknowledgements

The Corporation for Supportive Housing (CSH) is a Housing Technical Assistance consultant to the County of San Diego Health and Human Services Agency's Behavioral Health Services Administration. This Plan was written and produced by CSH.

About CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 25 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions.

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Executive Summary

Housing is a critical resource for achieving health and wellness, particularly for people with limited means who struggle with behavioral health issues. This Five Year Behavioral Health Strategic Housing Plan *Fiscal Year 2018-2019 Update* provides a framework for the current housing needs and outlines the planning process for the development of Five Year Goals that maximize housing options for people with behavioral health issues in San Diego County.

The initial Plan was developed through a robust stakeholder process that included input from consumers, service providers, housing developers and operators, and funders of housing and services. Updates to the plan include policy and legislative updates, as well as updated feedback from consumers in the form of focus groups and surveys. Throughout the plan, we analyze the importance of housing in achieving recovery, while mapping out local housing needs as well as the resources and tools available to meet those needs. This Plan also specifically recognizes the importance of the Mental Health Services Act (MHSA) in transforming the range of housing and services options to those who were previously unserved or under-served in our communities, as well as recognizing the significant accomplishments in meeting present goals. The specific Five Year Goals, as identified in the original Behavioral Health Strategic Housing Plan, are to:

1. Expand Inventory of Affordable and Supportive Housing
2. Increase Access to Independent Living Options
3. Provide Opportunities to “Move On” To More Independent Housing Options
4. Expand Opportunities to Increase Income (Employment and Benefits)
5. Lessen Isolation and Keep People Connected to Their Communities
6. Develop Improved Data Collection and Analysis Capacity

The Plan then defines the key strategies and activities to undertake over a five year period in order to achieve these goals, as well as a process to evaluate and update the Plan on an annual basis, creating a living document that reflects and responds to the changing housing and services environment in San Diego.

The annual Plan update for Fiscal Year 2018-19 includes current information regarding a variety of housing and services options for people with behavioral health issues in San Diego County. In particular, this Plan Update outlines an unprecedented new opportunity to create significant new supportive housing options under the No Place Like Home initiative.¹ The planning process for the 2018-19 Plan Update includes input from a broad range of stakeholders including: County representatives with expertise from behavioral health, public health, probation/ justice system, social services, and housing departments; San Diego’s homeless Continuum of Care; Housing and Homeless services providers, especially those with experience providing housing or services to those who are Chronically Homeless; County health plans, community clinics and health centers, and other health care providers; Public housing authorities, and Representatives of family caregivers of persons living with serious mental illness.

¹ <http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml>

Chapter 1: Purpose of the San Diego Strategic Housing Plan

The purpose of the Five Year Behavioral Health Strategic Housing Plan (FY 14-19) is to identify key strategies to expand and maximize housing options for people served by the County of San Diego Behavioral Health Services. This Plan explores the needs and resources in our County, identifies effective approaches to providing a range of housing options for people with limited means, and maps out how to implement strategies to expand access to housing.

The Planning Process

In FY 2013-2014, the Corporation for Supportive Housing (CSH) initiated a comprehensive effort to gather feedback from mental health and alcohol and other drug service providers, consumers of behavioral health services, affordable housing developers, and stakeholders in the homeless services community to inform the development of the Behavioral Health Services (BHS) Strategic Housing Plan. CSH has continued to convene the Behavioral Health Housing Council Work Team and to work closely with service providers to identify the current needs, refine the existing work plan, and develop solutions to housing-related challenges. CSH has collaborated with NAMI and RI International to initiate a 3-year cycle to circulate the Housing Survey for behavioral health consumers to track trends in the ways that consumers identify and maintain varied housing options. CSH continues to facilitate focus groups for Full Service Partnership (FSP) clients and residents of Mental Health Services Act (MHSA) developed housing to gather vital feedback on clients' journeys from precarious housing situations and homelessness to supportive housing. CSH has continued to work with supportive and affordable housing developers, and is also linked to homeless planning efforts through the Regional Task Force on the Homeless (RTFH), San Diego's homeless Continuum of Care.

Throughout these meetings and opportunities for feedback, CSH heard the importance of identifying strategies to increase housing options for people with behavioral health issues, echoing the vision of the Behavioral Health Housing Council, an advisory body to the County:

Individuals with behavioral health issues and with limited resources in San Diego County have a full range of choices for safe and affordable housing with the goal of achieving meaningful and long term recovery.

Behavioral Health Population Overview

BHS provides a variety of prevention, treatment, and intervention services for clients with serious mental illness and/or substance use disorders. BHS services are delivered under Systems of Care for Adult/Older Adults and for Children, Youth and Families. Individuals and families who access BHS services are generally low-income people with serious mental illness and/or substance use disorders. Primarily, adults and older adults accessing County behavioral health services are Medi-Cal recipients (67%, with an additional 11% covered by Medi-Cal and Medicare) and people without insurance (13%).² Of adult service users, some are homeless, and others may be precariously

² BHS Databook FY 2016-2017.

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/BHSDatabook_FY16_17_Final_rev.pdf

housed. Of those participating in Children, Youth and Families services, 90% are Medi-Cal recipients with 19% either reporting homelessness or in out-of-home placements such as Foster Care.

FY 2016-2017 Data Snapshot³

Adult and Older Adult System of Care

- 42,767 Total Unique clients accessed County Mental Health Services
 - 46% with a co-occurring disorder
 - 16% report that they are homeless (note in FY 06/07, only 6% of AOA clients reported homelessness)
 - 69% are adults aged 26 – 59
 - 18% are transition age youth (TAY) aged 18 – 25
 - 14% are older adults aged 60 and above
 - 27% are in the workforce or actively seeking employment
 - 52% are not in the labor force or seeking employment
 - 21% are in residing in institutional settings or did not have employment data to report

Children, Youth and Families System of Care

- 15, 839 Total Unique clients accessed County Mental Health Services
 - 5% with a dual diagnosis
 - 3% report that they or their family is homeless
 - 12% are ages 0-5
 - 34% are ages 6-11
 - 31% are ages 12-15
 - 18% are ages 16-17
 - 8% have used Emergency/Crisis Services

Substance Use Disorder Services

- 11,307 Total Unique clients accessed County Substance Use Disorder treatment services
 - 22% report that they are homeless
 - 2% are ages 11-15
 - 5% are ages 16-17
 - 16% are ages 18-25
 - 73% are ages 26-59
 - 3% are ages 60 and above
 - 1,848 Total Unique clients accessed Perinatal-specific services
 - 36% report that they are homeless

Some BHS clients with more severe and persistent impairment are eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Among clients enrolled in FSP programs, about 66% were receiving SSI as of June 2018. For individuals living independently, the current maximum monthly SSI payment is \$910.72 making housing affordability difficult. Other factors confounding housing availability and affordability, particularly for the clients participating in Substance Use Disorder services, is the shortage of housing options to accommodate parents working

³ All data in the section is reported in the BHS Databook FY 2016-2017.
https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/BHSDatabook_FY16_17_Final_rev.pdf

with reunification plans to regain custody of their children as well as people with histories in the justice system.

In developing a Strategic Housing Plan for a behavioral health population, stakeholder feedback emphasized prioritizing planning efforts for people with serious mental illness and severe substance use disorder who have histories of homelessness, recognizing gaps in housing options for sub-populations, and the importance of providing options for people who are low-income, as well as family members. Strategic planning efforts must account for the different housing needs and preferences of TAY, adults and older adults, and families, as well as clients' varied income sources.

Chapter 2: National, State and Local Context of the Report

This Strategic Plan reflects the paradigm of the importance of housing in providing behavioral healthcare both nationally and in San Diego. Mainstream systems clearly recognize housing as a platform and that housing is critical to achieving health and wellness, and this broad trend is reflected in a number of important national, state and local factors that contribute to the development of this Plan.

Housing as Integral to Healthcare

The role of housing in achieving health and recovery is increasingly recognized across the country. The National Association of State Mental Health Program Directors (NASMHPD) and State Mental Health Authorities (SMHAs) have developed a housing vision and goal “to ensure that people served by the public behavioral health system have access to decent, safe and permanent affordable housing of their choice, linked with the full range of high quality services they may need to support successful tenancies”.⁴ This is also seen in California in the Mental Health Services Act (MHSA), which includes housing as a key component of recovery-focused services to people who are unserved or under-served by the mental health system. Changes in Medicaid-covered services and new opportunities in waiver programs reveal a growing trend to pair housing and health care resources to yield more significant outcomes for individuals with behavioral health challenges. San Diego County’s decision to integrate the Department of Housing and Community Development Services (County HCDS) within the Health and Human Services Agency (HHS) demonstrates the local commitment to better integrate health and housing services.

National Initiatives

Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and came into full effect in 2014. The Affordable Care Act (ACA) fundamentally transformed low-income individuals’ and families’ access to health insurance and health care, while also recognizing the importance of behavioral health treatment. In particular, the ACA requires parity or “equivalence” between medical and surgical benefits and substance use and mental health treatment options, while also focusing on quality and accountability in care. Under ACA, “essential health benefits” must be offered under health insurance plans, including such things as substance use and mental health services including behavioral health treatment. This expansion of both the number of people covered as well as the covered services greatly expanded access to substance use and mental health treatment. For example, in FY 2012 – 2013, 42% of people accessing County Behavioral Health Services were Medi-Cal recipients, with an additional 14% covered by Medi-Cal and Medicare. In FY 2016- 2017, 67% were Medi-Cal recipients with an additional 11% covered by Medi-Cal and Medicare. In addition to increasing the access to health coverage, the ACA opened the door for a variety of new funding and service delivery models that link housing and health care services.

⁴Affordable Housing: The Role of the Public Behavioral Health System, National Association of State Mental Health Program (NASMHPD) Directors Policy Brief, October 2011

Recent attempts at repealing all or parts of the ACA continues with proposals for policies aimed at freezing risk adjustment payments to participating ACA insurers and rolling back the tax penalty associated with the individual mandate. Should new policies be enacted, further analysis will be required to understand the impact on both physical and behavioral health services.

Medi-Cal 2020

Medi-Cal 2020, California's 1115 Waiver Renewal, was approved by the Centers for Medicare and Medicaid Services on December 30, 2015. Medi-Cal 2020 is a five (5) year demonstration that secures \$6.2 billion in federal funds to continue various health programs and adds additional opportunities for innovative care and payment models, such as the Whole Person Care Pilot. Some of the specific programs within Medi-Cal 2020 relate specifically to hospital systems and changes in payment methodologies that will not directly affect San Diego County, but as a whole, Medi-Cal 2020 directs California counties toward more integrated health care systems with a focus on primary care and preventive services.

Whole Person Wellness

The Whole Person Care Pilot, known as Whole Person Wellness in San Diego County, is a component of Medi-Cal 2020 that was established by the California Department of Health Care Services (DHCS) and has the goal of increasing the coordination of health, behavioral health, and social services for high-risk, high-utilizing Medi-Cal beneficiaries. This may include individuals with repeated incidents of avoidable emergency and inpatient hospital care, two (2) or more chronic conditions, and/or mental health and/or substance use disorders who are currently experiencing homelessness or are at-risk of homelessness.

The County of San Diego submitted an application in July 2016 for a Whole Person Wellness Pilot and was awarded funding in November 2016 to serve a target population of individuals who are high utilizers of health services, who are homeless or at-risk of homelessness, and have at least one of the following three conditions:

1. Serious Mental Illness
2. Substance Use Disorder
3. Chronic Physical Health Condition

San Diego's Whole Person Wellness initiative began enrolling clients throughout the County in January 2018 with the goal of bringing health services to 1,049 homeless people countywide who have been identified as frequent users of emergency care services, including people with behavioral health issues. This pilot will extend through December 2020.

Medi-Cal Health Homes Program

The Health Homes Program will serve eligible Medi-Cal beneficiaries with multiple chronic conditions who are frequent utilizers and may benefit from enhanced care management and coordination. The Health Homes program will be implemented in San Diego starting in July 2019. Once implemented, Health Homes will coordinate a full range of physical health, behavioral health, and community-based long-term services and supports needed by eligible clients.

The HHP provides six core services that is an implementation of expanded services to certain Medi-Cal patients with complex medical needs and chronic conditions:

- Comprehensive care management
- Care coordination (physical health, behavioral health, community-based long-term services and supports)
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services, including housing

Eligible patients will have access to their own care coordinator and care team to coordinate their physical and behavioral health care services and link them to community services and housing as needed. Planning efforts are underway with the Healthy San Diego Health Homes Work Group.

Drug Medi-Cal Waiver

Established through an amendment to the Bridge to Reform waiver and continued in the Medi-Cal 2020 waiver, the Drug Medi-Cal waiver dramatically expands the number of substance use disorder services that can be reimbursed through Drug Medi-Cal, including services that can be delivered in supportive housing. San Diego County was approved by the State Department of Health Care Services for implementation beginning July 1, 2018. In FY 18/19, San Diego’s Drug Medi-Cal Organized Delivery System will increase the number of treatment admissions and the number of unique clients served, as well as expand resources for residential beds and options for opioid treatment. The implementation of the Drug Medi-Cal waiver in San Diego provides significant new resources and access to services for people with substance use disorders throughout the county.

Regional & Local Initiatives

Project One for All (POFA)

Project One for All was announced by the San Diego County Board of Supervisors in January 2016 and represents an unprecedented commitment to providing housing and mental health services to homeless San Diegans with serious mental health illness. Project One for All provides access to a coordinated range of services for people who are homeless and have serious mental illness, including housing and health care. Through POFA, the County will provide services to approximately 1,250 people in San Diego County who are homeless and have serious mental illness. Project One for All increased outreach, housing, and treatment services for individuals served by the program.

Project One for All helps place people who are homeless and have serious mental illness in treatment services paired with supportive housing to fully integrate housing, mental health services, primary health care, alcohol and drug services, case management, and social services to help participants become stable and live more productive lives. Project One for All is a substantial infusion of resources that pair treatment and housing resources across San Diego County.

On June 21 2016, the Project One for All Implementation Plan was approved by the County Board of Supervisors and includes funding for Outreach and Engagement services and funding for over 800 additional treatment slots to include FSPs that will serve the South and East Regions and Behavioral Health Court.⁵ Furthermore, the Project One for All Implementation Plan includes current

⁵ County of San Diego Board of Supervisors, Tuesday, June 21, 2016
Minute Order No. 6, Project One for All Implementation Plan

commitments of over 1,100 Housing Choice Vouchers (HCV) from County HCDS, the San Diego Housing Commission (SDHC), as well as the Oceanside and Carlsbad Housing Authorities.⁶ The National City and Encinitas Housing Authorities continue to consider updates to their Administrative Plans to commit HCVs as funding becomes available. Project One for All also includes landlord recruitment and incentive efforts to increase the housing availability for participants.

As of June 2018, 761 individuals have been housed with treatment under the POFA initiative, with 60% of those leased up living in County HCDS' jurisdiction and approximately 40% leased up in the City of San Diego. Tracking and coordination meetings take place on a monthly basis in order to support the concurrent efforts of the FSP programs and both Housing Authorities as they navigate new ways of working together to house our community's most vulnerable.

Regional Task Force on the Homeless

In January 2017, the Regional Continuum of Care Council (RCCC) merged with the Regional Task Force on the Homeless (RTFH) to become the region's coordinating body with the key goal of ending homelessness throughout the San Diego region. Several changes, including major leadership shifts and a reorganization of the Board of Directors have taken place within the organization since then. The RTFH is currently Chaired by County Supervisor Ron Roberts, with the City of San Diego City Councilmember Chris Ward currently serving as Vice-Chair. The RTFH produced the "Strategic Framework for a System to Effectively End Homelessness in San Diego County" in 2017 and has identified key success factors and policies for a coordinated community response to homelessness. The Strategic Framework outlines the following operating principles:

- 1) Housing Focused
- 2) People Centered
- 3) Data Informed
- 4) Efficient use of Resources

The Framework also identifies 5 pillars that support these principles and allow the community to measure its effectiveness in meeting them:

- ❖ Political Will: Unified Leadership, Process & Policy alignment, Common agenda, Shared measures;
- ❖ System Access: CES, Coordinated Outreach, Unsheltered and Chronic focus, Diversion, Prevention;
- ❖ Emergency Response: Unsheltered Outreach, Diversion Prevention, Housing focused shelter system, Rapid Rehousing;
- ❖ System Exit: Housing First, CES Prioritized housing placements, Targeted sub-population resources, Housing stability supports;
- ❖ Infrastructure: HMIS data, Training, Evaluation, Capacity building, Performance measures.

These 5 pillars represent the real-time work of the RTFH in linking a great number of providers and programs in a shared vision for what may appear to be an overwhelming issue. Many of the recommendations coming from the Strategic Framework have informed actions such as the recent update to the organization's charter and by-laws to reinforce the regionality of the goals and actions to end homeless in San Diego County, as well as changes to the organizational structure to allow for receipt and administration of regional funds for homeless services. RTFH is also leading local

⁶ Project One for All Implementation Plan, http://www.sandiegocounty.gov/content/dam/sdc/sdhcd/new-docs/Project_One_For_All_Attachment_A_Implementation_Plan.pdf

systems change efforts to model the cultural shifts needed for full integration of Housing First principles and technical assistance supports to ensure continued operation as a high performing Continuum of Care (COC). RTFH is also updating its operating platform for the Homeless Management Information System (HMIS), the backbone of data related to homelessness in the San Diego region. Concurrently, increased staffing with a high level of expertise in data analysis, systems organization and performance assessment will support RTFH's role in leading strategic, measurable efforts in preventing and ending homelessness in San Diego.

Veterans' Homelessness Initiatives

Regional strategies are currently in place to address homelessness among veterans through supportive housing. The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program pairs Housing Choice Vouchers (HCV) from County HCD or SDHC with case management and clinical services provided by the VA.

In 2016, a new strategy around landlord incentives was launched in both the County Housing and Community Development Department Services (HCDS) and the San Diego Housing Commission (SDHC). This program offers financial incentives to participating landlords, as well as assistance to tenants for security and utility deposits, with the goal of helping homeless veterans find housing in the private market. These efforts offer a dedicated liaison to participating landlords to address concerns and provide individualized customer service. According to the FY 2016-17 Special Population Report, the BHS Adult System of Care provides treatment services for 1,529 veterans in a range of programs and services. Landlord incentive programs proved to be such successful strategies for veterans that both HCDS and SDHC expanded the effort to other populations including homeless individuals and families with serious mental illness and substance use disorders. To date, throughout the county, over 1,600 formerly homeless veterans are housed with the support of housing subsidies and veterans services.

Physical/Behavioral Health Integration

BHS has worked to advance the integration of physical and behavioral health services through several initiatives and strategies. Through the Healthy San Diego Behavioral Health Workgroup, BHS collaborates closely with Medi-Cal Managed Care Organizations (MCOs) to build referral networks and ensure continuity of care for clients who move between different levels of care. BHS also partners closely with community clinics across the region to transition clients from specialty mental health that serves individuals with serious mental illness to primary care where persons with low to moderate mental illness can access treatment.

HHSa has also extended this integrated model across the agency by creating an Office of Integrative Services to strengthen the connections between housing, physical health, and behavioral health services.

Housing Development Resources

Affordable housing resources have been greatly impacted by several factors over recent years, including the dissolution of redevelopment agencies in California and the exhaustion of the affordable housing bond financing that had previously been available under Proposition 46 and Proposition 1C.

While budget sequestration reduced funding for rental subsidies from SDHC and County HCD in 2013, funding has stabilized and Housing Authorities in the region continue to remain committed to providing housing subsidies under the Project One for All initiative, which represents new partnerships between BHS and several Housing Authorities in the region.

There are several new sources of housing funds that could support the creation of affordable and supportive housing for people with behavioral health issues, including:

Special Needs Housing Program

The Special Needs Housing Program (SNHP) was created to replace the MHSA Housing Program which expired in 2016 and allows San Diego County to continue the development of supportive housing for MHSA-eligible persons and to more fully utilize MHSA funds for housing purposes. The California Housing Finance Agency (CalHFA) operates the SNHP on behalf of jurisdictions throughout California, thus allowing local governments to use MHSA funds to provide financing for the development of supportive housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness. Like the MHSA Housing Program, SNHP can fund the development of new housing opportunities with funding for capital development and operating subsidies. SNHP funding can also supplement expiring capitalized operating subsidy reserve (COSR) accounts to ensure a longer term of affordability for the residents in current MHSA developments. In 2015, the County Board of Supervisors allocated \$10 million in MHSA funding to SNHP which produced 71 new units of supportive housing. In June 2018, the Board of Supervisors has allocated an additional \$10 million to SNHP

No Place Like Home

The No Place Like Home (NPLH) program will help address homelessness among persons with serious mental illness in California. The initiative will be administered by the California Department of Housing and Community Development (State HCD) and provides funding for the construction and rehabilitation of supportive housing for individuals with mental illness who are homeless, chronically homeless or at risk of chronic homelessness. If the program is fully implemented, it is anticipated that over \$100 million in NPLH funding will be available to San Diego. Complete details on NPLH can be found in Chapter 6 of this document.

National Housing Trust Fund

The National Housing Trust Fund (NHTF) is a dedicated fund, implemented in 2016, intended to increase housing resources for people with the lowest incomes. The NHTF will provide communities with funds to build, preserve, and rehabilitate rental homes that are affordable for extremely and very low income households. Like No Place Like Home, the NHTF is administered by State HCD through an annual process and a priority will be given to special needs populations who are extremely low income. NHTF can be paired with Community Development Block Grant (CDBG) and HOME funds as set forth in the State HCD Annual and Consolidated Plans. The NHTF NOFA was released in the summer of 2018.

Civic San Diego Affordable Housing Master Plan

The Plan, which was adopted in May 2013 and updated in October 2015, strives to maximize the number of new affordable housing units that can be produced with the remaining redevelopment housing assets by leveraging the City of San Diego's funds with other funding sources. The plan also prioritizes the production of homeless housing and contemplates the requirement that developers

set-aside supportive housing in affordable housing developments that receive funding. Civic San Diego funding supported the development of Alpha Square, a 201-unit affordable housing development in downtown San Diego that also had 76 project-based subsidies. Civic San Diego funding has also supported the Atmosphere and Churchill MHPA developments. The most recent \$25 million funding opportunity is supporting several supportive housing projects, including San Ysidro Senior Village Apartments, which includes units for MHPA eligible older adults. The updated Plan also outlines options to increase affordable housing development in Southeast San Diego.

Housing San Diego Plan

The City of San Diego released the Mayor’s “Housing San Diego” Plan in 2017 to address housing affordability and help City leaders and the public better understand the housing crisis in the short term and gauge which strategies are producing results for the long term. In addition, the City established the Housing Inventory Annual Report, with the goal of making housing more affordable and support promising results such as increasing local building permits, while recognizing that it will take several years to create enough housing supply to meet the demand, especially for very-low and low-income residents in the City of San Diego.

Expanding Role of Data

In the increasingly integrated worlds of health and housing, data is a precious resource. Data can help to leverage funding across multiple streams for individuals who are accessing social services, housing supports, and physical and behavioral health services across different systems. Data sharing has been instrumental in supporting frequent utilizer initiatives like Project 25 as providers team up to serve their most challenging consumers. At the same time, the Health Insurance Portability and Accountability Act (HIPAA) and other policies that protect privacy and confidentiality must be upheld in the implementation of more streamlined data sharing efforts.

Regionally, numerous data management and data sharing efforts are coalescing that could better integrate data into the decision-making processes around service delivery, resource allocation, and policy making. The County is actively working with partners focused on homelessness (such as the Regional Task Force on the Homeless) and health (such as the Managed Care Organizations) to match data across systems and identify the most frequent users of high cost systems of care, who have complex and chronic conditions and experiences of homelessness.

Coordinated Entry System

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 required that communities receiving HUD funding for homeless services develop a coordinated entry system for shelter, rapid rehousing, prevention, transitional housing and supportive housing.

Successful coordinated access systems can help communities move toward their goal of ending homelessness by matching people with the housing and support they need and connecting them to those resources quickly. Coordinated access can:

- Help unclog the system by moving people more quickly through the referral process
- Reduce duplication of efforts and help serve clients better
- Assist communities with ending chronic homelessness by sparking conversations about targeting the most expensive resources to those that have been homeless the longest.

Through the 25 Cities initiative, significant progress was made in developing a regional coordinated access system. In 2014, a common assessment tool (CAT) was identified, the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). In early 2016, the Coordinated Entry System (CES) was integrated into the regional Homeless Management and Information System (HMIS), Service Point. San Diego's CES covers the entire region and is easily accessed by individuals and families seeking housing or services including the most vulnerable populations. CES is widely advertised throughout the community, with assessment sites for the VI-SPDAT located at both traditional centers offering mainstream homeless services and non-traditional settings such as Family Resource Centers on school campuses, by calling 2-1-1, and at law enforcement stations. CES is utilized in a mobile capacity through several community outreach efforts, and is widely recognized by stakeholders in the faith, justice and health communities as the first step in accessing housing.

HHS's Behavioral Health Services homeless outreach workers engage people experiencing homelessness and connect them to a variety of programs and services, including mental health clinics. In addition, BHS staff regularly enter client data into CES, completing the CES assessment process. BHS continues to work closely with RTFH, the local CES administrator, to align referrals for those with high levels of mental health acuity and vulnerability. This will be particularly important with the development of supportive housing through NPLH, whose guidelines have created a new definition of homeless, At Risk of Chronic Homelessness, for adults or older adults with a Serious Mental Disorder or Seriously Emotionally Disturbed Children or Adolescents who are at high-risk of long term or intermittent homelessness. Persons eligible under the At Risk categorization must be exiting facilities or other types of institutional care with prior experiences of homelessness or for the TAY population, have significant barriers to housing stability such as prior eviction(s) and a history of foster care or involvement with the juvenile justice system. The At Risk of Chronic Homelessness definition provides increased flexibility in homeless certification by honoring the participant's history of homelessness without regard to length of stay in a facility or institutional care.

Community Information Exchange

The Community Information Exchange (CIE) is operated by 2-1-1 San Diego with the goal of facilitating care coordination for individuals accessing social and health services in the community. The CIE allows for data sharing across providers, so staff has access to valuable data around health, housing status, and other client data to inform service planning decisions.

CIE is a network of multidisciplinary providers collectively sharing and contributing to a single, longitudinal, individual client record. The CIE captures change over time in 14 domains of wellness, using shared language and outcome measurements. By leveraging client assessments that are unique to each domain of wellness, an individual's domain-specific vulnerability risk is captured on a scale from crisis to thriving. In addition to obtaining objective client outcomes, CIE allows a provider the ability to effectively prioritize client needs, and understand a client's barriers and available supports to access, knowledge of resources and their ability to utilize resources.

Integration and utilization can range from looking up client profiles in CIE, accepting direct referrals, consenting clients into CIE, to sharing data, which may include entering data manually, one-time exports, or an application programming interface (API), real-time system connection (EHR to CIE) for field-level updates. In addition to many other data sources, the CIE is designed to collaboratively integrate with the County's Connect Well SD initiative, the Homeless Management Information

System (HMIS) operated by the Regional Task Force on the Homeless, and San Diego Health Connect, the regional Health Information Exchange (HIE).

San Diego Health Connect

San Diego Health Connect (formerly Beacon HIE) is the regional health information exchange (HIE) that links health systems, hospitals, physicians, and health plans. San Diego Health Connect includes several components including a Medical Records Exchange where providers can review patient medications, allergies, immunizations and recent test results, as well as progress notes, discharge summaries and operative reports. The system can also generate alerts for transitions in care such as a visit to the emergency room or an admission or discharge from a participating hospital. Aggregate data from the system is used for public health reporting.

Like the CIE, the success of San Diego Health Connect is dependent on the participation of providers across health system and the quality of the data in the system. While numerous hospitals and community clinics are linked to San Diego Health Connect, there is limited participation from specialty mental health and substance use services.

Connect Well SD

The County has created an innovative data sharing platform, ConnectWellSD, which connects information systems from departments around the county including: Behavioral Health Services (BHS), County HCD, Aging and Independence Services (AIS), Child Welfare Services (CWS), Public Health Services (PHS), Self Sufficiency Programs, Probation, and two provider directories 2-1-1 San Diego and the Community Resource Directory. The shared goal of developing and implementing the ConnectWellSD system is to deliver person-centered service that will help San Diego County residents become healthy, safe, and thriving. The key to delivering person-centered service is to work with customers holistically, collaborate across departments, and empower customers with the information needed to make healthy choices. ConnectWellSD provides the technology tool that is needed to collaborate and share data across departments, while ensuring that customer data is secure and protected.

The County has Launched ConnectWellSD to more than 5,000 System Users who are County employees and contractors. Some of the most noteworthy features in the system are: customer searches, view customer information with/without authorization, read/record customer notes, send/read secure messages, and a variety of customer alerts. ConnectWellSD allows System Users to connect their customers to services outside of their department by making electronic referrals, and allows System Users to collaborate with each other in private groups. While ConnectWellSD represents a huge step forward in data sharing, there is limited information about consumer housing status and needs within these County systems. Cerner Community Behavioral Health (CCBH) serves as an electronic health record (EHR) for BHS and collects 'living arrangement' data for housing status.

To optimize the potential of data-sharing, the County will need to link to the CIE and San Diego Health Connect for the most complete picture of consumer needs. A mechanism to link to the regional HMIS will provide additional perspective on how clients are accessing homeless services in the community.

Data Driven Justice Initiative

In 2016, the White House launched the Data Driven Justice Initiative (DDJI) to support diverting low-level offenders with mental illness and histories of homelessness out of the criminal justice system. The DDJI, now supported by the National Association of Counties, operates as a coalition of city, county, and state governments who have committed to using data-driven strategies to reduce jail populations and connect persons to appropriate services in the community. San Diego County continues to participate in this learning community. In 2016 and 2017, the County worked with HUD Technical Assistance providers to explore matching select data on persons in custody with the regional Homeless Management Information System (HMIS) to learn more about data sharing opportunities. Today, the County continues to work through legal and regulatory requirements to appropriately use criminal justice, health and behavioral health data to measure the impact of services specifically targeted to persons touching all of these systems.

Chapter 3: Identified Health, Income, and Housing Needs

San Diego County's most recent Community Health Assessment from 2014 revealed that almost 169,000 adults likely had serious psychological distress during past year.⁷ Additionally, a SAMHSA report from 2016 estimates that 1 in 10 people aged 12 and older used an illicit drug within the past thirty days.⁸ Though the exact number is not known, as there is some overlap between the group due to some individuals having a co-occurring disorder, it is clear that a significant number of people in the community are facing some sort of behavioral health challenge. Many of these individuals have physical health challenges as well. However, only a subset of these individuals actually has a housing need. Housing challenges and needs and available data on the numbers of people in each need area are summarized below.

Health

In 2012, chronic disease was responsible for 54% of all deaths in San Diego County.⁹ Physical health challenges can create additional barriers to people with behavioral health needs in finding and maintaining housing that meets their needs. People with chronic disease may experience frequent hospitalizations and/or institutionalization to manage their illness, and this could compromise their housing stability.

Consistent with national trends, the population of seniors in San Diego County is growing with over 368,222 individuals aged 65 and over.¹⁰ In FY 2016-2017, BHS served almost 5,900 adults over age 60, up from 3,338 in FY 2006- 2007. At the same time, research is showing an increase in homelessness and poverty among older adults. Nationally and here in San Diego the homeless are aging, with 34% of the unsheltered population in the 2018 Point in Time Count were ages 55-75. These changes in population health around the aging population and chronic disease only serve to emphasize the need for integrated health care and housing services.

Income

Income is critical to housing stability for the behavioral health population. An adequate income would cover the cost of secure, safe, and affordable housing. However, housing in the San Diego region is among the most expensive in the nation. Families and individuals from all walks of life are affected by San Diego's high housing costs. An individual earning minimum wage in San Diego County would have to work 105 hours per week to afford a two-bedroom apartment at fair market rent.¹¹ On a positive note, San Diego County's unemployment rate was 2.9% as of May 2018 and is

⁷ County of San Diego, Health and Human Services Agency. Live Well San Diego Community Health Assessment. June 2014.

⁸ Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/2016_ffr_1_slideshow_v5.pdf

⁹ County of San Diego, Health and Human Services Agency. Live Well San Diego Community Health Improvement Plan. June 2014.

¹⁰ County of San Diego, Health and Human Services Agency. Live Well San Diego Community Health Assessment. June 2014.

¹¹ Out of Reach 2018. National Low Income Housing Coalition. <http://nlihc.org/oor>

at its lowest rate in 18 years.¹² While employment has been increasing across numerous sectors, the most significant gains have been in Leisure and Hospitality and Education and Health Services. The majority of individuals served by the County's Behavioral Health programs have employment related outcomes identified in their treatment and recovery plan and actively participate in a range of employment programs and supports designed to assist them in achieving long-term economic stability. Over the past several years, BHS has prioritized employment, not only as a source of income, but also as a tool in the recovery process. In 2014, BHS developed a Five-Year Strategic Employment Plan with a focus on evidence-based practices around supported employment and social enterprise. In FY 2016-2017, 12% of adults and older adult receiving BHS services were employed with an additional 15% actively seeking employment.¹³ This represents an increase from the prior year, with 285 more individuals with serious mental illness working in *competitive employment*, 249 more individuals *actively seeking work*, and with an additional 629 individuals now considering themselves as *part of the labor force*. These significant gains represent expanded access to income for BHS clients across the region.

Supplemental Security Income (SSI) or other benefits are critical sources of income for BHS consumers. Census estimates indicate that over 51,000 households in San Diego County receive SSI.¹⁴ There are a number of organizations and initiatives in San Diego, including Legal Aid Society of San Diego, Homeless Outreach Programs for Entitlement (HOPE) San Diego (the region's local SOAR initiative¹⁵), and Benefit Specialists embedded in various County-funded programs, that assist individuals with obtaining SSI benefits. It is important to note that individuals who submit claims for SSI based on a functional disability will be denied benefits if it is determined that substance use is a primary contributing factor to that person's functional impairment. This underscores the critical importance of employment related supports and programs specifically designed for people with substance use disorders and functional impairment, as many of these individuals may be deemed ineligible for disability benefit income because of their substance use.

Homelessness in San Diego

Literally Homeless

The 2018 San Diego Point in Time Homeless Count took place in San Diego County on January 26, 2018 and identified 8,576 persons who were homeless on that single night (including both people in shelter and transitional housing as well as the unsheltered homeless), a 6% decrease from the prior year. Even with a slight decrease, the Point in Time Count shows that San Diego County continues to have the second highest number of people experiencing homelessness in the State.

¹² Bureau of Labor Statistics. http://www.bls.gov/regions/west/ca_sandiego_msa.htm

¹³ BHS Databook FY 2016-2017.

¹⁴ Selected Economic Characteristics, 2010-2014 American Community Survey 5-Year Estimates, US Census Bureau

¹⁵ <https://soarworks.prainc.com/>

Based on the 2018 Point in Time Count (PITC) Unsheltered count identified the following numbers:

Description	Households	Individuals
Unsheltered Households with at least 1 adult and 1 child	102	314
Unsheltered Households with no children	4,229	4,601
Unsheltered Households with only children	75	75

The PITC also identifies subsets of the Unsheltered population, including the following count for 2018:

- 739 Veterans
- 637 Unaccompanied Youth
- 18 Parenting Youth households containing 40 individuals.

The 2018 PITC Sheltered count identified the following numbers:

Description	Households	Individuals
Sheltered Households with at least 1 adult and 1 child	393	
Sheltered Households with no children		2355
Sheltered youth under the age of 18		17
Sheltered transition aged youth ages 18-24		137

The 2018 PITC Sheltered count also identified 46 unstably housed youth under the age of 18, and 69 unstably housed youth aged 18 to 24.

Countywide, homelessness is concentrated in certain regions, with RTFH breaking the County down into 5 regions: City of San Diego, North County Inland, North County Coastal, South County and East County. The 2018 Count represents the following regional picture:

Region	Sheltered	Unsheltered	Total	% by Region
City of San Diego	2,282	2,630	4,912	57.3
North County Inland	490	663	1,153	13.4
North County Coastal	255	567	822	9.6
South County	140	462	602	7
East County	419	668	1,087	12.7
TOTAL	3,586	4,990	8,576	100

Due to a specific dedication of dollars from the City of San Diego to fund the implementation of temporary shelter sites for Veterans, Singles and Families, the City of San Diego saw a 19% decrease in their unsheltered count.

The PITC also provides an estimate of the number of unsheltered homeless people with behavioral health issues on that night based on in person interviews that included in the count. Mental health issues on the street were self-reported by 43% of the unsheltered homeless individuals, 14% of unsheltered individuals reported drug abuse and 9% of unsheltered homeless individuals reported alcohol abuse.¹⁶

¹⁶ Regional Task Force on the Homeless, www.rtfhsd.org

For people who are homeless and have mental illness or substance use disorders, housing is a critical and basic need. Without some kind of housing intervention, they will continue to live on the streets, in vehicles, tents, or cycle in and out of shelter. For this group, the presenting need is a safe and affordable place to live, coupled with the supports needed to address their behavioral health issues so as to help find and sustain housing of their choosing.

Housing Inventory

As captured on an annual basis from all housing providers serving the homeless population, the Housing Inventory Count (HIC) records all beds and facilities in the County who provide a range of housing options to people experiencing homelessness regardless of the funding source. The 2018 HIC lists 11,084 year round beds available for homeless individuals and families on January 26, 2018¹⁷. These beds represent projects across the spectrum of homeless housing interventions, including Emergency Shelter, Safe Havens, Rapid ReHousing, Transitional Housing and Permanent Supportive Housing. The number of projects in each category available during the HIC are as follows:

- 35 Emergency Shelter Projects with 2,050 beds;
- 4 Safe Havens with 91 beds;
- 53 Transitional Housing Projects with 1,818 beds;
- 41 Rapid ReHousing Projects housing 1,372 individuals & families;
- 88 Permanent Supportive Housing Projects and 5,753 beds.

Many of these projects serve those with special needs, including individuals with substance use and/or mental health disorders, as well as HIV/AIDS, and those with physical and cognitive disabilities. A number of the transitional housing projects serve specific populations such as those individuals and families fleeing domestic violence, the Transition Aged Youth (TAY) population including those who have aged out of the foster care system, and individuals with substance use disorders.

The local Continuum of Care as well as various County departments have made greater strides in the last few years to integrate project beds into HMIS that are not HUD funded in order to establish a base line inventory that can feed the planning and development of housing resources for the homeless.

Precariously Housed

While not homeless, a larger group of the County's population, including those with mental illnesses and/or a substance use disorder, are precariously housed.¹⁸ In addition to having very insecure living situations, they also face a range of other challenges (e.g. low educational attainment, histories of unemployment, poor health histories, domestic violence histories, involvement with the justice and/or child welfare systems, etc.). There is no single data source that allows us to know how many people with behavioral health issues are precariously housed; however, some sources have attempted to develop an estimate:

- The FY 16-17 BHS Databook shows a housing status of Other or Unknown for about 7,000 BHS clients, in addition to the over 6,400 who are currently homeless. While there are a variety of factors that could result in a housing status of Other or Unknown, it is likely that

¹⁷ Regional Task Force on the Homeless, www.rtfhsd.org

¹⁸ Precariously Housed is defined by the federal department of Housing and Urban Development (HUD) as people on the brink of homelessness. They may be doubled up with friends and relatives or paying extremely high proportions of their resources for rent. They are often characterized as being at imminent risk of becoming homeless.

some portion of that population does not have regular or secure housing. Furthermore, homeless data collected by BHS is self-reported. Persons who self-report as homeless may not meet MHSa and/or HUD homeless criteria, but they may be in a housing situation that is not safe or secure.

- People with incomes at or below the federal poverty level (\$24,600) annually for a family of four) are generally assumed to be precariously housed and have a high need for affordable and safe housing simply by virtue of their extremely low incomes and the difficulty of finding housing they can afford. Census data indicates that 14.7% of the population of San Diego County lives at or below the Federal Poverty Level.¹⁹ This percentage is far higher among people with behavioral health issues. Anyone living solely on SSI income would fall well below the Poverty Line.

It is important to note that there are a variety of interventions that can help stabilize housing for people with very low incomes who also have behavioral health issues (e.g. short and long term rental subsidy programs; dedicated affordable housing units; supportive housing; etc.). Not all those who are precariously housed need the highest cost interventions (i.e. supportive housing).

Rent Burdened

While not all people with behavioral health issues are precariously housed, the vast majority do experience difficulty in affording housing.²⁰ In a 2016 survey of San Diego County behavioral health clients, almost 77% of respondents indicated that inability to afford rent was a barrier to securing housing. This is consistent with data collected in the 2013 BHS Housing Survey.

Additional data in the region confirms the high cost of housing in San Diego:

- *Priced Out in 2016* is a biennial national rental housing study conducted by TAC Inc. documenting the severity of housing affordability problems experienced by the lowest-income people with disabilities. *Priced Out* calculates the difference between what an individual receiving SSI can reasonably afford to pay for housing costs and the average cost of modest housing units. The most recent edition of *Priced Out* once again demonstrates that non-elderly adults with disabilities who rely on SSI are the group most affected by the extreme shortage of decent and affordable rental housing across the nation.²¹
- In the San Diego Metropolitan Statistical Area (MSA) area, the average 2016 monthly SSI payment is \$889.40, or 17% of the region's median income. In order to afford a one bedroom apartment, an SSI recipient would have to spend 127% of his or her SSI monthly income on rent or 115% to rent an efficiency or studio apartment.²²
- As housing costs continue to rise in San Diego, the availability of affordable housing has not grown to meet the need, with 20 available and affordable rental units available for every 100

¹⁹ Selected Economic Characteristics, 2010-2014 American Community Survey 5-Year Estimates, US Census Bureau

²⁰ HUD defines "rent burden" as paying more than 30% of household income for rent. However, we should note that there is not necessarily a strong correlation between being "rent burdened" and being precariously housed, since the vast majority of low income people do pay more than 30% of their income for rent and many or most of those people do not experience persistent housing instability.

²¹ *Priced Out in 2016*,
<http://www.tacinc.org/knowledge-resources/priced-out-v2/>

²² Selected Economic Characteristics, 2010-2014 American Community Survey 5-Year Estimates, US Census Bureau

needed.²³ Of those most in need of affordable housing 46% of extremely low income renter households are seniors or disabled, making the creation of more affordable housing options even more critical. Locally, there are approximately 46,000 households in the City of San Diego on the Section 8 waiting list, and the average wait to obtain a housing voucher is 8 to 10 years.

²³ National Low Income Housing Coalition, 2018 Gap Report

Regional Resources Addressing Homelessness

With the merging of the Continuum of Care with Regional Task Force on the Homeless in 2017, San Diego County now has one body working towards region-wide coordination of homeless programs and services, governing of projects funded by HUD, data gathering and analysis, and oversight and implementation of CES. As well, there are several bodies contributing to the planning and operationalizing of regional initiatives, or those focusing on a particular need around homelessness such as fundraising or working with the faith community. Some of these include²⁴:

Entity	Regional or Focus Area	Description
San Diego City Council Select Committee on Homelessness	City of San Diego	Reviewing and supporting initiatives around shelter, incoming funding, and policy recommendations
Funders Together to End Homelessness	Countywide	Private investors and foundations dedicated to issues of homelessness and systems change
County of San Diego Integrative Services	Countywide	Under HHSA, guides and coordinates efforts across housing, health, and justice systems including convening topical committees on the intersection of homelessness
Alliance for Regional Solutions	North County	North County community leaders, representatives from non-profits, and cities coordinate local responses to homelessness
East County Regional Homeless Task Force	East County	Coordinated by the East County Chamber of Commerce, brings together civic leaders, nonprofits and law enforcement to strategize on issues of homelessness
El Cajon Collaborative, Homeless Services Workgroup	East County	Local projects and initiatives to enhance services for the homeless
Encinitas Advisory Committee on the Homeless	North County/City of Encinitas	Advise the City on best practices for local response and project funding
Downtown San Diego Fellowship of Churches & Ministries	City of San Diego	Faith-based and other civic organizations partnering for faith-based supports for the homeless
San Diego Re-Entry Roundtable	Countywide	Multi-disciplinary group organized around the safe re-entry of offenders into the community, including identifying housing options upon release

Housing and homelessness continue to be key issues across San Diego County, reaching into nearly every community, with homelessness featuring in at least 12 articles in the San Diego Union Tribune in a one month period.²⁵

²⁴ Regional Task Force on the Homeless, Strategic Framework for a System to Effectively End Homelessness in San Diego County, www.rtfhsd.org

²⁵ <http://www.sandiegouniontribune.com/search/dispatcher.front?Query=homelessness&target=all&spell=on>

2018 State Budget Opportunities for San Diego

With a surplus in the 2018/2019 State budget, much advocacy went into supporting the inclusion of additional funding for housing and homeless services, and specifically for a range of housing options for people experiencing homelessness. The budget package, signed by Governor Brown in June 2018, includes several different lines of funding addressing separate issues around housing and homeless as well as dollars for enhancement of programming for specific sub-populations.

The Homeless Emergency Aid Program, HEAP, is a \$500 million in block grant funding for Continuums of Care (COC) or Large Cities with a population over 330,000 to apply to for immediate emergency assistance to people experiencing homelessness. Eligible applicants must complete a “shelter crisis declaration” as a resolution conferred by a County Board of Supervisors or City Council in order to receive HEAP funding. The funding will be distributed via three categories:

- Category (a): Distributed through the Continuum of Care with funding amounts determined by Point In Time Count Ranges, total Statewide amount \$250,000,000, with \$12 million for San Diego City and County;
- Category (b): Distributed through the Continuum of Care with funding amounts determined by percent of homeless population, total Statewide \$100,000,000, with \$6,821,668 slated for San Diego City and County;
- Category (c): for Large Cities with a population over 330,000, total Statewide \$150,000,000, with \$14,110,397 reserved for San Diego. Category (c) must be administered with a 5% minimum set aside to fund programs for youth ages 18-24 experiencing homelessness and/or at-risk of homelessness.

Round 1 NOFA was released by the State’s Business, Consumer Services and Housing Agency on September 5, 2018, with a planned Round 2 NOFA released on February 15, 2019. 50% of HEAP funds must be contractually obligated by January 1, 2020, with 100% of funds expended by June 30, 2021.

Additional monies listed in the budget include:

- ✓ \$1 million in new funding for the Homeless Youth and Exploitation Program administered through the State’s Office of Emergency Services. These funds can be used for outreach, food, safe shelter, and other services targeted to youth populations.
- ✓ \$57.5 million in one-time funding enhancing existing programs under the California Emergency Solutions and Housing Program administered by the State’s Department of Housing and Community Development (HCD). These funds may be used for Rapid Rehousing, rental assistance, and landlord incentives.
- ✓ \$57.5 million in one-time funding enhancing the planned Housing for a Healthy California program administered by State HCD. These funds were created to be used for construction, rehabilitation, or acquisition of affordable housing, and operating assistance.
- ✓ \$95 million in supplemental funding for the CalWORKS Housing Support Program administered by the Department of Social Services. These funds would supplement existing County CalWORKS programs with additional move-in assistance, temporary rental subsidies, and case management.
 - Existing CalWORKS Homeless Assistance Programs will benefit from a one-time increase in funding of \$8.1 million for hotel vouchers for homeless families, allowing the program to increase the daily rate from \$65 to \$85.
- ✓ \$50 million in one-time funding for Homeless Mentally Ill Outreach and Treatment Program to create multidisciplinary teams for outreach to the homeless and mentally ill populations. These funds will be directly allocated to Counties that pass a resolution to receive the funds.

Governor's Housing Package

In September 2017, Governor Brown signed a package of 15 bills all focused around increasing the affordability and stock of housing in California. The 15 housing-focused bills, an unprecedented number to have signed during one legislative cycle, aim to address a range of issues that prevent communities and developers from building new housing in a timely manner to strengthening requirements for inclusion of affordable/low-income units in new construction. Implementation of many of these bills is projected for mid to late 2019. Although the full scope of the effect these bills will have on California's housing crisis, and on San Diego's affordability issues, is yet to be known, the State estimates that the funding could produce 14,000 new homes for Californians.²⁶

- **Senate Bill 3:** The largest of the 15, SB 3 places a housing bond on the November 2018 ballot as Proposition 1 for \$4 billion in funds to enhance the CalVet Loan Program and the Multifamily Housing Program which funds construction and rehabilitation of affordable housing.
- **Senate Bill 2:** Imposes fees of up to \$225 on certain types of real estate transactions, such as mortgage refinancing, with the collection of fees starting in January 2018. SB 2 is expected to collect \$1.2 billion over the next 5 years, which will be directed to programming addressing homelessness, as well as housing development including low-income units.
- **Senate Bill 35:** Streamlines the approvals for housing developments in jurisdictions that have not met their housing targets. SB 35 creates a statewide mapping program to determine which jurisdictions are subject to streamlined project approval processes.
- **Senate Bill 540:** SB 540 is intended to help local jurisdictions speed up the approval process for new construction. Local cities will create specific plans for development in particular neighborhoods/zones with the help of a State grant or loan. Approvals for projects in that zone would move rapidly with the caveat that the project reserve a certain percentage of units for low and middle income residents.
- **Senate Bill 166:** SB 166 amends the Statewide Housing Element Law to require a City/County to identify additional low-income housing sites when market rate housing is developed on a site previously identified for low-income housing.
- **Assembly Bill 72:** AB 72 holds cities accountable for meeting their share of the regional demand of housing; requiring them to approve more developments until they are back on track with the regional housing goals.
- **Assembly Bill 678/Senate Bill 167:** Jointed sponsored to strengthen the 35-year old Housing Accountability Act by fining cities that do not comply with a court order to allow development. This bill is aimed at reducing the local push-back to development such as "NIMBY-ism."
- **Assembly Bill 73:** AB 73 offers cash incentives to communities that designate transit-friendly, high density districts with options for affordable housing development.
- **Assembly Bill 1505:** This bill restores the government's ability to require developers to include affordable units either on or off-site at new developments. A 2009 court decision had previously found that cities are not allowed to force developers to reserve low-income units in a new project.
- **Assembly Bill 1521:** AB 1521 requires owners to accept a qualified offer to purchase an apartment complex from someone who pledges to continue renting to low-income residents.

²⁶ <http://www.latimes.com/politics/la-pol-ca-housing-legislation-signed-20170929-htmlstory.html>

- **Assembly Bill 1515:** Helps to support developer’s ability to question a denial of affordable housing projects by local jurisdictions and authorizes penalties for jurisdictions that deny projects that align with their local land use requirements.
- **Assembly Bill 1397:** This bill will require cities to zone more appropriately for their share of regional housing needs. AB 1397 builds in requirements for the use of vacant spaces for housing needs.
- **Assembly Bill 879:** Updates the reporting requirements for localities around timelines for the project approval process to feed legislative reporting from State HCD on how local fees impact the cost of housing development.
- **Assembly Bill 571:** AB 571 amends the uses of the farmworkers housing tax credit program to increase use. It also increases the length of time farmworkers/migrant housing can be occupied to 275 days.

Housing Trends

The cost of housing in San Diego County is extremely high. A metric that captures the cost of housing is Fair Market Rent, established by the US Department of Housing and Urban Development which has gone up by approximately 20% over the last ten years. San Diego County’s Fair Market Rent (FMR) declined for several years after a peak in 2011, but has now rebounded to a new high. Most very low income households are unable to afford the fair market rent of \$1,257/ month for a studio or \$1,400 for a one-bedroom apartment. As discussed above, San Diegans with a disability would have to pay 131% of their monthly SSI to rent a modest one-bedroom apartment and 119% to rent a studio.

Fair Market Rent (FMR) Ten-Year History for San Diego County, CA²⁷

Year	Efficiency	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
2018	\$1,257	\$1,400	\$1,816	\$2,612	\$3,198
2017	\$1,212	\$1,342	\$1,741	\$2,507	\$3,068
2016	\$1,040	\$1,153	\$1,499	\$2,167	\$2,329
2015	\$964	\$1,060	\$1,390	\$2,021	\$2,462
2014	\$939	\$1,032	\$1,354	\$1,969	\$2,398
2013	\$959	\$1,054	\$1,382	\$2,009	\$2,448
2012	\$984	\$1,126	\$1,378	\$1,960	\$2,421
2011	\$1,004	\$1,149	\$1,406	\$1,999	\$2,470
2010	\$945	\$1,082	\$1,324	\$1,883	\$2,326
2009	\$1,024	\$1,168	\$1,418	\$2,067	\$2,493

Apartment Vacancies

Apartment vacancy rates in San Diego are also extremely low, with the vacancy rate hovering at 3% across the County. As the competition for rental homes drives up rental rates makes it even more challenging to find safe, affordable housing. Furthermore, individuals who are able to secure a housing subsidy are challenged to find landlords who will accept vouchers due to high demand for rental units.

²⁷ HUD Fair Market Rent, <https://www.huduser.gov/portal/datasets/fmr.html>

2018 Vacancy Rates By Region²⁸

Region	Vacancy Rate
North County	3.9%
City of San Diego	3.2%
East County	3.2%
South Bay	2.8%
Countywide	3.2%

Stably Housed But Needing More Independent Housing Option

Another area of housing need involves behavioral health consumers who are residing in Board and Care facilities, Recovery Residences (formerly known as Sober Livings), Independent Living Homes and other kinds of residential programs, who are capable of living more independently and who express a desire to “move on” to their own apartment or home. In a 2016 Housing Survey conducted by NAMI San Diego, 56% of those living in Board and Care indicated they wanted their own house or apartment. This was also true of those living in Recovery Residences (52%) and Independent Living Homes (43%). Additionally, 36% of consumers living with family expressed an interest in moving to their own independent apartment.

Housed But Needing Environment More Conducive to Recovery

A final area of housing need is those people who are housed but identify their current housing environment as not being conducive to recovery because of proximity to other people who are using drugs or alcohol. No data is currently available that allows us to project how many people with a substance use disorder in San Diego County (some of whom may also have co-occurring mental health issues) are living in such environments and would choose other living arrangements if available.

For this group, housing is a “need” in the sense that having a safe and stable place to live may be a key support for recovery. It is widely accepted within the substance use treatment field that people with addictions to alcohol and other drugs need both treatment, plus a range of community-based resources to support recovery, including a safe environment in which to live. For many consumers, living in neighborhoods or buildings where there is a high degree of open drug sales and use of drugs makes it very difficult to abstain from or reduce their substance use. It is also believed that safe living situations also provide an essential environment in which healing and recovery can take place. *For more information regarding housing planning for people with substance use disorder, please see the San Diego Alcohol and Drug Services Housing and Services Report 2013:* <http://sandiego.camhsa.org/housing.aspx>

However, for many of the people who have a substance use disorder, housing is not necessary as a way to prevent homelessness. People may live in housing that is not conducive to good health, but there is no imminent risk that they would become homeless. Research suggests that many people who appear to be “at risk” of homelessness are actually quite unlikely to end up on the streets or in shelters if they do not receive housing assistance and instead will continue finding temporary housing situations.²⁹

²⁸ Market Update, First Quarter 2018. Apartment Realty Group

²⁹ <http://www.endhomelessness.org/library/entry/prevention-targeting-101>

HUD has also issued guidance on the role of Recovery Housing as a valuable component within an array of housing choices for persons with substance use disorders. Recovery Housing programs can be operated as transitional housing or supportive housing that emphasizes abstinence, while still maintaining the principals of *Housing First*.³⁰ Recovery Housing should be low-barrier and offer peer support to residents who choose to live in an environment that will better support their recovery. Agencies like Central City Concern in Portland, OR have introduced Recovery Housing as part of a continuum of housing options that offer appropriate options for clients at various stages in the recovery process. San Diego is expanding the capacity of Recovery Residences throughout the region through investments made under the Drug Medi-Cal waiver, including the establishment of a Recovery Residence Association.

³⁰ Recovery Housing Policy Brief. <https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/>

Chapter 4: Housing and Services Resources

There are a range of housing options that are dedicated to or available to people with behavioral health issues in San Diego, which is described below. Note that some of this housing is dedicated to people with behavioral health issues, however much of it is available to, but not necessarily dedicated to, a behavioral health population.

Behavioral Health Housing Options

- *Emergency Shelter* – Beds are dedicated to homeless individuals regardless of mental illness condition. There are some specific emergency shelter beds that are designated for persons with mental illness. Residents may stay up to 90 days. Example: Interfaith Community Services' Tikkun Home.
- *Licensed Board & Care (B&C)* – Board and Care facilities, licensed by the State of California Community Care and Licensing Division, are permitted to dispense medications. Most Board and Cares in San Diego County provide care for less than ten residents at a time, although a small number have space for more than 40 residents. The purpose of the Board and Care facilities is to provide continued outpatient stability. In most facilities, residents share rooms. Example: Volunteers of America's Troy Center.
 - *Augmented Services Program* – B & C that provided additional support services for clients enrolled in the program via case management services.
- *Independent Living Home* - The term Independent Living Home is used to describe a wide array of housing for many different types of residents. Independent Living Homes (ILHs) who are members of the *Independent Living Association* are privately-owned homes or complexes that provide housing for adults with mental illness and other disabling health conditions. They serve residents that do not need medication oversight, are able to function without supervision, and live independently. ILHs may serve as transitional housing for residents who are receiving financial support to live in the home, but may also provide permanent housing for residents who wish to live in a shared housing environment.
- *Recovery Residences and Sober Living* – Alcohol-free 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 also specifically serve individuals with mental illness. Example: Mental Health Systems, Inc.'s Sisters Sober Living.
- *Transition in Place/Rapid Rehousing* - Provides financial assistance and services to prevent individuals and families from becoming homeless. Helps those who are homeless to be quickly re-housed and stabilized, such as short or medium-term rental assistance, mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management. Example: San Diego Housing Commission Rapid Re-Housing Program.
- *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' Uptown Safe Haven.
- *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: Housing Innovation Partners (HIP) Alison Apartments.
- *Affordable Housing* - Any housing in which the financing and/or operations are subsidized to make the units affordable to people who are low income. On-site services include

coordination (information and referral, tenant problem solving), adult education classes and community building activities. Example: Wakeland, Community Housing Works, Chelsea Investment Corp.

Special Programs in San Diego

In addition, San Diego has established a number of special programs that offer additional housing options for people with behavioral health issues, including:

- *HOME-Family Reunification Tenant-Based Rental Assistance Program*: Since 2004, the County of San Diego has funded a tenant-based rental assistance program for approximately 40 families participating in the Dependency Court's Substance Abuse Recovery Management System (SARMS) program. It is a collaborative effort among the County Health and Human Services Agency Behavioral Health Services and Child Welfare Services departments, the Housing Authority of the County of San Diego, and the County Department of Housing and Community Development.
- *Bringing Families Home Program (BFH)*: BFH matches State of California dollars with County of San Diego Children's Welfare Services to identify families involved with the child welfare system who are experiencing homelessness and have barriers to housing stability. BFH is designed to offer housing supports in order for child welfare involved families, many of whom touch multiple systems of care such as behavioral health and substance use, and to successfully reunify or to prevent family separation.
- *Vulnerability Index*: The Ending Homelessness in Downtown San Diego Campaign leads an effort to identify, house and provide services to the most vulnerable homeless individuals sleeping on the streets of downtown San Diego, including those with mental illness and substance use disorders. The San Diego Housing Commission and the County of San Diego's Health and Human Services Agency combine resources together to provide homeless households with supportive housing and wraparound services.
- *Project 25*: In 2011, the United Way of San Diego "Home Again" campaign, in partnership with the County of San Diego Behavioral Health Services, the San Diego Housing Commission, Telecare, and St. Vincent de Paul Village, began San Diego's first "Frequent User" initiative, which identified at least 25 of San Diego's chronically homeless individuals who are among the most "Frequent Users" of public resources and provided them with long-term housing and supportive services. Since the United Way funding ended, this project is now funded by SAMHSA and Managed Care Organizations.
- *Local Realignment*: In 2011, Public Safety Realignment transferred the responsibility for the custody and supervision of certain offenders from the State to the County. To respond to the needs of the population supervised by Probation, the Probation Department provides need-based transitional housing support to offenders as they work toward self-sustainability. In 2017 the housing programs were expanded to include those on High Risk Formal Probation. The Housing Program provides a safe, sanitary, and stable living environment in accordance with the assessed needs of participants, thereby increasing their ability to achieve their conditions of supervision, gain reliable income, access entitlements and successfully reintegrate into the community.
- *Home Finder*: Launched in July 2016, the Home Finder Program serves adults who are connected to BHS through outpatient clinics and are experiencing housing instability. The contractor, Alpha Project, will provide housing search resources, a centralized hub for roommate matching, and flex funds to support housing retention.

- *100 Homeless Initiative*: In December 2015, the County of San Diego and the San Diego Housing Commission released a joint Request for Proposals (RFP) that will match assertive community treatment and substance use services with housing subsidies to serve 100 homeless individuals. The client population will include 45 MHSA-eligible individuals with serious mental illness and 55 individuals with substance use disorders. This program represents the first time that services and housing resources have been paired to serve individuals with a primary diagnosis of substance use disorder. The County awarded the contract for the 100 Homeless Initiative in late 2016 and services began in 2017.
- *Moving On Program*: In partnership with the San Diego Housing Commission, BHS is participating in a pilot program to offer Housing Choice Vouchers to FSP clients who are clinically stable and have demonstrated an interest in “moving on” from permanent supporting housing. Moving On participants receive transitional assistance to help them identify housing and community resources to live independently in the community at a lower level of care.

Addressing the Criminalization of Homelessness in San Diego County

Cities with high numbers of unsheltered homeless see the criminalization of activities related to homelessness such as ticketing for loitering, camping in public places, sleeping in vehicles, or panhandling increase when resources are tight, public health concerns spotlight issues around homelessness, or when businesses want to enforce the right of way on the sidewalks. In a recent study by the National Law Center on Homelessness and Poverty, there has been a nationwide trend towards ticketing for camping on public property, loitering and vagrancy that has matched the pace of increasing street homelessness in many cities.³¹ There are innovative and nationally recognized programs preventing further criminalization of homelessness on a local level, such as:

- *Serial Inebriate Program (SIP)*: In 2000, the nationally recognized “best practice” Serial Inebriate Program began an innovative effort to reduce the number of chronic homeless alcoholics cycling in and out of detox centers, jails, and local emergency rooms. The City/County-funded program offers treatment in lieu of custody time for public intoxication. Services and housing are provided to program participants through the program operator, Mental Health Systems, Inc., over a six-month period of time.
- *Inebriate Reception Center (IRC)*: Program provides space for public inebriates dropped off by health, safety, and law enforcement agencies to be kept a minimum of four (4) hours for sobering purposes in lieu of incarceration. Inebriate Sobering Staff shall offer printed information on substance use disorder (SUD) treatment and recovery services to all individuals dropped off for Inebriate Sobering Services and make individual counseling and linkage available once individuals have regained functioning.
- *San Diego Homeless Court*: A nationally recognized model since 1989, San Diego Homeless Court began at a Stand Down event for veterans experiencing homelessness who had outstanding criminal charges that in some cases were 20 years old and preventing them from obtaining a driver’s license and getting a job. Homeless Court is now held in two locations in the County and trains case managers and advocates connected to housing programs on how to assess for referral to the service and incorporates the time and expertise of public defenders, judges, and prosecutors to ensure that the offenses have been reconciled with accomplishments appropriate to the participant’s charges. Homeless Court has dealt with over 16,000 misdemeanor cases since then, effecting real change and lowering barriers to stable housing and self-sufficiency for the County’s homeless.

³¹ <https://www.nlchp.org/documents/Housing-Not-Handcuffs>

- *San Diego Misdemeanants At-Risk Track (SMART)*: Utilizing Proposition 47 grant monies, the SMART program prioritizes chronic misdemeanor offenders with acute drug addictions and complex social service needs. Offenders may be offered the program at the point of arrest, arraignment, at sentencing as an alternative to incarceration, or while serving a custodial sentence. As a partnership between the San Diego City Attorney’s Office, San Diego Police Department, and the County of San Diego Sheriff’s Department, the SMART program aims to reduce recidivism using a harm reduction model to get at the elements of the offender’s life that may be preventing them from making changes to their behavior such as lack of stable housing. By connecting with a case worker, housing assistance may mean the difference between continued cycling through the criminal justice system and connection to vital wellness and self-sufficiency resources.
- *San Diego Reentry Roundtable*: As part of the California Reentry Council Network, the San Diego Reentry Roundtable works to “promote the safe and successful return of offenders to our community.” The Roundtable reviews and evaluates legislation, shares resources and provides education to the public on reentry issues, and works to advocate for housing resources for those released from prison and jail.
- *Reentry Works*: Through a partnership with San Diego Workforce Partnership, San Diego Second Chance Program, and the County of San Diego Probation and Sheriff’s Departments, Reentry Works provides comprehensive career center services within the East Mesa Reentry Facility for pre and post-release employment services with the goal of increasing employability and reducing recidivism.
- *Psychiatric Emergency Response Team (PERT)*: As the demonstrated successes of street-level engagement continue to evince themselves, BHS has increased its commitment to this type of service by increasing the number of PERT clinicians for the FY 18/19 to 70 PERT clinicians allowing for more saturation with local law enforcement teams. PERT clinicians routinely assess individuals in crisis situations, and help to connect them to the best, least restrictive community-based service or provide transport to a psychiatric facility or emergency room.
- *Homeless Outreach Team (HOT)*: HOT partners clinicians with law enforcement officers who have been provided additional training in engagement and resources with Health and Human Services Workers from HHSA and other community-based partners to interface with individuals and families living on the streets. Locally, several jurisdictions and municipalities have identified resources to create either dedicated officer positions or dedicated hours of an officer’s day for the hours needed for HOT activities. Some jurisdictions have also made additional regional investments into complimentary community services designed to support those experiencing homelessness into the best fit mainstream resource while diverting those newly homeless individuals and families from unnecessarily entering the homeless system when other alternative housing options are available. Examples of some jurisdictions pairing these types of resources with law enforcement include Encinitas, Chula Vista, Oceanside, City of San Diego, and Carlsbad. Regionally, HOT activities have been coordinated by HHSA’s Integrative Services team, however as RTFH takes a greater leadership role it is likely that training, materials, and a higher level triaging of this service will move to RTFH.
- *Full Service Partnership (FSP)/Assertive Community Treatment (ACT) for the Justice Involved Population*: Recognizing the need for more specialized mental health services for the justice involved population, BHS created a funding opportunity for an FSP for the justice involved. There are currently 227 program slots with a BHS subcontractor, and active coordination with the Public Defender’s office and criminal justice systems lead to referrals.

Additionally, there are 12 FSP/ACT programs that have approximately 30% justice involved clients in their programs and a second Justice Involved/ACT program will be added in FY 18/19.

- *Collaborative Behavioral Health Court:* ACT-level services for those with serious mental and/or substance-induced psychiatric disorder illnesses, who have been incarcerated and are misdemeanor or felony offenders, referred via the Collaborative Behavioral Health Court of San Diego County Superior Court. Services include clinical case management and mental health, substance-induced psychiatric disorder rehabilitation treatment, and recovery services.
- *Defense Transition Unit (DTU):* BHS has provided funding to the Public Defender's office to embed Licensed Mental Health Clinicians (LMHC) within the Public Defender's office to screen and link clients to Full Service Partnerships (FSP), Strength Based Case Management (SBCM) and Outpatient Psychiatric Services in the BHS system of care. The DTU provides short term case management services until long term linkage is complete. Each DTU LMHC is considered a member of the client's criminal defense team and all disclosures of information are to be in the best interest of the client as determined by the client's assigned attorney.
- *Project In-Reach:* Funded through BHS and the Sheriff's Inmate Welfare services, the In-Reach Program is focused on serving at-risk African-American and Latino adults (1170/re-alignment population) or Transition Age Youth (TAY) incarcerated at designated facilities, with an additional focus on inmates with serious mental illness (SMI). Services include pre and post-release case management, pre-release evidence based cognitive behavioral therapy (CBT) group interventions, peer support, post service linkages and follow up and transportation. The goal is to reduce recidivism, diminish impact of untreated health, mental health and/or substance abuse issues, prepare for re-entry into the community, and ensure successful linkage between in-jail programs and community aftercare.
- *Re-Entry Court Services:* BHS contracted services for collaborative court case management and non-residential alcohol and other drug (AOD) treatment, case management, mental health counseling, and drug testing program services to serve non-violent adult male and female offenders with a history of substance use and co-occurring disorders who have been referred to the Re-Entry Court Program. The Re-Entry Court Services Program is a five-phase intensive outpatient treatment program plus a six-month aftercare period.
- *Adult Drug Court:* Case management and non-residential alcohol and other drug (AOD) treatment and testing program services for non-violent adult male and female offenders with histories of drug use and criminal justice contacts, previous treatment failures, and high rates of health and social problems who have been referred to Drug Court.
- *Behavioral Health Ministry:* Training Center developed a Wellness and Mental Health In-reach Ministry which focuses on Adults diagnosed with a Serious Mental Illness (SMI) while in jail. Services include: engaging individuals with SMI such as schizophrenia or bipolar disorder; providing spiritual support; mental and physical health wellness; information and counseling on the impact and effects of untreated mental illness, co-occurring disorders and trauma in adults/older adults that are diagnosed with an SMI; and provide linkage and community based resources for re-integration back into the community upon release from jail. The Wellness and Mental Health In-Reach Ministry provides support services consistent with pastoral counseling and the individual's faith in addition to information, linkage and education about community based resources. This Ministry outreaches individuals while in detention and assists them in transitioning into the community upon release from jail.

Housing Development Resources

The need for additional affordable and supportive housing in the San Diego region is clear. In seeking to leverage local, state and federal funds to create new affordable and supportive housing opportunities, it is important to maximize the use of these available resources:

- 4% and 9% Low Income Housing Tax Credits (LIHTC)
- Conventional Financing / Loans
- Federal Home Loan Bank Affordable Housing Program (AHP)
- Local Continuum of Care resources (Homeless Emergency Assistance and Rapid Transition to Housing - *HEARTH*)
- Locally controlled Housing Funds:
 - Civic San Diego and other redevelopment successor agencies
 - Housing Authorities: San Diego Housing Commission, County Housing and Community Development, 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
- MHSA Special Needs Housing Program (SNHP) – includes capital and operating funds
- No Place Like Home (see Chapter 6)
- Other possible resources, including developer equity (such as land) or private philanthropy

Innovative Housing Trust Fund

In December 2017, San Diego County HCDS released a NOFA for the \$25 million Innovative Housing Trust Fund for gap funding for affordable housing development. In August 2018, the San Diego County Board of Supervisors authorized HCDS to enter into negotiations and award funding to seven new affordable housing developments focusing on affordable housing and special needs populations such as low-income seniors, homeless veterans, and those with mental illness or substance use issues. The developments will be scattered across the County, providing 503 new desperately needed units for individuals and families.

Behavioral Health Services Resources

Overall, it is important to scan the full range of potential Behavioral Health resources available to support services for people with mental illness, substance use disorder, or co-occurring disorders. The following local, state and federal sources are all important supports for behavioral health services in San Diego:

- California Work Opportunity and Responsibility to Kids (CalWORKs)
- City and County General Funds
- Community Mental Health Services (CMHS) Block Grant
- Community Services Block Grant (CSBG)
- County Mental Health Funding:
 - Federal Medicaid
 - Realignment
- Federally Qualified Health Centers (FQHC)
- Health Center Grants for Homeless Populations
- Homeless Veterans Reintegration Program (HVRP)
- Housing Opportunities for Persons with AIDS (HOPWA)

- Independent Living Program
- Mental Health Services Act (MHSA)
- Patient Protection and Affordable Care Act (PPACA)
- Projects for Assistance in Transition from Homelessness
- Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs
- Social Services Block Grant (SSBG)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Services Grants, Infrastructure Grants, Best Practices Planning and Implementation Grants, and Service-to-Science Grants, Cooperative Agreements to Benefit Homeless Individuals (CABHI)
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Temporary Assistance for Needy Families (TANF)
- Transitional Housing Placement Plus (THP-Plus) and THP-Foster Care
- Transitional Living Program for Older Homeless Youth (TLP)
- Veterans' Employment Program

Partners in Ending Homelessness

With severe barriers to affordable housing and stretched resources for the homeless, partnerships and collaboration are integral to meeting the needs of those struggling to find an open door. San Diego County enjoys long standing partnerships throughout sectors that touch those experiencing homelessness including those amongst shelters, health clinics, law enforcement, public health and behavioral health. Bringing these partners together in a thoughtful and strategic manner has been the work of the Integrative Services team at HHSA, which was designed to link health, housing and human services across multiple entities to create coordinated systems of services and housing to meet the whole person's needs, particularly for people experiencing homelessness or who are at-risk of homelessness. HHSA's Integrative Services was fully established in 2016 when HCDS joined HHSA. Integrative Services has been instrumental in the coordination of services for the Whole Person Wellness pilot including bridging the relationship with RTFH for the necessary data mining, as well as bringing the stakeholders from the justice sector to the table to lend their voice and expertise to conversations on the needs for housing post release.

Solutions to Homelessness

The National Low Income Housing Coalition details that San Diego needs an additional 82,059 affordable housing units to meet the needs of its lowest income renters.³² This paints a challenging picture for San Diego to overcome when looking to solutions to end homelessness, however there are bright spots on the horizon for housing development (see Chapter 2) as well as for the strategic planning of the homeless system. The Regional Task Force on the Homeless (RTFH), San Diego's homeless Continuum of Care has included many recognized best practices into its community standards, grounding the practices of homeless services providers in core concepts for collaboration, participant success, and future planning.³³ In examining solutions to homelessness, key system principles are outlined below.

The system principles identified in the RTFH's Community Standards include:

³² http://nlihc.org/sites/default/files/gap/Gap-Report_2018.pdf

³³ www.rtrhsd.org

- 1) evidence-based Housing First approach that incorporates low-barrier strategies in tenant selection, including policies such as Harm Reduction, and creating nimble systems to move eligible individuals and families into housing as their primary intervention;
- 2) full implementation and operationalization of the Coordinated Entry System (CES) for system-wide collaboration on available beds in applicable projects;
- 3) continuous process improvement through data analysis and evaluation;
- 4) utilizing evidence-based practices such as Trauma Informed Care, voluntary services, and culturally competent staffing and program development;
- 5) civic engagement and advocacy for recognition of the complexity of the issue of homelessness and its solutions;
- 6) centralized record keeping through an HMIS;
- 7) diverse governance of the RTFH including homeless and formerly homeless persons;
- 8) exceeding the minimum expectations set forth in the HEARTH Act; and
- 9) incorporation of Violence Against Women Act (VAWA) standards for tenant safety.

With these foundational principles, RTFH has worked to recognize and make room for stronger crisis response systems including increased coordination with outreach teams and emergency shelters to work cooperatively with the assumption that everyone is “housing ready.” This supports the rapid movement to housing, a foundation of the Housing First protocol. By developing and supporting integration of robust outreach and shelter options, San Diego County is better able to move away from protocols that require completion of certain types of services or programs prior to permanent housing. As stated in the RTFH Strategic Framework, “Waiting to house people experiencing homelessness until all other needs are met yields a system in which a very few are well-served, and the majority remain unsheltered.”

Additionally, RTFH has grown its team to include positions responsible for reviewing outcomes and deliverables of housing programs, matching data analysis with performance expectations to drive local investment in housing interventions that best work for the needs of San Diego’s homeless. This shift also supports the alignment of funding streams for housing beyond the more traditional HUD funding for systems level decision making. Overall, by continuing to right size the housing interventions and priorities for the local homeless population and invest in unifying local leadership towards County-wide successes, San Diego County will make important strides in alleviating its homeless and housing crisis.

Chapter 5: Mental Health Services Act Housing Program

The Mental Health Services Act (MHSA) Housing Program has transformed the range of housing options for people with serious mental illness in San Diego County. MHSA is funded through a 1% income tax on personal income over \$1 million to be used for mental health care in California. MHSA's goal has been to transform the mental health system in California so that those who are unserved or under-served can access responsive client- and family-centered care that is oriented toward wellness and recovery. In addition, MHSA explicitly recognizes that a lack of housing for individuals with mental health issues is a barrier to wellness and recovery, and initially in San Diego \$33 million was dedicated to the creation of new supportive housing units. The resources of the MHSA Housing Program have brought many new housing and services partners together to create unprecedented, integrated affordable and supportive housing options across the County. Since the implementation of the program in San Diego, the following results have been achieved:

- **241 units of MHSA Developed Housing:** 241 units of MHSA housing are currently open and/or leasing up in sixteen housing developments across the County, with an additional 1,383 units of affordable housing that are integrated with these MHSA developments. **Two additional developments with 48 new MHSA units moved into the lease-up phase in the summer of 2018.** The MHSA Housing Program capital funds have leveraged over \$450 million in other funding including Low Income Housing Tax Credits, State funding (SHP, TOD, Infill, etc.) and local funding (Civic San Diego, San Diego Housing Commission, Carlsbad, Lemon Grove, San Marcos) for the development of 305 MHSA units and 1,522 other affordable housing units. A map of these developments can be found in Appendix E. In addition, Civic San Diego has adopted a requirement that a minimum of 15% of units in new affordable housing developments receiving agency funding be set aside for homeless or at-risk populations. Project based Section 8 vouchers have also been leveraged in four MHSA Housing developments.
- **584 Partnership Units across the County:** Partnering with the San Diego Housing Commission, County HCDS, the City of Chula Vista, the City of Oceanside, and the Continuum of Care, County BHS has leveraged its services funding to secure 584 housing subsidies that are currently leased up, or in the lease up process. An additional 547 partnership housing subsidies have been identified for projects and initiatives that will be implemented in the coming year. These partnership units provide significant housing opportunities for people with behavioral health issues who are experiencing homelessness throughout the San Diego region.
- **Importance of Housing in Recovery:** Since FY 08-09, the County and their technical housing consultant, CSH, have conducted over 60 focus groups with MHSA FSP-enrolled clients to assess their experiences with housing and services. Consumers consistently rate quality affordable housing as one of their greatest needs. They report that housing is the foundation to live a healthy lifestyle and achieve recovery goals. Through the annual focus groups, FSP enrollees have consistently indicated that housing has helped them achieve personal goals such as working to achieve recovery, having a sense of security, the ability to work and/or go to school, and the opportunity to take care of health issues. The summary of the focus groups is included in Appendix B.

- **Housing MHSA FSP Clients:** The County’s goal is to have at least 95% of MHSA Full Service Partnership clients living in housing. As of June 30, 2018, the FSPs had over 90% of their clients housed with 60% of clients living in permanent housing.³⁴

FSP Clients Housing Situation as of June 30, 2018

<i>Permanent Housing</i>	Number	Percent of Total FSP clients
Developed MHSA Units	241	13%
MHSA Leased Units	228	12%
Shelter Plus Care	79	4%
Clients with Tenant-Based Section 8	97	5%
Clients in Other Affordable housing ³⁵	42	2%
Clients without Subsidy	212	11%
Sponsor Based Subsidy	247	13%
<i>Total Clients in Permanent Housing</i>	1146	60%
<i>Other Housing</i>		
Clients living w/ Family/Friends	66	3%
Clients living in Emergency Housing	16	1%
Clients living in Bridge/Transitional Housing	218	11%
Clients living in Board and Care or Skilled Nursing Facilities	135	7%
Clients in Jail, Hospital or Other Licensed Facility	152	8%
Other (streets, unknown living situation, etc.)	131	7%
<i>Total Clients in Other Housing</i>	718	37%
<i>VI Phase 2 –SIP AOD Program</i>	37	
Total FSP Clients	1,901	

³⁴ Housing is defined as emergency housing, transitional housing, permanent housing, skilled nursing facility, board and care, assisted living, and living with family/friends.

³⁵ In this table, affordable housing is permanent housing where the rents are subsidized to make them affordable to the tenant.

Continuing the BHS Commitment to Supportive housing

In August 2016, the County of San Diego committed to participate in the Special Needs Housing Program (SNHP), the CalHFA-administered program that is replacing the expiring MHSA Housing Program. The MHSA Housing Program was successful in creating 241 units of supportive housing. With the 2016 commitment of \$10 million to SNHP, BHS projected a goal of developing 70 units of new supportive housing with accomplishments through mid-2018 of over 60 units near completion. An additional \$10 million has been committed to SNHP as of July 2018 to further BHS' dedication to creating quality supportive housing options for those experiencing serious mental illness and homelessness in San Diego County.

The County has developed and updates annually the MHSA Special Needs Housing Program Guidelines and Recommendations (found in Appendix G). These guidelines and recommendations outline the criteria and priorities in creating new MHSA Housing in the County.

In planning for the projected number of potential units, a financial model will be developed directly following the election on November 6, 2018 to take into account the status of Proposition 1, the Veterans and Affordable Housing Bond Act of 2018, which would authorize \$4 billion in general obligation bonds for housing-related programs and housing loans for veterans.

Chapter 6: No Place Like Home Program

The No Place Like Home (NPLH) program is an unprecedented new infusion of funding for the creation and operation of supportive housing for persons with serious mental illness and demonstrates a new commitment across the state to address housing challenges across the state. The significant new housing resources NPLH is expected bring into San Diego County represents a unique opportunity to create housing projects that build on the best practices of the MHSA and Special Needs Housing Program (SNHP) with the benefit of lessons learned and feedback from people with lived experience of mental illness.

Overview

On July 1, 2016 Governor Brown approved the creation of the No Place Like Home program, demonstrating the State's commitment to address serious housing deficits for those with lived experience of mental illness. NPLH is a \$2 billion bond leveraged by a portion of future Proposition 63 Mental Health Services Act revenues. In addition to providing funding for capital projects, some of the bond proceeds can be used for tenant-based rental assistance and direct technical assistance to localities. NPLH has faced opposition both on the State and local levels because of its funding structure. The State filed a validation action in State court on September 2017 to determine the validity of the revenue bonds associated with NPLH, and that validation decision was issued in September 2018 fully in support of the NPLH program, and dismissing the plaintiff's complaints. However given the Statewide housing crisis, and in particular the desperate need for housing for those who are NPLH eligible, the State Senate referred NPLH to the November 2018 ballot as Proposition 2, which passed with wide voter support on November 6, 2018.

The program will include \$1.8 billion in funding for a statewide supportive housing development program, as well as \$200 million to be distributed to counties for construction, rehabilitation or preservation and capitalized operating costs of supportive housing for persons who are eligible for MHSA services. The available funding has various elements based on a variety of factors such as County population, 2017 PITC, and the Extremely Low Income (ELI) Renter Burden calculation of those spending more than half of their income on rent.

With high hopes for the passage of Proposition 2, State HCD has already initiated several actions to prepare for the release of NPLH funds, including the release of the Non-Competitive NOFA on August 15, 2018 and the Competitive NOFA on October 15, 2018. Funding is expected to be issued by mid-2019.

No Place Like Home Data Considerations

California has the highest national share of unsheltered homeless in the Country, edging out other larger states with high homeless numbers by more than 30%³⁶. Likewise, this plan has detailed the barriers and stressors that face adults with serious mental illness and the families of seriously emotionally disturbed children in accessing and maintaining affordable housing in San Diego County. Data sources including the PITC, HIC and the annual BHS Databook point to large gaps in appropriate housing options with only 52% of the supply of year round beds dedicated to supportive housing, 36% to emergency/short term shelter options, and 12% for time limited rental subsidy programs such as Rapid ReHousing. Another way of looking at this is that of the 4,990 unsheltered

³⁶ <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

individuals and families, 94% of them report a special need or significant barrier to accessing and maintaining affordable permanent housing such as a mental health issue.³⁷

The No Place Like Home Program requires a range of data reporting requirements to be submitted on an annual basis to the state regarding NPLH Assisted Developments and Units. HHSA will establish reporting processes and systems to gather this required data from property managers, lead service providers, and the Homeless Management Information Systems and report that data to the state in compliance with the NPLH Guidelines. HHSA anticipates that there may be barriers to collecting some of the data elements identified in the NPLH Guidelines (for example: the number of tenants who continue to have a Serious Mental Disorder or the number who are Seriously Emotionally Disturbed Children or Adolescents; where tenants exit to; the income status of tenants; etc.), as this data will depend on the ongoing engagement of the tenant in services indefinitely after move-in and/or the reporting of these data elements to staff.

The NPLH data reporting is a condition of NPLH funding and will be included in project documents and will be incorporated in HHSA's NPLH funding compliance processes. San Diego HHSA will establish processes to review the annual reports submitted by NPLH funded projects and ensure the information is submitted to the state by the annual September 30th deadline.

If readily available, San Diego may also provide aggregated data to the state on: (1) emergency room visits for NPLH tenants before and after move in; (2) average number of hospital and psychiatric facility admissions and in-patient days before and after move-in; and (3) number of arrests and returns to jail or prison before and after move-in. Currently, no data systems exist that capture this data for tenants in supportive housing. San Diego HHSA will explore the feasibility of establishing a system to collect and aggregate this data for NPLH tenants from property managers and service providers.

Coordinated Entry and No Place Like Home

Coordinated Entry, or CES, is a core component of NPLH. Written into the State's Welfare & Institutions Code as a component of Housing First principles, CES participation ensures reasonable, nondiscriminatory, and consistent criteria is used and allows for programs to clearly elect for the inclusion of individuals who may have a history of incarceration, unresolved substance use issues, and poor or no credit. San Diego County currently utilizes a legacy HMIS system, ServicePoint, for all CES transactions, however RTFH has recently procured a new HMIS platform, Clarity, and is planning system-wide upgrades to allow for increased functionality and prioritization for special populations that the current system is unable to provide without the use of "by-name lists." RTFH anticipates integration and implementation of an updated CES system by December 2018.

NPLH also requires a system to assess the needs of, provide housing navigation to, or locate supportive housing for those who are *At Risk of Chronic Homelessness*. A new category of homelessness for many communities in the State, including San Diego County, the At Risk of Chronic Homelessness relaxes some of the critical time limits of the HUD Homeless and Chronic Homeless definitions, including allowing for persons exiting institutionalized settings who were homeless prior to their stay to maintain their homeless status regardless of the length of stay; allowing for TAY with a history of child welfare system or juvenile justice involvement who are

³⁷ 2018 We All Count Annual Report, www.rtfhsd.org

homeless or have an eviction(s) to be identified as homeless; and for those whose homelessness prior to entry was in temporary housing, transitional or bridge housing, or hotels/motels not paid for by a private agency or government entity to be identified as homeless. The Regional Taskforce on the Homeless (RTFH) and County of San Diego Behavioral Health Services (BHS) are working to define a NPLH referral process for people at-risk of chronic homelessness; expectation is to complete no later than December 2018.

Funding Opportunities

The No Place Like Home (NPLH) Program dedicates \$2 billion in bond proceeds through a variety of funding options, noting that San Diego County plans to administer the NPLH funds locally as an Alternative Process County: The following overview highlights key elements of No Place Like Home funding opportunities:

Noncompetitive Allocation

The Noncompetitive Allocation funds are available to every County and will also be the first funds available for use. Funding allocations under the Noncompetitive Allocation are based on the 2017 PITC for each community with a minimum of \$500,000 available to every County. With a 2017 PITC of 9,160, San Diego County has been allotted \$12,449,612 which includes up to a 10% administration fee for HCDS leaving the remaining funds available for capital projects. Noncompetitive Allocations were released in a NOFA on August 15, 2018. Applications for Noncompetitive funds must be received within 30 months of the initial NOFA release and expended within 60 months after the initial NOFA release, with the possibility of a 12 month extension yielding project completion or the submission of an additional project.

Competitive Allocation

The Competitive Allocation set a competitive “pool” according to County population size with “small” counties being those with less than 200,000; “medium” counties with more than 200,000 but less than 750,000; “large” counties (including San Diego) with a population of more than 750,000; and Los Angeles County in a separate bucket. The amount of funds available to each county within each “pool” is based on a two-factor formula of the 2017 PITC weighed at 70% and the ELI renter burden weighed at 30%. Competitive Allocation projects are responding to a Statewide NOFA, issued on October 15, 2018, and compete against one another based on a variety of factors including project readiness, availability of rental subsidies and other leveraged dollars. With few local sources of leverage in San Diego County, it is anticipated that projects from San Diego County may not be competitive with projects from other large Counties that have prioritized local initiatives to create housing dollars. Based on preliminary calculations the Competitive Allocation will bring fewer resources to San Diego than the Alternative Process County, leading San Diego County to pursue, and now receive, designation as an Alternative Process County.

Alternative Process County

The third allocation method that the State has identified to distribute NPLH funds is the Alternative Process County designation. The Alternative Process County designation is available to County’s with more than 5% of the State’s homeless population and include Los Angeles, San Diego, San Francisco and Santa Clara. These Counties must apply to State HCD for the Alternative Process designation, including in their application the County housing authority’s experience and capacity to

administer supportive housing loan funds, and must have the capacity within the mental health services department to commit services to NPLH project units for a minimum of 20 years. Alternative Process designations were announced on October 15, 2018 within the Round 1 Competitive Allocation NOFA, which included San Diego County.

The funding allotment for Alternative Process Counties is based on the population estimate in each County as of January 2018, the 2017 PITC, and the ELI renter cost burden. Initial estimates put San Diego County's allocation estimated at over \$100 million, however the amount will not be confirmed until all Alternative Process applications have been received and either approved or denied. The Alternative Process designation allows for increased flexibility, and local control and responsiveness to San Diego County's community priorities as well as authorizing the distribution of the County's Noncompetitive Funds through HCDS. The Alternative Process dollars would be released through a NOFA jointly sponsored by HCDS and BHS, and would be locally underwritten and monitored for a minimum of 55 years.

The San Diego local Method of Distribution (MOD) for evaluating project criteria used by Alternative Process Counties mirrors many of the standards and guidelines of State HCD's Multifamily Housing Program and also include local priorities and considerations. The existing SNHP guidelines inform the local processes should San Diego County be approved for Alternative Process designation. Funds not committed in 24 months of award by an Alternative Process county will be redirected back to State HCD.

Community Input

During late July and August of 2018 CSH, as the technical assistance provider to both BHS and HCDS for NPLH, held nine community input sessions at various locations and with a wide range of community members and stakeholders regarding the NPLH program. As part of San Diego County's eligibility for the Alternative Process County designation, which would allow local distribution of the Alternative Process dollars as well as the Noncompetitive allocation, a plan specifying the goals, strategies and activities which are in process and planned to reduce homelessness and make it non-recurring must be submitted. CSH undertook the task of reviewing the most pertinent recent community plans addressing homelessness in order to check the adherence to the State's guidelines; these plans included the RTFH Strategic Framework for a System to Effectively End Homelessness in San Diego County; HHSA POFA Implementation Plan; and finally, BHS' Five Year Strategic Housing Plan. The plan which met the most elements of the State's guidelines was BHS' Five Year Strategic Housing Plan, which was recommended for an update to incorporate NPLH.

The elements of the State's guidelines for the County plan are as follows:

- That the plan be developed through a collaborative process including community input from the following groups:
 - County representatives from Behavioral Health, Public Health, Probation/Criminal Justice, Social Services and Housing;
 - Local homeless Continuum of Care;
 - Housing and homeless service providers, especially those with experience with the chronically homeless population;
 - Healthcare providers including Health Plans, community clinics and health centers, other relevant providers especially those implementing pilots or other programs that allow the County to use Medi-Cal funding for enhanced services for the NPLH population;

- Public Housing Authorities;
- Representatives of family caregivers of persons living with serious mental illness.

Questions for these input sessions included:

- ❖ What are your top 3 priorities when thinking about No Place Like Home funding for the creation of supportive housing in San Diego County?
- ❖ Are there successful strategies for people with histories of homelessness in accessing supportive housing that you can share?
- ❖ What gaps or barriers in supportive housing do you see for an MHSA eligible population in San Diego?
- ❖ What best practices for housing and services in supportive housing should be considered?
- ❖ What feedback/considerations do you recommend regarding the “Method of Distribution/MOD”?
- ❖ What are some elements that would support you to feel safe in your housing?
- ❖ What about common spaces or amenities are important to you in housing (e.g. community room? Outdoor spaces?)?
- ❖ How important is location to you? Would anything about a location be a “deal breaker” for you?
- ❖ What kind of characteristics would you like to see in a property manager/property management company?
- ❖ Anything else you would like to share as we plan for No Place Like Home funds?

Discussion points and ideas proved lively and thoughtful during all sessions, and showed both the excitement and the trepidation of the community around what a successful implementation of NPLH would look like. A summary of the Community Input Sessions is included in Appendix A.

Priorities & Recommendations

A high level summary of the sessions with representatives of family caregivers of persons living with serious mental illness, which included a high number of individuals with lived experience of mental illness along with family members, and the sessions for all other stakeholders is included below in order to highlight common themes and to inform the priorities and recommendations for the NPLH program in San Diego. Additional details of the Community Input sessions are included in Appendix A. During the Community Input sessions, interested stakeholders, experts in the field, and those with lived experience of serious mental illness provided the following high level feedback on the planning areas required in the No Place Like Home Guidelines:

Key Questions	Community Input Received			
Top Priorities	Right-sized, diverse blend of services	Project Readiness is critical	Flexible Eligibility: especially for SUD, justice involved	
Successful, supportive strategies	Rigorous, coordinated Outreach	Clear & transparent eligibility and referral processes	Coordination between Outreach, HMIS staff, Providers, and Lease-up staff	
Gaps and barriers	Skilled supportive housing maintenance supports	Need for on-site tenant services	Availability of units for specific sub-populations within NPLH criteria such as trafficking victims	
Best practices	Using the Crosswalk model coordination with property management and services staff ³⁸	Community engagement early on/as land/site is identified	Tenant/Resident Councils in NPLH funded properties	Include PERT in NPLH housing partnerships
Method Of Distribution (MOD)	Limiting NPLH commitments to 49% of units may limit projects as there is a lack of local gap financing	Regional considerations, especially in communities that lack supportive housing options	Vouchers are needed for NPLH projects across the county to ensure units are affordable and projects are feasible	Ensure a range of amenities/don't lose the importance of amenities because of an emphasis on Readiness to Proceed
Other	Support from HCDS such as FAQ, timelines, online portal with all NPLH information	Improved visibility & functionality of CES/HMIS	Plan for PSH for families	Consider innovative models, such as Tiny Homes

³⁸ BHS has established a “Crosswalk” process as a best practice in the successful lease up and operation of MHSA Housing developments. This process brings all partners in a MHSA Housing development project together to intensively plan for high quality MHSA supportive housing.

Chapter 7: Behavioral Health Housing Five Year Goals

Through the work of BHS and the Housing Council, significant progress has been made in achieving the Behavioral Health Housing Five Year Goals. The following are just a sampling of successes that have been achieved in recent years:

- San Diego County’s commitment of \$20 million to the Special Needs Housing Program
- Implementation of Project One for All
- 100 Homeless contract, the first-ever joint RFP between the County and the San Diego Housing Commission and the first-ever BHS program that will jointly serve individuals with SMI and individuals with a primary diagnosis of substance use disorder
- Implementation of a pilot Moving On program in partnership with the San Diego Housing Commission
- Creation of the Home Finder program that will provide housing search assistance for people accessing BHS outpatient services that are experiencing housing instability
- Doubling of “partnership units” that match BHS services and housing subsidies over the last two years

This Behavioral Health Housing Plan outlines the following Five Year Goals in seeking to maximize housing options for people with behavioral health issues and limited means in the County of San Diego. Each key goal area includes identified strategies and activities to pursue over five fiscal years that are outlined in detail in the Housing Work Plan FY 17-18 (Appendix F). The Work Plan outlines the process of evaluating progress against the goals and opportunities to make mid-course adjustments as the strategies and activities are implemented. The six Goals are to:

1. Expand Inventory of Affordable and Supportive Housing
2. Increase Access to Independent Living Options
3. Provide Opportunities to “Move On” to More Independent Housing Options
4. Expand Opportunities to Increase Income (Employment and Benefits)
5. Lessen Isolation and Keep People Connected to Their Communities
6. Develop Improved Data Collection and Analysis Capacity

The Housing Council Work Group will review and update the Work Plan on an annual basis to prioritize the implementation of this plan and to assess the effectiveness and outcomes on an ongoing basis. In this time of political uncertainty, the Housing Council and Work Group will search for creative strategies to maximize resources in a continued effort to realize the goal of safe and affordable housing for persons with serious mental illness.

Strategies will expand upon current work to leverage local, state, and federal funding opportunities; build partnerships with regional housing and service providers; and explore new service models that link individuals receiving behavioral health to housing resources. Significant progress has already been made and sets a strong foundation to continue these efforts. The Housing Council and Work Group will also continue to promote the message that housing is healthcare and plays a vital role in the recovery process for persons with behavioral health challenges. The timeline below illustrates key accomplishments and future goals that are described in greater detail in the Housing Work Plan.

Chapter 8: Annual Review and Update

This Behavioral Health Housing Plan is designed as a living document that is updated to chart progress toward the Plan's goals, and the changing dynamics in the County. The MHSA SNHP Application Guidelines have been reviewed and updated annually to reflect broad input and feedback and this input informs San Diego's approach to implementing the NPLH Program.

An annual Work Plan is developed through the Behavioral Health Housing Council Work Group to map out the specific annual priorities and activities in any given fiscal year and the Work Group will chart progress against the plan. In addition, San Diego Behavioral Health Services Administration and the Housing Council reviews and evaluates the Behavioral Health Housing Plan and the year's accomplishments at the end of each fiscal year.

Appendices

- A. No Place Like Home Community Input Summaries
- B. Focus Group Summaries: MHSA Developed Units, Developers & Property Managers, FSP Staff
- C. Housing Agencies and Consumer Resources
- D. MHSA Housing Pipeline Chart
- E. MHSA Housing Developments Map
- F. Housing Work Plan FY 17-18
- G. MHSA Special Needs Housing Program Guidelines and Recommendations
- H. Glossary

“No Place Like Home” 2018 Community Input Sessions Summary

Overview

In July and August 2018, CSH held nine Community Input Sessions throughout the county to gather information and feedback regarding the No Place Like Home program. These Community Input Sessions included an overview of the key components of the No Place Like Home program, followed by a facilitated focus group discussion along with the questions provided in a written survey that was collected at the end of the session, followed by an emailed link to the survey online in case participants wanted more time to provide input.

These Community Input Sessions covered topics including supportive housing in San Diego, perceptions of the housing resources needed for the eligible NPLH tenant population, examples of positive housing/services partnerships and suggestions for best practices, the method of distribution of No Place Like Home funds, and barriers to housing the eligible NPLH tenant population locally.

Participants included a broad range of stakeholders comprised of county representatives with expertise from behavioral health, public health, probation/criminal justice, social services, and housing departments; San Diego’s homeless Continuum of Care; housing and homeless services providers, especially those with experience providing housing or services to those who are chronically homeless; health plans, community clinics, hospitals and health centers, and other health care providers; public housing authorities, and people with lived experience of mental illness along with representatives of family caregivers of persons living with serious mental illness

The input received during these sessions informs the annual update to the Behavioral Health Strategic Housing Plan Update FY 18/19¹ with a particular emphasis on the unprecedented opportunity of the No Place Like Home program. This Plan Update is usually finalized each fall and the FY 18/19 Update will be presented at the September 6, 2018 BHS Housing Council meeting, followed by a 30 day posting to gather any additional community input.

This summary outlines the details of the Community Input Sessions, outlines the high level feedback in key planning areas, provides summaries of prominent themes and recommendations heard in each of the sessions, and details the questions that were discussed.

¹ All BHS Housing related planning documents can be found here: <http://sandiego.camhsa.org/housing.aspx>

The 2018 Community Input Sessions were held on:

Friday July 20
9:00-10:30am
Health & Justice Integration Committee

1:00-2:30pm
Continuum of Care/Regional Task Force on
the Homeless

Tuesday July 24
10:00-11:00am
Whole Person Wellness Management
Committee

Thursday August 2
11:00am-1:00pm
Behavioral Health Housing Council and all
other BHS Councils, Collaboratives and
Committees

Tuesday July 24
Noon-1:30pm
RI International & NAMI invitees

Thursday August 2
4:00-6:00pm
Behavioral Health Advisory Board
(Presentation and Q&A)

Monday July 30
10:30am-Noon
Public Housing Authorities

Monday, August 27th
9 to 10:30 am
Mental Health/Substance Use Disorder East
County Homeless Task Force Committee

Wednesday August 1 10:00-11:30am
Affordable/Supportive Housing Partners
Wednesday August 1

Additional Presentations will be held during the 30 day posting period on:

*September 25th, 2018
9 to 11 am
North County BHS Collaborative Meeting*

*Wednesday, October 3, 2018
10 to 11:30 am
South County BHS Collaborative Meeting*

Overall Summary

During the Community Input sessions, interested stakeholders, experts in the field, and those with lived experience of serious mental illness provided the following high level feedback on the planning areas required in the No Place Like Home Guidelines:

Key Questions	Community Input Received			
Top Priorities	Right-sized, diverse blend of services	Project Readiness is critical	Flexible Eligibility: especially for SUD, justice involved	
Successful, supportive strategies	Rigorous, coordinated Outreach	Clear & transparent eligibility and referral processes	Coordination between Outreach, HMIS staff, Providers, and Lease-up staff	
Gaps and barriers	Skilled supportive housing maintenance supports	Need for on-site tenant services	Availability of units for specific sub-populations within NPLH criteria such as trafficking victims	
Best practices	Using the Crosswalk model coordination with property management and services staff ²	Community engagement early on/as land/site is identified	Tenant/Resident Councils in NPLH funded properties	Include PERT in NPLH housing partnerships
Method Of Distribution (MOD)	Limiting NPLH commitments to 49% of units may limit projects as there is a lack of local gap financing	Regional considerations, especially in communities that lack supportive housing options	Vouchers are needed for NPLH projects across the county to ensure units are affordable and projects are feasible	Ensure a range of amenities/don't lose the importance of amenities because of an emphasis on Readiness to Proceed
Other	Support from HCDS such as FAQ, timelines, online portal with all NPLH information	Improved visibility & functionality of CES/HMIS	Plan for PSH for families	Consider innovative models, such as Tiny Homes

² BHS has established a “Crosswalk” process as a best practice in the successful lease up and operation of MHSA Housing developments. This process brings all partners in a MHSA Housing development project together to intensively plan for high quality MHSA supportive housing.

More detailed feedback from each of the Community Input Sessions are included below:

Community Input Session	Prominent Themes	Recommendations
Health & Justice	<ul style="list-style-type: none"> • Accept people with criminal records • Housing is needed quickly • Ongoing supports are critical to success in housing • Family connections are very important and should be supported • There is a need for housing options for individuals with felonies 	<ul style="list-style-type: none"> • Enable people to access housing upon release • Enable tenants to live with family members • Address criminal background barriers that prevent people from accessing housing • Consider including on-site supports in NPLH housing developments
Whole Person Wellness	<ul style="list-style-type: none"> • We urgently need front doors/housing for people to move in to There are additional vulnerable populations, such as people experiencing domestic violence as well as human trafficking • Homeless individuals and families need access to the Coordinated Entry System, and there also needs to be new systems in place to link people who don't necessarily score highly in CES to NPLH housing as they are very vulnerable, but don't appear that way in the CES system • This is an important opportunity to incorporate best practices in NPLH housing, such as Camden Coalition, Arizona SH, etc. • It is essential that service providers and property managers are experienced and well trained 	<ul style="list-style-type: none"> • It is important to use data to identify people who have the highest level of need • Co-locating housing and services is important. WPW has shown that having services located close to housing (or on site) meets client/tenants' needs
People with Lived Experience and Family Members	<ul style="list-style-type: none"> • Having a diverse array of projects in different locations throughout the County • Projects close to services • Considerations for public transportation, particularly near routes that have frequent service • Feeling safe is very important 	<ul style="list-style-type: none"> • Regionality • Incorporate safety features, such as sensor lights, security guards or security doors • Provide training and other supports to Property Managers on handling emergency situations and compassionate interactions

	<ul style="list-style-type: none"> • Clear processes for application • Low barrier tenant eligibility 	<ul style="list-style-type: none"> • Community supports such as Tenants Councils • Considerations for neighborhoods with stores, are walkable • A clear application process that is widely advertised so people know how to access housing
Housing Authorities	<ul style="list-style-type: none"> • Flexible funds for move-in • Availability of land • Different models such as tiny homes • We need to build capacity to combat NIMBY-ism • Strong preference for on-site services • Availability of Project Based Vouchers will impact how viable projects are • Experienced Property Management staff 	<ul style="list-style-type: none"> • Project Readiness considerations • Locate projects close to services • Ensure there is a range of percentages of NPLH units in projects (e.g. integration of supportive and affordable housing as well as 100% supportive housing projects with various tenant populations) • Robust tenant services
Affordable/Supportive Housing Partners	<ul style="list-style-type: none"> • On-site services • Experienced Property Management staff • Housing maintenance supports • Time funding cycle/NPLH NOFA with tax credits • Process applications quickly • Over-the-counter, threshold based application process • More NOFAs for vouchers • Can NPLH funds be used to house people who also have developmental disabilities? 	<ul style="list-style-type: none"> • Robust, on-site services • Considerations for Readiness to Proceed • Training for property management • Ensure strong timing considerations in all NPLH processes; reduce red tape and ensure the funding is deployed quickly
Continuum of Care	<ul style="list-style-type: none"> • Services offered in housing should support housing stability and reduce tenant turnover • Everything takes too long – from the development process to the tenant application • Outreach services will provide a much needed link for people who need housing the most • It is important to build the capacity of our sector and offer training to services staff and property management staff 	<ul style="list-style-type: none"> • Streamline the development process • Streamline the tenant application process; a universal tenant application would be ideal • Ensure strong lease up coordination • Establish staff client ratios of 15:1 or less • Ensure on-site services in projects with more than 20 units. This should be a requirement

<p>Behavioral Health Councils, Collaboratives and Committees</p>	<ul style="list-style-type: none"> • Flexible eligibility criteria • Considerations for special populations: SUD, TAY, domestic violence, justice involved • Streamlined intake/application process • Safety features on property • Walkability/close to public transportation 	<ul style="list-style-type: none"> • Link PERT to NPLH communities • Regionality • Units for families • Community supports such as Tenant Councils • Safe neighborhoods with access to transportation
<p>Behavioral Health Advisory Board</p>	<ul style="list-style-type: none"> • It is important to understand the range of housing funding that can be used for No Place Like Home. • It is important to ensure that housing opportunities don't bring additional homeless individuals to San Diego • No Place Like Home reduces the available MHSA funding to San Diego County and it is important to plan for that reduction in funding 	<ul style="list-style-type: none"> • Include a summary of available resources that can be used to develop housing • Housing is critically needed and should be made available for San Diego residents in need • On site services are recommended for larger projects.

NO PLACE LIKE HOME Community Input Discussion Questions

People with Lived Experience of Mental Illness/Family Members

1. In thinking about housing (e.g. with a lease/rental agreement), what are the top three themes that come to mind? What is most important to you?
2. What are some elements that would support you to feel safe in your housing?
3. What about common spaces or amenities are important to you in housing (e.g. community room? Outdoor spaces?)?
4. How important is location to you? Would anything about a location be a “deal breaker” for you?
5. What kind of characteristics would you like to see in a property manager/property management company?
6. Anything else that we didn’t discuss that is important, or anything that you would like us to be thinking of during this process?

OPTIONAL WRITTEN QUESTIONS

- Knowing there will be a lot of paperwork to sign before moving in, what would be helpful in getting that process completed?
 - What has been most helpful to you in accessing housing (e.g. a subsidy? A friend or family member? A program or service? Something else)?
 - Do you have any feedback on the VI-SPDAT/Coordinated Entry System (*only answer if you have completed the VI-SPDAT survey*)?
 - What are some barriers that you have experienced in getting into housing?
-

NO PLACE LIKE HOME Community Input Discussion Questions

Justice-Health Community Input Session

1. From a justice point of view, what are your top 3 priorities when thinking about No Place Like Home funding for the creation of supportive housing in San Diego County?
 2. Are there successful strategies for justice involved tenants in supportive housing that you can share?
 3. What gaps or barriers in supportive housing do you see for the justice involved population?
 4. What efforts to decriminalize activities associated with homelessness have been effective in San Diego thus far? Which efforts have not been as successful?
 5. Anything else you would like to share as we plan for No Place Like Home funds?
-

NO PLACE LIKE HOME Community Input Discussion Questions

All other input sessions

1. What are your top 3 priorities when thinking about No Place Like Home funding for the creation of supportive housing in San Diego County?
2. Are there successful strategies for people with histories of homelessness in accessing supportive housing that you can share?
3. What gaps or barriers in supportive housing do you see for an MHSA eligible population in San Diego?
4. What best practices for housing and services in permanent supportive housing should be considered?
5. What feedback/considerations do you recommend regarding the “Method of Distribution”?
6. Anything else you would like to share as we plan for No Place Like Home funds?

Supportive Housing Developer and Property Management Focus Group Summary
April 26, 2018
9 participants

QUESTIONS

1. **What are the biggest rewards and challenges in providing permanent supportive housing for people with serious mental illness?** Several themes emerged including the need for specialized training for property management staff, effective communication and matching of services, and finding the right balance of special needs populations in PSH.

Training

- The group agreed that in many instances property managers have to act as service providers but they are not trained for that. Property managers often feel unprepared for the situations they are confronted with.
- The biggest challenge is that property managers do not feel supported. The service staff is in and out and often gone when the biggest incidents happen. It is usually a few residents who end up getting the most attention and it sometimes takes a lot of time for service providers to arrive. Also, with the high turnover of service providers it is usually property management staff that develops more of a rapport with tenants.
- There was benefit from having a Mental Health First Responder one-day course for all staff including leasing agents, maintenance staff, and property managers.
- Several property managers have encountered violent situations including assaults and a completed suicide. Property managers are often unprepared to deal with these situations.
- It is especially difficult for property managers that live on site, when it becomes hard to detach and take breaks, lunches, as you are part of that community.
- It seems like the future of PSH is heading towards more special needs populations. Developers and property management will need more qualified people, someone who is not only a property manager but also a social worker or therapist.
- Security workers need additional trainings as well, usually they are the ones dealing with problems that occur after close of business. It was noted that it would almost be easier to train clinically trained people to become property managers, than vice versa.
- The facilitator talked about the possibility of a mentoring system for experienced property managers to meet with new property managers, as a way to “show them the ropes”.

Coordinating with Service Providers

- Sometimes when property management staff calls the wrong service provider number they get scolded. They want to be honest in the crosswalk meetings, but they do not always feel comfortable because County BHS are in attendance.
- Services need to match the intensity of that specific population. If there is funding and a promise of 24/7 support, the reality is that it might not actually happen that way. After the service provider leaves at 4pm, they are directed to call PERT or 911. The service provider will address issues the next day when they are in the office. In some cases, everyone is seen once a week even though they actually may need a monthly visit or visits multiple times per day. It takes time to learn the population and know what kind of attention they need. Different populations need different levels of service, so trainings and services should be appropriate based on that.

Serving Different PSH Populations

- A big challenge is in properties where they mix different special needs populations.
- Even though it is against fair housing policy it would be easier to create one section for Special needs, but housers are not allowed to isolate individuals, as they have to be integrated among the overall population.
- Difficulties arise when one resident acts out and other residents do not understand the situation. Nothing can be disclosed about that resident as they have the right to privacy, but neighbors feel they have the right to know who they are living near and there is some fear for children involved.

2. **How can CSH help you address challenges in helping tenants identify and retain supportive housing?** CSH can help clarify the roles and responsibilities of service provider and property management staff, help developers promote the PSH concept to funders and the public, and refine guidance and support around the development of PSH to find the right balance of funding and population(s) served.

Clarifying Service Provider and Property Management Roles

- The notion was shared that developers could use their own staff, own security, have better paid property managers, and have wellness coordinators to act as a buffer between property managers and residents, with a move toward daily check-ins for those who need it. This has to be done right otherwise communities band together and work against these properties in their neighborhoods (NIMBYism).
- Staff turnover with service providers means constantly rebuilding communication.
- It was noted Jonathan Olson at Mission Cove provides a great example that you need thorough and consistent communications among all participants. The property has been having crosswalks since they broke ground.
- It was noted that all residents have service needs not only the special needs populations.

Promoting PSH

- Developers who are providing permanent supportive housing have to do an excellent job so it continues to encourage the development of more housing, but it is so expensive to provide lasting support. When developers see the numbers, they may not want to build PSH. There is an ongoing need to educate lenders so that properties have the proper conditions and will not fail. Deals need to be well structured for the long term, with reserve funding for security, case managers, etc. We need to educate staff, elected officials, and the public on the cost and benefits of PSH.
- There is a need for some kind of education for the general public about homelessness and PSH. People are generally misinformed and actively working against housing in their neighborhoods. Communities like Clairemont say we already have crime and trash and that PSH will contribute to that, instead of seeing that PSH will help solve those problems.
- Idea was floated to create a PSH speakers bureau to address concerns and educate the general public about these issues.
- Part of what changes minds is the ability to tell the compelling stories of the people who have been positively impacted by PSH. It was noted that CSH's materials are somewhat outdated and hard to get to and that there is a need for local success stories.

- One developer is using materials from the United Way Los Angeles as a resource. Funders Together to End Homeless was identified as a possible source of funding for this type of work.

Finding a Balance in PSH

- Some developers are doing an amazing job with lots of support, but others only see the available tax credits for structuring deals. It is difficult to provide the level of support that is needed within PSH, even for those trying it is taking extra resources. How could those other developers do a good job?
- If a property is too small it becomes too expensive. If it is too large, it becomes too much to handle. Can CSH investigate the best balance of 'right sizing' properties for the best quality of life for residents?
- Public policy is pushing integrated housing, but for service providers it may be best if they are all the housing the same type of residents. Around 40-60 units it makes sense to be all PSH. Families aren't necessarily integrating well with MSHA housing; children may be traumatized.
- With current state budgets potentially providing increased levels of funding, there was the feeling that developers might rather build fewer units that provide a higher quality of living, than more units at a lesser quality. If it's not done well it will just be easier for communities to unite and take a NIMBY stance.

3. Are you satisfied with the content and the frequency of the MHSA Housing crosswalk meetings?

- Jon Olson comes to Crosswalk meeting with a complete agenda and is very invested. He asks for feedback, asks for how the residents are being served, and how they can do better.
- When first attending the crosswalk, I thought CSH was a service provider. Everything was focused on the service provider, and CSH may not have understood what the property manager had to do.
- Having one housing specialist work on site one day a week could be helpful. They can see what is going on at property. There is a disconnect between MHSA and the tax credit program. There should be more preventative measures, instead of catching issues 3 to 4 days later, due to a delay in communication.
- One property has put case managers on site, but there is a mixed reaction. They still leave by 4pm and may be reluctant to do things if it involves the property to be careful of their boundaries. They still have not figured out the best arrangement.
- Some residents may avoid the office, as they see us as "the man," There is fear and residents do not want to interact. Sometimes very simple information gets lost. At Pathways, they got everyone to sign a release of information so they can let service providers know what is happening and can act on issues right away. When residents fear you it is very easy to misunderstand what is being said. It is helpful to have another person they trust to verify what is being communicated.
- When property management meets weekly with service providers, crosswalks could maybe meet quarterly and could be focused on big picture updates - CES, what other resources are available, or bigger policies issues impacting projects. When crosswalks get focused on individuals too much time passes and it becomes irrelevant or redundant. There are usually updates sent in between crosswalks.

- There could be a quarterly collective crosswalk for all properties to come together, receive the same message and share best practices. It should include the County, funders and higher-level staff from the Housing Commission.

4. Is there anything else about your experience providing permanent supportive housing that you want to be documented?

- There was general agreement about the idea of wellness coordinators serving as a buffer between property management and service providers. The issue is funding.
- There was a suggestion that there is the need to look at what other counties are doing, and identify what is working well and not so well. This might be a role that CSH could play.

MHSA Housing Service Provider Focus Group Summary
May 1, 2018
7 participants

QUESTIONS

5. What are the biggest rewards and challenges in providing permanent supportive housing for people with serious mental illness?

Challenges

- One Housing Coordinator has been in the sector for 1 year and feels that once people are housed clinical services are not as robust as needed. We are not fulfilling the promise of serious supportive housing. We need to go beyond housing inventory and increase the level of services. Clinical team needs to have time and adequate staffing to address behavioral issues once clients are housed.
- Another challenge includes the low threshold for symptomatic SMI clients by property managers and landlords to be housed.
- For housing, there is no staff to client ratio, which means there is two housing staff per 200 residents countywide. There needs to be balance like the clinician to patient ratio. Not enough staff to do housing retention. It's not just a numbers problem, but geographical proximity problem as well.
- Clinical team needs to support housing staff on behavior issues. Client behavior is not in the housing coordinator's wheelhouse. Facilitator commented that it seems to come down to not enough resources on either the housing or clinical side.
- Other issues noted included rental increases. Programs are still having problems with Sponsor Based Subsidy rental payments. Landlords are not even considering taking Section 8. New landlords raise rents when they buy properties, and there is the issue of the lack of flexibility to mix funding sources to keep individuals housed.

Rewards

- It is remarkable to see chronically homeless individuals find a home and a sense of safety and start treatment beyond just their medication. The program is progressive, not immediate, but progress is being made. When landlords see this, they are more willing to work with supportive housing.
- The facilitator asked if it would be helpful to have CSH collect and publish success stories of homeless people making transition to better life. It was agreed that could help landlords to be more enthusiastic about renting to supportive housing tenants. Testimonials from other landlords are a helpful tool as well. Maybe a one pager of testimonials from current landlords could be created as a marketing tool.
- Additional rewards identified include saving lives by providing shelter, breaking the cycle of homelessness, treatment success, and building relationships

6. How can CSH help you address challenges in helping clients identify and retain supportive housing? What resources can CSH provide? What additional processes can CSH facilitate?

- There was discussion of a consolidated program to recruit landlords for Section 8 housing, like Brilliant Corners in L.A. This would free up a lot of time for housing providers who have to spend time "selling" to landlords. One attendee indicated that the website Gosection8.com is a mess and provides bogus leads.

- Housing first works in theory, but is designed to fail in reality due to the lack of resources. CSH can help by showing the county our need for more resources and gathering statistics so people listen.
- On site property management is often too needy. *“Drop everything and fix our tenant”* seems common, but it really depends on the company. Do they want to help people get off the street or do they just want the money? There is a lack of acknowledgement and understanding of mental health by landlords. Property managers need to be educated on mental health.
- A property manager could shadow clinicians so they have a better understanding of the people living in their building. Developers need to hire on-site support staff that can successfully work with tenants, instead of always calling on the service providers.
- One attendee urged CSH to remain supportive and thoughtful and continue to provide the links to auxiliary supportive services and the voice you already provide.

7. Are you satisfied with the content and the frequency of the MHSA Housing crosswalk meetings? If yes, please tell us why. If you are not satisfied, how can the process be improved?

- There was discussion about the need for more frequency in crosswalk meetings. Too much happens in between the quarterly meetings, so meetings should occur every month. The facilitator commented that when properties stabilized, the thought was to scale back on the number of meetings. It was expressed that there is a need for preventative meetings, not reactive, especially for small things that occur.

8. What resources can CSH bring to the crosswalk process to make it more valuable? Are there discussion topics or materials that could be covered that would add value to the meetings?

- People need to understand California tenant laws. It could be helpful to have the laws articulated at meetings and provide resources on the topic. Training by Legal Aid was suggested for to provide updates on an annual/semi-annual basis. Every service provider should attend a Fair Housing training and it could be helpful if CSH organized this
- There is the need to share best practices between housing programs/coordinators, which would include the discussion of situational issues, real events and what was learned from them.
- More open conversation about practices between FSPs would be helpful.
- There used to be a housing roundtable, with representatives from programs coming together to share ideas. If CSH coordinated a meeting, it could help foster communication. It was suggested that CSH shouldn't necessarily be at these meetings, that it should be an informal, agenda-less pow wow, including the sharing of resources, tips and tricks for housing, best practices and tools of the trade, which will help everyone do better. This could also serve to help Housing Coordinators identify troublesome landlords as well.

9. Are there other stakeholders that should be more engaged in the crosswalk process or other discussions around permanent supportive housing?

- Individual property owners need to be more involved. There is a need for more conversations about what supportive housing really is and this needs to happen at the

top level. We need to create a “buy in” culture to include owners, managers, and county officials.

- It was suggested that maintenance staff should attend the crosswalk meetings as they interact with clients most often and know what is going on in the properties. It was countered that, from a property managers prospective, the maintenance staff doesn't need to go to the meetings, as it doesn't align with their specific duties. If they witness problems, they should take them directly to property management staff, and they should know how and what details to report. There is a need for increased education of maintenance staff and more inclusivity on the property management team. Maintenance staff needs to be able to help respond to crises, not just fix the sink while clients overdose or inflict self-harm. There was not agreement within the group about how maintenance staff should be involved in crosswalks.
- At one of the MHSA properties, they will be implementing new security measures with a new security company. The security guards also need to be educated and mindful to the fact that these tenants have mental health issues. If subcontractors are using MHSA funding, they need to be trained in mental health awareness.
- It was suggested that CSH could provide a quarterly training on mental health for real-world mental health issues.

6. How can County BHS support service providers in providing permanent supportive housing to clients?

- There was discussion about creating a department that locates and educates community landlords about mental health and housing and increased ability to use funds for master leasing.

7. What are the biggest challenges in coordination and communication with property management? How can CSH help to facilitate communication between service providers and property management

- Weekly check-ins and communication with property management can be challenging.
- It's difficult to explaining and convincing property owners/managers about the opportunities provided through MHSA and SBS.
- CSH is doing well and needs to be commended. One attendee indicated that CSH staff are problem solvers and urged us to keep it up. CSH has a good cool head and are good negotiators. One attendee appreciates the recaps of situations and resolutions when they occur.

8. Is there anything else about your experience providing permanent supportive housing that you want to be documented?

- One written comment was the need to engage the property owners/investors/ executives at the management company level, where the decision makers are, not the onsite manger. Higher level staff can communicate policies to all of there their individual properties. It was indicated that there is the need for more conference room conversations, not door knocking.
- Additional written comments included more meeting frequency, sharing of best practices and a better housing staff to client ratio for increased retention, assistance with background checks and landlord relationships.

- It was noted that ACT programs need to be re-evaluated as it's been over 10 years since their inception in San Diego.
- Homeless definitions and Housing First rules can limit clients being housed (i.e. need to use "at risk" definition) and the rules can make it difficult to successfully house clients.
- The happiness that clients express when they get their unit is priceless.

CRF Downtown IMPACT
Housing Focus Group Summary
April 19, 2018
8 participants

QUESTIONS

10. Are you satisfied with your current housing accommodations? Participants are satisfied with housing, but there was specific feedback about issues with property management and maintenance issues.

- One participant is “*definitely*” satisfied and has “*everything I needed.*”
- Another participant shared that the house is a little dilapidated so he would consider moving, but a staff person did come by to look into making repairs.
- One participant is not satisfied with property management as there is no diplomacy. The participant is happy to be housed but the building is not safe.
- One participant shared that it is little expensive, but they like it, especially that is close to the trolley.
- One participant living in an Independent Living says there are some people that he doesn't really want to be around and would like to move to an apartment with a roommate. The participant feels supported by program.
- Participants living at Uptown Safe Haven are very satisfied and shared the following feedback:
 - o Participant is “*extremely happy*” feels safe and likes the activities.
 - o There is freedom, no curfew, and it's very clean.
- Participants shared the following written feedback:
 - o “*I am pretty happy with my housing.*”
 - o “*Semi-comfortable though there is room for improvement.*”

11. Do you feel safe in your current housing? Several participants reported feeling safe, but there were a few that have safety concerns where they live.

- One participant feels very safe.
- Another participant feels there are a lot of dealers around the property. Someone got stabbed in the complex.
- One participant states the doors don't really lock well.

12. In your communication with property management staff, does staff respect your boundaries and interact appropriately with you? Overall, feedback on property management staff was positive, but one participant has concerns about a particular staff person. Participants shared the following feedback about interactions with property management.

- They are nice and keep trying to improve the property.
- They are responsive and bug spraying happens regularly.
- I get treated like an adult.
- They are very friendly and respectful, but it looks like the staff are not nice with each other.
- 90% of staff are very courteous, but one person doesn't seem to listen and seems to rely on lawyers a lot.

13. **Are you satisfied with the services that you are receiving from the program?** Participants are satisfied with the services they receive. However, one participant noted issues with former employees.
- One participant shared that things have always been great.
 - Another participant said psychiatrist and nurse are great.
 - One participant had a hot and cold experience; housing was a *“huge issue”* in previous placement, the participant didn’t feel like any help came from program. In the previous placement, the participant felt harassed and had to escalate the issue in order to be able to move. Things changed after a turnover of staff and the participant is now pleased with psychiatrist and nurse. DTI has had a *“stabilizing effect.”*
 - One participant feels content.
 - Participants shared the following written feedback:
 - o *“I feel completely satisfied.”*
 - o *“I feel like I have everything I need.”*
14. **Do you have the opportunity to provide feedback regarding your housing to the program?**
- One participant does not feel heard and is glad for the opportunity to participate in the focus group.
 - Another participant finds staff to be helpful. Elena and Tara very good.
 - One participant felt like the doctor was responsive to issues in previous housing.
15. **Please describe the process for getting into your housing.** Participants described a straightforward process for getting housing.
- One participant stated their progress was based on getting to the place of being ready for housing.
 - One states it took less than a month.
 - Participants shared that it took between 1 – 4 months to get into housing.
 - One participant felt there was flexibility and that staff gave options.
16. **Has the program helped you to find alternate housing if you are not satisfied with your current housing?**
- One participant would like to live somewhere that does not have a medication clause in the lease.
 - Another participant is getting assistance to find something better.
17. **Is there anything else about your housing situation that you would like us to know about?**
- One participant really likes the property manager.
 - One states that it was a loss to have the Housing Manager at DTI leave. There are also IL homes that should not be used as bridge housing due to the poor conditions (Lighthouse, Euclid Terrace, Orlando Street, Ponderosa, The Legacy)
 - One participant stated he doesn’t know if he was evicted after he was moved to another housing placement.
 - One participant stated that one improvement could be continuity of care as he always sees a different person.
 - Participants shared the following written feedback:
 - o *“Thanks to the program and the team I am stabilized”*

Housing Focus Group Summary
MHSA-Developed Units - Mission Cove, Parkview and Tavarua
April 6, 2018
9 participants

QUESTIONS

18. Are you satisfied with your current housing accommodations? Most participants are satisfied with their housing, but Parkview residents expressed frustration about the lack of timely response on maintenance issues.

- One participant is very satisfied and shared that property management handles problems quickly.
- One participant has had difficulty getting numerous maintenance requests fulfilled by property management at Parkview. The maintenance staff is young and inexperienced, and it takes a really long time to get a response on maintenance requests. *"Astrid is a great manager. It's not her fault."* The program helps with housing-related costs, but it can take a long time. Transportation can also be a challenge for Center Star clients.
- Another participant shared that there is no more gang activity at Parkview. The community is clean, and Astrid is a good manager who listens to residents.
- Another participant would like more activities on site like Spanish and computer classes, recovery groups, and arts and crafts. The unit is good, but needs new paint and carpet. Maintenance is not always timely, and the participant would like more security at night.
- One participant is unclear about how to elevate issues with property management. Other participants encouraged addressing issues with Center Star.
- Another participant appreciates the flexibility of the housing and the services, but it can take a long time to get through the paperwork and administrative requirements.
- One Parkview resident is satisfied. Astrid keeps a list of maintenance issues, and they usually come the next day if you address in person. There is an issue with the bathroom fan.
- One participant feels that North Star can be slow to respond to issues with property management.
- Another participant with North Star received help from the program, but there are pest control issues.
- One participant living at Mission Cove really likes it and is thankful for the program's help moving in. Some of the paperwork was confusing.
- One Mission Cove resident would like art classes and activities.

19. Do you feel safe in your current housing? Safety is a concern for some Parkview residents, an efforts have been made to improve safety.

- One Parkview resident would like more security onsite. The apartment is beautiful, but there is tagging and people hanging out. Some safety issues were fixed, but security should be a priority. In the past, there used to be a security guard, but not anymore.
- Another Parkview resident has observed homeless people and people using drugs. One resident was assaulted. There should be a way for guests to check in to come on the property.
- One resident feels safe at Parkview. People can get rowdy, but the resident feels fine.

- One Mission Cove resident has an issue with homeless people hanging out on site and would like more security.
- Another resident said that Mission Cove is actually installing key fobs to enter the building.
- One participant does not like the aggressive towing at Parkview.

20. **Are there resident services/activities that are offered on-site and if so, are you satisfied with the services/activities that are offered?** Most participants would like more classes and activities.

- Several Parkview residents shared that they would like more activities on site that are geared toward adults including: art, exercise, Spanish, and computer classes. Residents would also like AA/NA meetings since there are very few meetings in San Marcos.
- Another Parkview resident would like the food bank to do regular visits.
- One Mission Cove resident would like more community events to get to know neighbors and community meetings to talk about issues.
- One participant would like a walking group to help with physical activity.
- One Parkview resident feels isolated. It's a long walk to the grocery store and other places. Center Star is a great program, but they need more staff to help with transportation and there are issues with turnover. *"It takes a long time to build a relationship and you feel like you have to start over."*
- Another participant feels the same way about North Star. Turnover is a problem.
- One participant received a lot of assistance from the program to become financial stable and stay in housing. It took a process to get things taking care of, but it happened in the end.

21. **How was the application process for the unit you occupy?** Most clients described a lengthy process to get into housing.

- One Mission Cove resident said it took a really long time to fill out all of paperwork. It would be nice to have water and refreshments to get through the process.
- Another Mission Cove needed some help getting through the process, but it made sense with support and explanation from the program.
- One Parkview resident did not have furniture for 2 months and doesn't think that Center Star has enough staffing to get through the process quickly.
- Another Parkview resident would like a welcome kit and nobody visited for 2 weeks after the move-in. *"The program will do unbelievably great things for you"* but the participant feels like North Star staff visit more frequently. Also, Center Star clients don't always know what services are available, so clients have to ask for things. The participant also thinks Center Star needs more staff.

22. **Are the policies/rules where you live clearly explained to you? Are property management/maintenance issues addressed in a timely manner? Does property management staff respect your boundaries and interact appropriately with you?** Lack of follow through on maintenance issues was a consistent issue for the Parkview residents.

- Maintenance issues are the biggest complaint for Parkview residents, but they had very positive feedback about Astrid. *"She is good. She is the most patient manager I've had in my entire life."* Another participant shared that Astrid is really patient and

understanding. It's hard to complain about maintenance issues, because Astrid is so good. She is really good at smoothing out issues with neighbors.

- One Parkview resident thinks the rules are very clear and fair.
- Another Parkview resident has a broken lock and other ongoing maintenance issues that have not been resolved. The resident also has an issue with a neighbor and doesn't feel there has been enough support from the program to address it. The resident does not like living at Parkview
- By show of hands, six residents at Parkview have issues with the door locks.
- One Parkview resident had pest control issues and had to pay for treatment.
- A Mission Cove resident says the doors are very solid and feel safe.
- Two Parkview residents have plumbing issues. There are issues with leaks and lack of hot water.
- One Parkview resident shared that people with mental health issues sometimes have a hard time keeping track of everything. Residents can work with the program but it takes a long time.
- Despite the issues, many residents like living at Parkview.

23. Do you feel a part of the community in your building? Do you feel a part of the neighborhood? There was mixed feedback about a sense of community with some participants wanting more activities and others saying that residents should take a more active role in building community.

- One Parkview resident thinks that residents need to take initiative to meet neighbors, especially when there are new people that move in. As far as community goes, residents can use the community room for potlucks and events. The resident would also like screen doors.
- One Mission Cove resident says it takes time for follow up on maintenance requests since it is still under construction.
- One Parkview resident thinks that some previous tenants set a bad precedent, so it takes time to rebuild the community.
- Another Parkview resident says people are friendly, but there can be language barriers.
- A Parkview resident lived at another property and the maintenance staff was better there.

24. Is there anything else about your housing situation that you would like us to know about?

- Parkview residents provided the following feedback:
 - o More trash pick-up. There was a dumpster added, but people put in bulky items.
 - o Bike racks.
 - o Option to keep items on the patio, if kept neat.
 - o Landscaping irrigation is a tripping hazard.
 - o More staff at Center Star.
- *"Center Star has been incredibly kind and housing and medication has changed my world. They help you in a million big and small ways."*
- One participant shared Mission Cove is clean and the manager is helpful.
- One participant likes the option to live in North County instead of downtown.
- Residents are grateful for the services.

MHSA-Developed Housing Focus Group – Atmosphere & Mason
April 20, 2018
4 participants

QUESTIONS

25. Are you satisfied with your current housing accommodations? Participants from only two properties attended, resulting in divergent levels of satisfaction.

- One participant is very satisfied with Atmosphere, feels safe, and likes the security guard. Security guard has been very helpful and accommodating. It's also close to the trolley and buses.
- Another participant states that the Atmosphere staff is very nice and friendly. The participant appreciates the security and never feels unsafe.
- One participant says they are not satisfied at Mason. The property is not safe due to one of the other resident's visitors who is not a good influence. Things happen after hours, when the property manager is not there, including fights in the middle of the night that wake people up.
- Another participant agrees with the safety feedback regarding the Mason and would like security in the building. Other residents put paper in the doors so they don't lock and there is drug dealing happening. The laundry room gets taken over by visitors and it is not comfortable to go in to.

26. Do you feel safe in your current housing? Safety was an important issue for all participants though Mason residents are quite concerned.

- One participant at Mason feels that the property manager knows who the problem tenants are and that they should leave. The fobs have not helped. They are tired of "*compromising [their] safety.*"
- One participant states that the biggest problem at Atmosphere are kids running around unsupervised, and acknowledges that's not much of a problem.
- Another participant feels like Atmosphere tries to "*foster a sense of community.*"

27. Are there resident services/activities that are offered on-site and if so, are you satisfied with the services/activities that are offered? The participants had some good feedback and suggestions for new types of groups.

- One participant would like on site mental health groups, groups to reintegrate back into housing after being homeless such as cleaning and cooking skills, etc.
- Another participant noted that it would be nice to have more computers given the number of residents in the building.
- Residents from Mason state they can't use the community room because of theft and that the room is always locked. They would like the space available to spend time together.

28. How was the application process for the unit you occupy? Participants had varied experiences, most particularly with how program staff assisted.

- One participant from Atmosphere states there was a big push back on the move in date, but did feel the process was well organized. Suggested an abbreviated list of the community rules.
- One participant stated that perhaps the clinical team “*dropped the ball,*” but then once the housing counselor got involved a move-in happened within 2 weeks. The participant does feel like the staff did not acknowledge that they had perhaps made a mistake with some information that was shared.
- One participant feels staff were very helpful when the transition happened, would not have been able to do it on their own.

29. Are the policies/rules where you live clearly explained to you? Are property management/maintenance issues addressed in a timely manner? Does property management staff respect your boundaries and interact appropriately with you? Received overall positive feedback regarding interactions with property management.

- One participant shared that Atmosphere staff know her name and feels they pay attention.
- One participant noted that property manager didn’t walk through the lease, but program staff sat with them and helped answer questions.

30. Do you feel a part of the community in your building? Do you feel a part of the neighborhood? Atmosphere participants felt connected to the building’s community, while others had feedback specific to their individual cases.

- One participant has been housed for 4 years (at the Mason) and wouldn’t mind staying if it was safer. It only got worse recently.
- Another participant is interested in transitioning to Senior IMPACT eventually.

31. Is there anything else about your housing situation that you would like us to know about?

- One Atmosphere participant mentioned parking is a challenge and asked about a lottery that was supposed to have happened for parking spaces under the building.
- Another added that things have improved once the IMPACT staff got an office onsite. It makes accessing their services a lot more convenient.
- One Mason participant is frustrated by the students from the nearby barber school who smoke and talk loudly right outside the building. Would like for the property management to speak with the barber school again and help to enforce the no smoking zone.

Mental Health Systems, Inc.
North Star ACT & North Coastal ACT Programs
Housing Focus Group Summary
April 25, 2018
8 participants

QUESTIONS

- 32. Are you satisfied with your current housing accommodations?** Participants had specific feedback on issues that needed to be addressed in housing, but were satisfied overall.
- One participant lives in his own place and is really happy. There were few maintenance issues, but they were fixed right away. Participant would like the food bank program to be reinstated.
 - One participant had to move several times and belongings have been damaged due to program staff not being careful. On the property, there is old furniture that needs to be removed, as well as neighbors who are using the trash cans, so it looks bad. The housing director should do more to clean up the building and add recycle bins.
 - Another participant would like more laundry facilities and for other tenants to keep it clean. House meetings would be helpful to address those issues and keep the place clean. Overall, maintenance issues have improved.
 - One participant likes the location but doesn't always feel safe because of a roommate situation. Program staff met with participant and roommate to address behaviors and things got better, but it didn't last. Otherwise, the living arrangement is fine, but the participant would like other housing that would be more conducive to recovery.
 - One participant lives in an apartment a long way from shopping and public transportation, and it's inconvenient, but he doesn't feel like he has the option to move since its permanent housing.
- 33. Do you feel safe in your current housing?** Some participants have safety concerns and suggestions for improving safety.
- One participant saw drug paraphernalia, and it made him feel unsafe.
 - Another participant gets harassed by neighbors and has to call the crisis line due to feeling unsafe. She brought it up to the program and the behavior has been addressed, but it still continues.
 - One participant has a neighbor that has a frequent guest who is homeless and this is a safety issue. The participant would also like better security lights. There are lights in common areas but they are out right now.
 - One participant was not sure whether they should talk directly to property management or the program when there are issues.
- 34. In your communication with property management staff, does staff respect your boundaries and interact appropriately with you?**
- One participant feels like staff are overly critical about certain physical health issues but other interactions are really positive. The property manager is *"very friendly. We're on a first name basis."*

35. **Are you satisfied with the services that you are receiving from the program?** Overall, participants are very satisfied with the services, but some had specific feedback on concerns and opportunities for improvement.

- One participant had to wait a long time for transportation and it felt disrespectful.
- Another participant is satisfied. *"Pretty much any time I need to; I can make an appointment."* Group meetings are also really helpful.
- *"I'm extremely grateful,"* shared one participant. *"Things could be improved, but overall the program has been very good to me."*
- Another participant *"feels grateful and blessed...things weren't looking good for me when I became homeless."*
- One participant shared that the services are good, especially activities at the clubhouse.

36. **Do you have the opportunity to provide feedback regarding your housing to the program?** Participants shared that their program has followed up when they provided feedback.

- One participant made suggestions and worked with the program to get his own place.
- Another participant shared that things are getting better with maintenance and additional staff have been hired. It's not exactly prompt but the work gets done.
- Another participant has issues with locks getting changed, but a new staff person took care of it right away.

37. **Please describe the process for getting into your housing.** Most participants described a quick process for getting housing.

- The case manager helped one participant get housing within 3 weeks of getting enrolled in the program, despite issues with losing housing in the past. The participant was temporarily housed in a hotel that was terrible and had pest control issues, but that hotel is fortunately no longer there.
- Another participant found housing within a month after being in a residential treatment program.
- One participant found housing in 2 weeks; it was really quick and the participant is working on getting a voucher.
- Another participant was at a hotel for several months and did not feel safe, *"it was better to be off the street though."* The process moved really fast after housing was approved and the participant is grateful.
- *"I love where I live"* shared one participant. *"It's the most stable I've been in a long time."*

38. **Has the program helped you to find alternate housing if you are not satisfied with your current housing?** There was mixed feedback on finding alternate housing.

- One participant had a credit issue and the program did not provide support. *"I have to figure it out myself."*
- One participant had a roommate issue and the program addressed it quickly.

39. **Is there anything else about your housing situation that you would like us to know about?**

- Monthly community meeting for all of the residents. Vivian is doing a good job.
- Worries about waking up if there is an emergency. Might be helpful to have a fire drill.
- A security guard on site who can let people into their unit if they are locked out.

Mental Health Systems, Inc.
Center Star ACT Program
Housing Focus Group Summary
April 4, 2018
19 participants

QUESTIONS

40. Are you satisfied with your current housing accommodations? Participants shared that they are satisfied with their housing for the most part and feel that the housing staff will assist in finding new housing with the expectation that clients are engaged in the process.

- One participant lives in a nice, newly remodeled studio with lots of amenities. The participant likes that the building is secure with key card access and that visitors have to be escorted in and out, *"I don't have to worry about anybody taking advantage of me."* The participant reported that the property management staff is respectful. The participant is satisfied with the level of contact with Center Star staff and sees team members frequently. The participant feels blessed and shared that that they have stopped negative behaviors and *"never felt like this before."* The participant shared that Filipe and Joe have a lot of people they are working with and expect clients to do the footwork, *"they are doing the best they can but you have to stay on them."*
- One participant is *"not happy where I live,"* due to pest control issues and concerns about the neighborhood. The participant is planning to move to other housing and has done the footwork to find a place. *"Center Star is helping me, but not fast enough."*
- One participant had a negative experience in an ILH, but applied for new housing with help from Filipe and Irma. Program staff helped the participant move and obtain a voucher and the participant is *"overjoyed"* to be in housing. *"I am a success story. I found the best fit and I'm so thankful...I'm not going to do anything to mess it up."*

41. Do you feel safe in your current housing? Several participants expressed concerns about safety in their neighborhood and/or apartment building.

- One participant used to live in an ILH where there were a lot of drugs
- One participant likes their apartment and feels safe inside, but the building is not safe and the participant doesn't feel comfortable walking around the property due to drug activity and issues with other residents.
- One resident didn't get any help with finding an apartment from the program. The participant likes the neighborhood, but doesn't always feel safe, but it's better than other options. The participant would have liked more assistance from the program around housing, but doesn't really want to engage more with the team.
- *"Sometimes I feel safe,"* shared a participant living in an ILH. A family member of the ILH owner sometimes comes on site and has harassed the participant. The participant has not sought help from the program on this issue.
- One participant lives on the first floor and would feel safer if bars were installed on the windows. Another participant agreed.
- One participant has maintenance issues that have not been addressed by the property manager. The participant told Filipe, but it feels like housing staff is playing games. Overall, the participant likes everybody and the apartment, but wants maintenance issues to be addressed.

42. In your communication with property management staff, does staff respect your boundaries and interact appropriately with you?

- One participant feels ignored by the manager even though rent is always paid on time. The participant appreciates the support of housing in working on sobriety, but does not have a good relationship with the manager.
- One participant said management has been really nice and helped to find a lost item.
- One participant is very appreciative, but Center Star staff comes knocking at your door anytime. The participant would like staff to give notice when they stop by. The participant sometimes feels pressured to participate in things.
- Another participant appreciates when Center Star staff stops by and feels that staff listen. The participant *"has been in other programs and is very thankful for Center Star."*
- There can be negative stuff with management, shared one participant who is *"thankful to have a roof over my head."* There are issues, but you just have to stay on property management staff to follow up.
- One participant is grateful for Filipe. The participant was in an ILH and it was hell. Filipe helped the participant move in to MHSA-developed housing. *"He'll help you if you let him."*

43. Are you satisfied with the services that you are receiving from the program? Most participants are satisfied with services and report that clients and staff work collaboratively on housing and other issues.

- *"You can advocate for yourself and they encourage that. They can't do everything."*
- One participant appreciates that staff check in to see how you are doing and how your day is.
- Most participants agree that they can see the MD/psych when they need to.
- One participant was happy to have staff support in passing the SDHC inspection.
- One participant shared that staff points you in the right direction, but you also have to take initiative and *"work to get what you want...you have to be willing to step up on your own and make the change."*
- Another participant observed that it took a long time for another participant in the group to find housing.
- Talking about one of the case managers, a participant shared, *"I know she cares about me."*

44. Do you have the opportunity to provide feedback regarding your housing to the program? Most participants felt they could provide feedback to the program, but it can take time to find alternate housing.

- *"We have opportunity to provide feedback. If you're not happy you can ask questions."*
- One participant shared that Center Star staff don't always want to hear client feedback. There was a situation where staff from the ILH was not honest with the program and gave conflicting information about a situation.
- One participant thinks that the program should do more to move people out more quickly, but also feels like staff is more caring now. There have been issues with staff turnover in the past. It seems like things have turned around.
- One participant had been living in different ILHs, but got assistance from the program to take the steps to live independently. The participant explained that Center Star staff helps when there are things clients can't do independently. *"I live a good life,"* shared

the participant who also wants more information about employment and doing volunteer work.

- One participant wants to learn more about employment and volunteering, but is grateful for SSI.
- One participant needs help to see where they are on the Section 8 waiting list.

45. Please describe the process for getting into your housing. Most participants described a clear process for accessing housing with some participants finding housing in as little as one day, and others where it took longer.

- One participant said it took about 3 months to get connected with Center Star and housing.
- Another participant was enrolled within a week and has been with the program a long time.
- One participant struggled for a long time and was working with another program, but was able to get connected with Center Star. It was a blessing and it took a year to get housing.
- Another participant was in residential treatment and was immediately referred to Center Star and had housing the first day in an ILH. After the ILH, the participant was in another housing option before getting their own place. The participant is maintaining housing and sobriety, and feels safe in the apartment but not in the neighborhood.
- One participant had been in jail and was referred to Center Star. The participant signed paperwork and was in an ILH the first day and got along with their roommate. Eventually, the participant found an apartment at Parker Kier. Speaking about the program, the participant shared that *"they talk to me and relate to me."* There have been some pest control issues at the building, but the participant likes the groups offered onsite and *"has no reason to complain."*

46. Has the program helped you to find alternate housing if you are not satisfied with your current housing? Due to time constraints, this question was not covered.

47. Is there anything else about your housing situation that you would like us to know about?

- One participant wants to know why it's so difficult to get other housing. The participant is not satisfied in current housing and has been trying to get out for several years. The property has significant pest control issues and the neighborhood is not good.
- One participant would like more flexibility in the guest policy.
- One participant has a subsidy and wants to move, but there are limited options.

HOUSING AGENCIES IN THE COUNTY OF SAN DIEGO

Contact Information/Websites with information regarding Rental Assistance (Section 8) applications

CITY OF SAN DIEGO HOUSING COMMISSION (includes San Ysidro)

1122 Broadway, Suite 300

San Diego, CA 92101

Phone: (619) 578-7777

Waiting List: (619) 578-7305

<http://sdhc.org/Rental-Assistance/Waiting-List-Applicants/>

ENCINITAS HOUSING AUTHORITY (includes City of Cardiff)

505 South Vulcan Avenue

Encinitas, CA 92024

Phone: (760) 633-2710

<http://www.cityofencinitas.org/index.aspx?page=387>

CARLSBAD CITY HOUSING AUTHORITY

1200 Carlsbad Village Dr.

Carlsbad, CA 92008

Phone:(760) 434-2810

<http://www.carlsbadca.gov/services/depts/housing/assistance/default.asp>

OCEANSIDE CITY HOUSING AUTHORITY

321 North Nevada

Oceanside, CA 92054

Phone:(760) 435-3360

<http://www.ci.oceanside.ca.us/gov/ns/housing/default.asp>

COMMUNITY DEVELOPMENT COMMISSION OF NATIONAL CITY

Section 8 Rental Assistance Division

140 East 12th Street, Suite B

National City, CA 91950

Phone: (619) 336-4254

Fax: (619) 477-3747

<http://www.ci.national-city.ca.us/index.aspx?page=141>

SAN DIEGO COUNTY HOUSING AND COMMUNITY DEVELOPMENT (includes all other communities including Escondido, San Marcos, Vista, Chula Vista, La Mesa, and El Cajon)

3989 Ruffin Road

San Diego, CA 92123

Phone: (877) 478-5478

Fax: (858) 694-8706

<http://www.sandiegocounty.gov/content/sdc/sdhcd/rental-assistance/application-directions.html>

CONSUMER RESOURCES

Contact information for Healthcare, Services, and Housing Advocacy Resources

Housing and Service Resources - Consumer Center for Health Education and Advocacy (CCHEA)

1764 San Diego Avenue, Suite 200

Phone: (877) 734-3258

TTY: (877) 735-2929

<http://healthconsumer.org/>

Jewish Family Service Patient Advocacy Program

8804 Balboa Avenue

San Diego, CA 92123

Phone: (619) 282-1134

http://www.jfssd.org/site/PageServer?pagename=programs_counseling_patient_advocate

Inpatient and 24-hour Outpatient and all other services: (800) 479-2233

State Fair Hearing Appeals for Medi-Cal clients

Phone: (800) 952-5253

Community Care Licensing

Licenses and oversees both day care and residential facilities for children and adults in the State of California: <http://cclid.ca.gov/>

Resources for making a complaint about community care facilities:

<http://cclid.ca.gov/PG408.htm>

2-1-1 San Diego

Connects people with community, health and disaster services through a free, 24/7 stigma-free phone service and searchable online database.

Phone: 211

<http://www.211>

sandiego.org/

Fair Housing Program, County of San Diego

Legal Aid Society

1-844-449-3500

The Fair Housing Council of San Diego

1764 San Diego Avenue,

Suite 103 San Diego, CA

92110

Phone: (619) 699-5888

<http://fhcsd.com/>

HUD

Filing Your Housing Discrimination Complaint Online:

http://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination

Landlord/Tenant Rights- California Department of Consumer Affairs, A guide to residential tenants' and landlords' rights and responsibilities.

<http://www.dca.ca.gov/publications/landlordbook/index.shtml>

SAN DIEGO MHSA/SNHP HOUSING PROJECT DEVELOPMENT

Name	MHSA Units	Total Units	Opening Date	New or Acq/ Rehab	Location	Target Pop	FSP	Developer(s)	Comments
MHSA HOUSING DEVELOPMENTS CURRENTLY OPERATING									
34th Street	5	34	2010	Acq/ Rehab	San Diego	Adults	CRF IMPACT	Townspeople	Lease-up completed April 1, 2011
15th & Commercial	25	65	2011	New	San Diego	OA/ Justice	CRF Senior IMPACT /MHS C. Star	Father Joe's Villages	Lease-up began Dec 15, 2011
Cedar Gateway	23	65	2012	New	San Diego	Adults/ OA	CRF Sr. IMPACT/IMPACT	Squier/ROEM	Lease-up began March 1, 2012; Grand opening March 21, 2012
The Mason	16	16	2012	Acq/ Rehab	San Diego	Adults	CRF IMPACT	HDP	Lease up began October 2012; Grand opening February 2013
Connections Housing	7	73	2013	Acq/ Rehab	San Diego	Justice	MHS C. Star	Affirmed/PATH	Opened in February 2013; Grand Opening March 11, 2013
Tavarua Senior Apts.	10	50	2013	New	Carlsbad	OA	CRF Senior IMPACT	Meta Housing	Lease-up/occupancy in April 2013
Citronica One	15	56	2013	New	Lemon Grove	TAY	Pathways Catalyst	Hitzke Development	Grand Opening September 2013
Citronica Two	10	80	2014	New	Lemon Grove	OA	CRF Senior IMPACT	Hitzke Development	Leased up in September 2014
Paseo (COMM 22)	13	130	2014	New	San Diego	TAY	Pathways Catalyst	BRIDGE/MAAC	Leased up September 2015; Grand Opening May 8, 2015
Celadon (9th & Broadway)	25	250	2015	New	San Diego	TAY/Adults	Pathways Catalyst/ CRF IMPACT	BRIDGE	Leased up in December 2015
Parker-Kier	22	34	2013	Acq/ Rehab	San Diego	Adults/ Justice	CRF IMPACT/MHS C. Star	HDP	Leased up in November 2013
Parkview	14	84	2014	New	San Marcos	Adults/ Justice	MHS N. Star/C. Star	Hitzke Development	Leased up, Grand Opening October 30, 2014
Churchill	16	72	2016	Acq/ Rehab	San Diego	TAY/ Justice	Pathways Catalyst/ MHS C. Star	HDP	Grand Opening Sept 2016; Leased up in December 2016
Atmosphere	31	205	2017	New	San Diego	Adults	CRF IMPACT	Wakeland	Grand Opening May 31, 2017; Leased up in Sept 2017
Mission Cove	9	90	2018	New	Oceanside	TAY	Pathways Catalyst/Vista TAY	National CORE	Ground breaking Aug 12, 2014; Leased up in Jan 2018
New Palace Hotel	16	79	2018	Acq/ Rehab	San Diego	OA	Telecare AgeWise	HDP	Revised 30-day posting on 4/21/2017
TOTAL	257	1383							

SAN DIEGO MHSA/SNHP HOUSING PROJECT DEVELOPMENT

8/17/2018

Name	MHSA Units	Total Units	Expected Opening	New or Acq/ Rehab	Location	Target Pop	FSP	Developer(s)	Comments
DEVELOPMENTS IN SPECIAL NEEDS HOUSING PROGRAM (SNHP) LEASE UP PROCESS									
Quality Inn	25	92	2018	Acq/ Rehab	San Diego	Adults/ TAY	Pathways Catalyst/CRF Downtown IMPACT	HDP	Lease-Up to begin in Summer 2018
West Park Inn	23	47	2018	Acq/ Rehab	San Diego	Adults	North Central County Case Management	HDP	2018 Services-only commitment
DEVELOPMENTS IN SNHP PIPELINE									
The Beacon Apartments	22	44	2019	New	San Diego	Adults	TBD	Wakeland	30-day posting on 1/13/2017
DEVELOPMENTS IN PIPELINE WITH SERVICES-ONLY COMMITMENTS									
Post 310	10	43	2019	New	San Diego	Veterans	TBD	Hitzke Development	Site preparation in process
TOTAL	80	226							
GRAND TOTAL	337	1609							

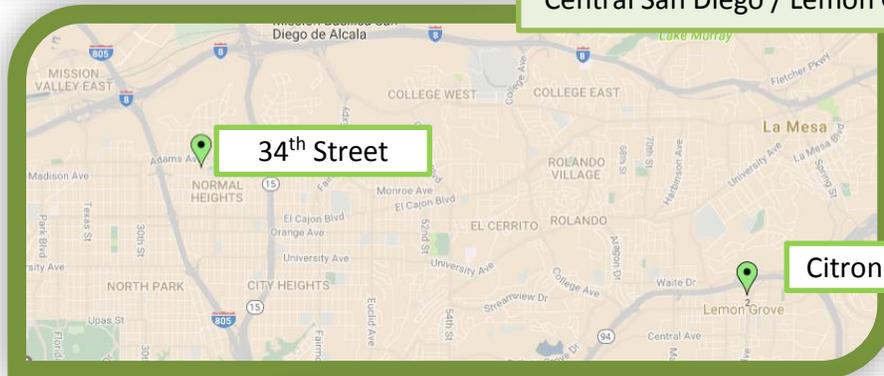
8/17/2018

D. MHSa Housing Developments Maps

North County San Diego



Central San Diego / Lemon Grove



Central/Downtown San Diego



Housing Work Plan: Fiscal Year 2018-19

Goal 1: Expand Inventory of Affordable and Supportive Housing		Lead	Action Steps	Results to Date
Strategy	Activities			
a. Identify additional funding sources for housing development (e.g. Section 811, waiver programs, Project Based Housing Choice Vouchers)	Promote understanding of these funding sources and align local programs with eligibility criteria	CSH		<ul style="list-style-type: none"> • “No Place Like Home” (NPLH) Planning for implementation in fall 2018 (subject to ballot approval) • Include No Place Like Home considerations in annual BHS Strategic Housing Plan Update to meet state HCD requirements. • Alignment of SNHP and the County HCD Innovative Housing Trust Fund • Support “Project One for All” (POFA) efforts.
b. Align services commitments with capital subsidies	<ul style="list-style-type: none"> • Link capital funds available through SNHP and NPLH with ongoing subsidies and services provided by contractors and County-operated programs within Adult/Older Adult System of Care • Coordinate housing and service resources available through POFA • Identify service options to match with NPLH 	CSH County BHS	Regular meetings with the San Diego Housing Commission and County Housing and Community Development, as well as other Housing Authorities in the region.	<ul style="list-style-type: none"> • San Diego <i>Housing First NOFA</i> to be released again in fall 2018. • Coordinated with County HCD’s Housing NOFA and Special Needs Housing Program. • Regular NPLH Planning Mtgs • Director Alfredo Aguirre is a State NPLH Advisory Committee member
c. Work with local Housing Authorities to commit additional rental subsidies to create supportive housing for the SUD population to include recovery housing	Meet with local Housing Authorities to identify Project Based Section 8 and Sponsor Based Section 8 opportunities for individuals with a primary diagnosis of substance use disorder	CSH County BHS	Ongoing outreach to Housing Authorities re: need for rental subsidies	<ul style="list-style-type: none"> • Continued commitments from SDHC, County HCD, and Oceanside Housing Authorities. • Ongoing planning for NPLH funding and the need for PBS8 to leverage NPLH funds across the county.
d. Invest in the Special Needs Housing Program	Assign funds, as available, to SNHP	Housing Council	Identify this as a priority in the MHSA Planning Processes.	<ul style="list-style-type: none"> • Additional \$10 million for Special Needs Loan Program approved June 2018. • EOI released July 2018.

Housing Work Plan: Fiscal Year 2018-19

e. Explore alternative permanent housing options (e.g. tiny houses, container houses, motel rehab)	Meet with developers to assess feasibility	ILA	Ongoing updates re: alternative options at Housing Council meetings	<ul style="list-style-type: none"> Tiny Homes update at 7/5/2018 meeting.
f. Track zoning ordinances in cities across San Diego to ensure they do not limit ability to establish shared living options (Independent Living Homes, Sober Living, etc.)	Summarize zoning ordinance re: shared housing by municipality and track any proposed changes	ILA		Ordinances summarized and are being tracked, particularly City of San Diego following the striking down of the College Area Rooming Housing ordinance.

Goal 2. Increase Access to Independent Living Options		Lead	Action Steps	Results to Date
Strategy	Activities			
a. Identify short-term rental assistance and rapid rehousing programs that can be better aligned to provide housing to the ADS/MH/DD population	Create a summary of rental assistance programs in the County and identify any barriers that would be faced by the ADS/MH/DD population	Regional Task Force on the Homeless		<ul style="list-style-type: none"> Coordinated Entry System (CES) system links people experiencing homelessness to Rapid Rehousing (short term rental subsidies). Significant new resources will flow to the San Diego region in 2018/19 through the state Homeless Emergency Assistance funding package.
b. Identify long-term rental assistance programs that can be better aligned to provide housing to ADS/MH/DD population	<ul style="list-style-type: none"> Review Housing Authority policies (e.g. preferences in the Section 8 program) to see how they can address housing needs for this population Embed sustainable housing subsidy funds within ongoing/expanded FSP programs 	CSH County BHS Housing Council	Discuss SDHC's and County HCD's Administrative Plan language which has more flexibility in approving tenant applicants with disabilities who face housing barriers.	<ul style="list-style-type: none"> HHSA engaged Vera Institute for Justice to review policies related to criminal background and barriers to access to housing. Report expected in 2019.
c. Expand availability of housing search/placement assistance as a service for MH/ADS/DD population	Research housing placement models and strategies to be implemented by the Home Finder program	Alpha Project		<ul style="list-style-type: none"> Home Finder program, led by Alpha Project. <ul style="list-style-type: none"> Share lessons learned re: roommate matching options for BHS consumers that Home Finder is developing Tenant Peer Support Services (TPSS) program launched (Alpha Project)

Housing Work Plan: Fiscal Year 2018-19

<p>d. Implement landlord recruitment strategies</p>	<ul style="list-style-type: none"> • Recruit a private sector landlord representative to the Housing Council • Sustain award program for landlords who are involved with special needs initiatives • Anti-stigma training for landlords • Explore flexible incentives for landlords to increase capacity for BHS clients • Advocate for the expansion of existing landlord recruitment effort to include tenants with serious mental illness and/or substance use disorders 	<p>CSH</p>	<p>Coordinate with Apartment Association re: annual awards event, education opportunities for both landlords and clients, and strategies to open new doors for BHS consumers.</p>	<ul style="list-style-type: none"> • SDCAA Expo event – free landlord recruitment table provided with outreach from BHS programs. • Significant expansion of landlord incentive program. • Advocacy for increased rent payment standards. • Plan for Mark of Excellence Award in November 2018.
<p>e. Reduce barriers to housing such as criminal/credit screenings</p>	<ul style="list-style-type: none"> • Work with housing providers and housing authorities to educate them on housing the ADS/MH/DD population • Identify barriers to leveraging funding resources 			<ul style="list-style-type: none"> • County HCD is updating their Administrative Plan language to identify barriers to housing in the background check process. • SDHC offers Sponsor Based Subsidy options, with reduced background check requirements.
<p>f. Partner with Independent Livings, Sober Living Homes and residential treatment providers to educate them on reasonable accommodation policies, appeal processes, and other ways to advocate for their clients during the housing application process</p>	<p>Create training curriculum collaboratively with the Independent Living Association, the Sober Living Coalition, Residential Care Committee, etc.</p> <p>Increase referrals to ILA member homes</p>	<p>ILA</p> <p>Sober Living Coalition</p>		<p>Referrals to ILAs increasing (FSPs at 50% of clients in member ILA homes).</p> <p>County BHS programs actively partnering with ILA member homes.</p>
<p>g. Identify opportunities to expand housing options for specific subpopulations, particularly women and men with children</p>	<p>Summarize best practices for housing specific subpopulations (e.g. Temporary Assistance for Needy Families (TANF); etc.); children 10+ in particular</p>		<p>Coordinate with BHS CYF and housing agencies</p>	<ul style="list-style-type: none"> • Potential housing opportunities in FY 18/19 includes expanded planning with BHS Children, Youth and Families. • Explore services options for dedicated units for BHS CYF clients.
<p>h. Explore opportunities for centralized housing search assistance for ADS/MH/DD pop. to help providers locate and secure housing for their clients</p>	<p>Collaborate with local efforts to create a regional housing database</p>			

Housing Work Plan: Fiscal Year 2018-19

i. Improve information/education for clients on available housing resources, particularly Housing Choice Voucher (Section 8) program (how to get on list, etc.)	Identify opportunities to provide information to clients regarding affordable housing options in San Diego County (e.g. NAMI; RI International; Clubhouses; etc.)	Housing Council Work Group RI International, NAMI	Develop a workplan to establish supports and training for tenants	CSH providing informational presentations to RI International and NAMI. RI International and NAMI exploring new resources for tenants moving in to housing, such as workshops, printed materials, and online videos.
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Goal 3. Provide Opportunities to “Move On” To More Independent Housing Options		Lead	Action Steps	Results to Date
Strategy	Activities			
a. Implement Moving On pilot in partnership with the SDHC	<ul style="list-style-type: none"> Coordinate with SDHC and BHS in the roll-out of the program to ensure tenant success Advocate for additional tenant-based subsidies after the completion of the pilot program 	BHS and SDHC	Coordinate with BHS programs and SDHC to implement Moving On pilot initiative	<ul style="list-style-type: none"> Pilot with 25 “Moving On” subsidies launched in City of San Diego. CSH providing information to developments with Project Based Section 8 regarding “Moving On” options after 2 years of tenancy.
b. Educate Independent Livings, Sober Living Home operators & Residential Treatment providers on housing resources and programs	<ul style="list-style-type: none"> Develop informational materials on housing resources Develop strategies for greater collaboration between sober living homes and SDBHS, contracted providers, and the medical community to improve service coordination and medication management for residents (including Medication Assisted Treatment) 	ILA Sober Living Coalition	Ongoing ILA participation in Housing Council Provide information regarding Recovery Residence Association to BHS partners	ILA and Sober Living Coalition actively involved in Housing Council and identifying opportunities to collaborate and share information on resources.
c. Identify incentives for individuals living in Board and Care to move to more independent housing settings	Design and implement a strategy to assess individuals living in Board and Care and supportive housing to determine who is interested in moving on			
d. Work with Board and Care providers to admit people with high levels of need	Provide training to Board and Care staff on WRAP and other topics	RI Int'l JFS		

Housing Work Plan: Fiscal Year 2018-19

e. Support behavioral health clients in supportive housing (S+C, MHSA) in moving to affordable housing	<ul style="list-style-type: none"> Assess level of care needs Identify funding sources for transition costs (e.g. moving vans, deposits, etc.) 	BHS CSH	.	<p>Clients are beginning the “Moving On” process</p> <p>BHS providers support clients in applying for a range of affordable housing options</p>
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Goal 4. Expand Opportunities to Increase Income (Employment and Benefits)		Lead	Action Steps	Results to Date
Strategy	Activities			
a. Explore opportunities for ADS and MH providers to partner with mainstream employment resources (such as San Diego Workforce Partnership (SDWP)) as well as focused initiatives (e.g. Fairweather Lodge).	<ul style="list-style-type: none"> Work with SDWP to identify employment opportunities for the ADS/MH/DD population, including identifying employment, training, apprenticeship and transportation assistance Explore the expansion of focused initiatives, such as increasing the number of Fairweather Lodge projects 	SDWP		<ul style="list-style-type: none"> Series of Supported Employment trainings offered in 2018. All BHS providers offering employment services are represented. Data Book for FY16/17 shows 400+ more clients actively employed and also 400+ clients actively looking for work (an additional 1% over last FY).
b. Align Housing Planning efforts with Supported Employment Strategic Planning efforts	Active collaboration between Housing Council and Work Well Committees and planning efforts	Housing Council		Housing Council representative regularly attends Work Well meetings.
c. Explore opportunities for ADS and MH providers to partner with mainstream benefits providers to provide assistance in applying for Supplemental Security Income (SSI) and other benefits.	Continue to support participation in benefits assistance efforts (Legal Aid; Clubhouses; HOPE San Diego; etc.)			<ul style="list-style-type: none"> Whole Person Wellness and Legal Aid collaboration to provide expert benefits advocacy and additional housing supports for WPW enrollees.

Goal 5: Lessen Isolation and Keep People Connected to Their Communities		Lead	Action Steps	Results to Date
Strategy	Activities			
a. Link residents in permanent supportive housing, Board and Care, Independent Living, Sober Living, and other housing options	Promote services offered by NAMI, RI International, MHS, etc. with landlords, Board and Care operators, Sober Living providers, etc.	NAMI RI International MHS		<ul style="list-style-type: none"> Property Management staff (e.g. BRIDGE) and ILA members continuing to complete Mental Health First Aid training.

Housing Work Plan: Fiscal Year 2018-19

with NAMI's Helpline, MHS' warm line, peer advocacy programs, etc.			<ul style="list-style-type: none"> • Mental Health American working to tailor Mental Health First Aid to supportive housing property managers. • SDHF developing Property Management Training and Support Network
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Goal 6. Develop Improved Data Collection and Analysis Capacity		Lead	Action Steps	Results to Date
Strategy	Activities			
a. Align housing status categories & definitions in BH data systems with categories used in Homeless Management Information System (HMIS) to improve understanding of the MH/ADS/DD and homeless populations and how they overlap	<ul style="list-style-type: none"> • Work with the County to review housing categories in the ADS Data Book and explore the feasibility of incorporating categories that correspond to those in the HMIS • Raise awareness of need for research regarding the management of opiate medications in various settings; as well as research on the outcomes of various housing models and programs that allow for relapse 			Refer to FY 16/17 DataBook
b. Coordinate and collaborate with San Diego CoC as they develop CES, assessment and referral for homeless people to ensure it is aligned with goals and objectives of the Behavioral Health system	<ul style="list-style-type: none"> • Ensure the BH Housing Council representative for regular Continuum of Care (CoC) Meetings aligns Housing Council efforts with the CoC Coordinated Entry System (CES) efforts 	BHS CSH	Regular BHS and RTFH meetings BHS and CSH closely coordinate with RTFH and HUD TA	<ul style="list-style-type: none"> • BHS working with RTFH and HUD TA to refine CES referral processes to MHSA specialty mental health housing opportunities • CES process continue to be assessed for effectiveness in aligning the homeless and BHS systems.



*COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
ADULT/OLDER ADULT MENTAL HEALTH
SERVICES*

*LOCAL GOVERNMENT
SPECIAL NEEDS HOUSING PROGRAM
(SNHP)*

GUIDELINES FOR APPLICATION

*FOR FUNDS TO ACQUIRE, CONSTRUCT, AND/OR
REHABILITATE PERMANENT SUPPORTIVE HOUSING FOR
INDIVIDUALS WITH SERIOUS MENTAL ILLNESS*

June 2018

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Attachment 1: County of San Diego SNHP Development Summary Form

Attachment 2: Recommendations and Guidelines

Attachment 3: CalHFA SNHP Term Sheet

Background

In 2004, the people of the State of California passed Proposition 63, which established the Mental Health Services Act (MHSA) to create new funding for mental health services for unserved and underserved persons with serious mental illness (SMI). In 2007, the MHSA Housing Program was created as a limited-term program to administer MHSA funds set aside to finance permanent supportive housing for individuals with mental illness. The County of San Diego utilized the initial MHSA allocation to create 249 new housing opportunities for some of the most vulnerable clients in San Diego County. The MHSA Housing Program concluded on May 30, 2016, with the original \$33 million in funding expended or committed to San Diego projects.

In September 2015, the County of San Diego Board of Supervisors decided to utilize the successor program to the MHSA Housing Program, the California Housing Finance Agency (CalHFA) Local Government Special Needs Housing Program (SNHP), by committing \$10,000,000 in funds for additional housing units to support a healthy, safe and thriving community. In June 2018, as addressing homelessness for individuals with SMI continued to be a priority for the County of San Diego, the Board of Supervisors committed an additional \$10,000,000, bringing the County's total SNHP investment to \$20,000,000.

The commitment of these funds supports the Healthy Families initiative of the County of San Diego's 2015-2020 Strategic Plan as well as the *Live Well San Diego* vision by providing necessary resources and services for individuals with behavioral health needs in order for them to lead healthy and productive lives. Additional permanent supportive housing units are expected to promote a safe and thriving community while addressing the priority issue of serving individuals who are both homeless and have a SMI.

In order to submit an application for funding to the State, the sponsor must first go through a review process with the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS). BHS will review projects that meet the County goals to serve individuals who are both homeless and have a SMI as well as the County's priority criteria (see below). By recommending a project for funding, BHS will commit to providing the appropriate supportive services. These guidelines describe the process for local review prior to submitting the application to CalHFA for final funding approval and underwriting.

Program Recommendations and Guidelines

The County will review proposals for the construction or acquisition and renovation of either rental units or shared units using SNHP Funds.

Developers applying for funding under the SNHP program should consult with BHS to identify the appropriate population for the project prior to application to CalHFA. Priority populations for the SNHP program are people with SMI who are unserved or

underserved, including Transition Aged Youth (TAY), Adults, Older Adults, and those involved in the justice system. The housing units that are created will be primarily dedicated to individuals eligible for MHSA-funded Full Service Partnership (FSP) programs that provide wraparound services to individuals with SMI who also have unmet housing needs.

PRIORITY CRITERIA

SNHP funds are prioritized for projects that:

- Meet the goals of the BHS Strategic Housing Plan (<http://sandiego.camhsa.org/housing.aspx>)
- Meet CalHFA SNHP criteria <http://www.calhfa.ca.gov/multifamily/snhp/application/index.htm>
- Meet the *MHSA Housing Program Recommendations and Guidelines* (Attachment Two)
- Have operating subsidy funding commitments that ensure SNHP units are affordable to tenants with Supplemental Security Income (SSI) (or who have SSI-level incomes), or have sufficient cash-flow to operate without operating subsidy commitments
- Demonstrate project readiness (e.g., site control; entitlements; permits; funding commitments or active pursuit of funding commitments; etc.)
- Demonstrate a project timeline of planned start of construction within two years of SNHP Application submission to County BHS
 - Due to the urgent need for housing, priority is given to projects that will have units available in a timely manner (i.e., will receive their Certificate of Occupancy in less than two years of an SNHP Application submission)

Other criteria that may be considered include:

- Tenant population mix/priority populations served (e.g. TAY, Adult, Older Adult, justice involved)
- Project location and regional need for MHSA housing (based on regional homeless population and availability of supportive services)
- Overall unit mix of the development, including unit size (see Attachment Two for project design element information)
- SNHP investment per unit

Project sponsors who are approved for SNHP funding must involve client representatives and family members in the design and planning process if they are proposing a new project that has not already been through the design process. BHS will assist the developer in organizing client representatives and family members to provide feedback, when necessary.

Capital funds may be used for either rental housing developments (5 or more units) or shared housing developments (1-4 units for MHSA-eligible clients who rent a bedroom within a single-family home, duplex, tri-plex or four-plex). However, all projects must reserve a minimum of 5 units (or 5 bedrooms in shared housing) for County referred MHSA eligible tenants.

The County intends to utilize the SNHP funding to finance capital development only. Applicants are encouraged to seek other rent or operating subsidies, such as Project-Based Section 8 vouchers, to subsidize rent for the very low-income clients expected to

be served under the SNHP program. Maximum rents for SNHP funded units will be limited to 30% of 30% of AMI.

Projects submitted for approval are subject to loan limits on each unit, in accordance with the CalHFA SNHP Term Sheet (Attachment 3). However, the County reserves the right to limit or expand the recommended loan limits to meet its current housing needs. In any instance, the minimum SNHP loan amount per project will be set at \$500,000.

Application for SNHP Funding

To initiate the application process, the following documents should be completed and sent to BHS:

- The Development Summary Form (Attachment One—below, pages 6-7)
- A maximum two-page narrative description of the proposed project and the experience of the sponsor in developing and operating affordable and supportive housing

This information can be submitted via email to Jason Miller at Jason.Miller@sdcountry.ca.gov (he is reachable by phone at 619-584-5086) and cc'd to Simonne Ruff at Simonne.Ruff@csh.org (or by phone at 619-232-3194 ext. 4292).

Once these documents are received, Mr. Miller will arrange a meeting with Dr. Piedad Garcia, Director of the Adult/Older Adult System of Care for the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS). The meeting will be to discuss the project concept and whether the proposal is consistent with the BHS Five-Year Strategic Housing Plan.

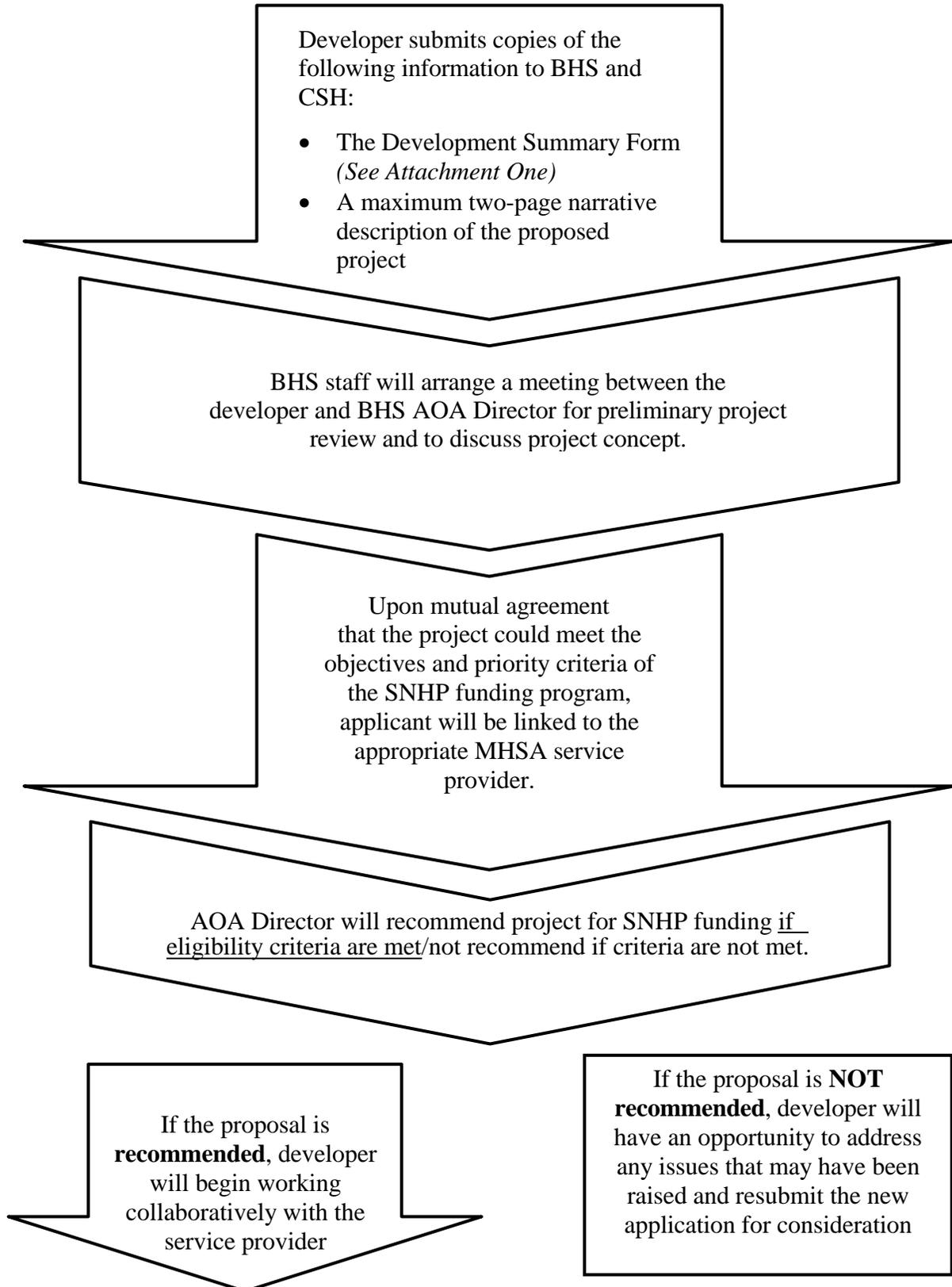
SELECTION PROCESS

Applications are received on an “over the counter” basis. The selection process is outlined in the flow chart below and includes an evaluation of the proposed project, including an assessment of whether a project meets the SNHP priority criteria (listed above). Following this review, BHS will determine whether a project will be recommended to CalHFA for underwriting and loan approval. If a project is recommended, the applicant will complete the full application to be submitted to CalHFA for final funding approval. However, the application for SNHP funding may **only** be submitted by the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS). Once an application has been approved at the State level by CalHFA, the funds are distributed to a qualified borrower in the form of a loan administered by CalHFA. Therefore, the prepared application must be reviewed and signed by both BHS and the developer prior to submission to CalHFA.

By signing and submitting the application, the County Behavioral Health Services Director will signify that BHS:

- Approves the use of a portion of its SNHP funds for the supportive housing project described in the application,
- Authorizes CalHFA to administer the SNHP loan, and
- Commits to providing supportive services to the MHSA tenant population of the project for the full term of the SNHP loan

SNHP: Housing Program Application Process Chart



Developer and Service Provider work collaboratively to prepare the application for SNHP funding and submit the application to BHS and CSH.

BHS reviews the application and completes any required public posting.
Developer/Sponsor continues to finalize the remainder of the application during this time

Applicant will meet with BHS designee to discuss the complete application.

Require more revisions

SDBHS designee will determine if they:

Reject the application

SDBHS Director signs the final application approvals for submission to CalHFA for underwriting and funding approval

**ATTACHMENT ONE - DEVELOPMENT SUMMARY FORM
COUNTY OF SAN DIEGO SPECIAL NEEDS HOUSING PROGRAM
EXPRESSION OF INTEREST**

Developer:

Sponsor:

Name of Project:

Project Address (including parcel #):

Supervisor/Council District:

Status of Site Control:

Entitlement Status and Time Estimate to complete Entitlements:

Anticipated Date of Certificate of Occupancy:

Community Planning Group:

**Has contact been made yet with local neighbors or planning groups?
If yes, please specify meeting dates and times.**

**Describe Community Process Plan, including potential meeting
dates with community groups:**

**Have you previously submitted to the County of San Diego an
Expression of Interest form (either for capital funding or
supportive services only) for this project? (Please check one)**

Yes

No

ATTACHMENT ONE - DEVELOPMENT SUMMARY FORM
COUNTY OF SAN DIEGO SPECIAL NEEDS HOUSING PROGRAM
EXPRESSION OF INTEREST

Total number of units and bedroom types:

Total number of MHSA units and bedroom types:

Square footage (by bedroom type) of MHSA units:

Type of Development:

Rental Shared New Construction Acquisition/Rehab

Type of Building:

Apartment Shared Other: _____

Total cost of the development:

Total cost of MHSA units:

MHSA/SNHP capital funds requested:

Will you be requesting non-MHSA operating subsidies, such as project-based vouchers? (Please check one) Yes No

If so, what type?

Additional Comments:

Contact Information:

Name: _____

Title: _____

Company: _____

Phone: _____

Fax: _____

Email: _____



Attachment Two - Recommendations and Guidelines

Recommendations to Develop a Variety of MHSA Housing Opportunities

1. MHSA Housing Program eligible clients (“clients”) will choose and direct their housing arrangements.
 2. MHSA units are prioritized for integrated housing/mixed population and/or mixed-income buildings housing a range of tenant populations. To ensure client choice, BHS should seek to achieve a mix of building types.
 3. MHSA housing should be located in neighborhoods that meet the needs of the clients, including safety and security. Security design features such as architectural and landscape security design configurations, cameras in common areas, secured entry, and/or security services should be used to the extent possible.
 4. BHS, CSH, the San Diego Housing Federation, and the FSP/BHS providers will work with affordable housing developers to secure units dedicated to clients in their housing projects.
-

MHSA Housing Project Development Guidelines

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

1. BHS intends to provide housing that is affordable to the client population served. MHSA Housing Program eligible clients will pay no less than 30% of their income for housing (and no more than 50% of their income).¹
2. 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 lockable bedrooms. All shared housing projects will require the review process outlined in 8 below.²
4. While buildings may be of any size, BHS must ensure that a variety of projects are developed, that efforts are made to minimize concentration of clients, and that some projects funded are mixed population/ mixed-income tenancy and some projects are small in size (25 units or less.) Projects

¹CSS planning guidelines from the State Department of Mental Health require housing affordability for MHSA clients living in MHSA supportive housing, meaning that each tenant pays no more than 30% to 50% of household income towards rent.

² The Mental Health Housing Ad Hoc Committee recommended removal of language that stated that shared housing for the transition-age youth (TAY) clients was not recommended. The idea of shared housing was discussed at all of the FSP client focus groups that were held in March 2009, including the TAY focus group. The results of the focus groups highlighted the importance of client choice, including both rental and shared housing. Although many clients expressed the desire to have their own apartment, some clients, including some TAY, did express a desire to share an apartment or house with a roommate, granted that they had their own bedroom. All shared housing will still go through the Project Exception Committee for review.

proposed that have more than 25 MHSA units, but the MHSA-dedicated units represent less than 10% of the total development, do not need to go through the Project Exception Committee. If the development has more than 25 units and it represents more than 10% of the total development, the project shall be evaluated under the process outlined in 9 below.³

5. MHSA-supported housing developments must be located near transportation. In addition, projects should have access to health services, groceries and other amenities such as public parks and/libraries.⁴
6. Studio apartments dedicated to individual clients should be designed for unit livability, meaning the space in the unit can accommodate the potential number of occupants and the basic pieces of common furniture necessary for daily activities. Units must at minimum include a bathroom and food preparation area. Studio units less than 350 square feet will be evaluated under the process outlined in 9 below. Rental Single Room Occupancy (SRO) units with shared bathrooms are not desirable and should not be funded.

Due to the crisis of homelessness and the need to create housing opportunities quickly, projects that convert hotel/motels, and which may have units smaller than 350 square feet, and bring units online within a year of application for SNHP funding will be prioritized and not required to follow the process outlined in 9 below.

7. MHSA-supported housing developments should include sufficient community space, which could include the following: common meeting spaces, communal kitchens, computer room, and gardens. Dedicated space for services delivery is desirable, particularly in projects with higher numbers of MHSA units. Refrigerators should be at least “apartment size” refrigerators to allow for adequate food storage. It is also desirable for developments to have laundry facilities on-site.
8. Developments should have a plan for tenants in the event of an emergency. The emergency plan should be sent to the County prior to certificate of occupancy and it should be shared with tenants shortly after tenants move-in. The plan must include steps for helping tenants that need assistance in exiting the building.
9. For any proposed housing project (not including hotel/motel conversions), if guidelines 1 through 8 are not met, the Project Exception Committee of BHS staff, CSH, BHS Housing Council members, clients and family members will review the proposed project’s design and provide input to the developer and

³ The Mental Health Housing Ad Hoc Committee recommended that instead of proposed projects with more than 25 units being evaluated by the Project Exception Committee, it is recommended that if the project has more than 25 MHSA units but they are less than 10% of the total development then the project does not need to go through the Project Exception Committee. This change was in consideration of larger developments where 25 units may represent a small percentage of the total units in a development.

⁴ At minimum, public transit that comes with reasonable frequency must be accessible within 0.5 mile. It is preferred that, where possible, other services be walkable within 0.5 mile (e.g. not including physical barriers that prevent access by foot or public transit).

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.

10. MHSA Housing projects must involve client representatives and family members in the planning process for all new MHSA projects. The Full Service Partnerships/BHS contractors will organize client representatives and family members in a timely manner to provide feedback.⁵
11. 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 if financially feasible.
12. BHS reserves the right to establish standard criteria and timelines that projects must meet in order to remain in BHS' MHSA Housing Pipeline. BHS reserves the right to de-commit funding if there are delays in project implementation, changes to the financial structure, and/or changes to applicant status. Standard criteria will be shared with the community, including developers.

⁵ The Mental Health Ad Hoc Committee reinforced the importance of client feedback for all new MHSA housing projects.

Attachment 3 - CalHFA SNHP Term Sheet

All CalHFA documents related to the Local Government Special Needs Housing Program can be found here:

<http://www.calhfa.ca.gov/multifamily/snhp/index.htm>

Glossary

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.

Alternative Process County: under NPLH guidelines, meaning a County designated to administer its allocation of funds, as determined by a PITC of sheltered and unsheltered homeless persons equal to at least 5% of the State's homeless population, and with the demonstrated ability to manage all aspects of funding and monitoring permanent supportive housing projects.

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

At-Risk of Chronic Homelessness: an adult or older adult with a Serious Mental Disorder or Seriously Emotionally Disturbed Children or Adolescents who are exiting institutionalized settings such as jail or prison, hospitals, long-term residential treatment and were homeless prior to admission; Transition-Age Youth experiencing homelessness or with significant barriers to housing stability and with a history of foster care or involvement with the juvenile justice system; and persons, including TAY, who prior to entering into a facility or institutional care such as a state hospital, hospital behavioral health unit, hospital emergency room, institute for mental disease, psychiatric health facility, mental health rehabilitation center, skilled nursing facility, developmental center, residential treatment program, residential care facility, community crisis center, board and care facility, prison, parole, jail or juvenile detention facility, or foster care, have a history of being homeless with one or more episodes of homelessness in the 12 months prior to entering into one of the facilities listed herein. History of homelessness may be documented within a local CES system. The definition of Homeless according to HUD 24 CFR Section 578.3 and its length of stay limitations shall not apply to those who have resided in the above named settings; and homeless persons who prior to entry into the above named settings resided in any kind of publicly or privately operated temporary housing, including congregate shelters, transitional, interim, or bridge housing, hotel or motels.

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

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

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

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

Chronically homeless: HUD defines “chronically homeless” as an individual or family who: (i) Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. Additionally, the statutory definition includes as chronically homeless a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days if such person met the other criteria for homeless prior to entering that facility.

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

Competitive Allocation: Funds made available through NPLH through a competitive process.

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

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

Dually diagnosed/Co-occurring Disorder: Terms used to describe individuals who are diagnosed with two different disorders, typically a combination of mental health and substance use diagnoses.

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.

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

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.

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

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

Medi-Cal: The California Medicaid welfare program serving low-income families, seniors, persons with disabilities, children in foster care, pregnant women, and certain low-income adults.

Noncompetitive Allocation: Funds made available through NPLH on an over-the-counter basis proportionate to the number of homeless persons within in each County.

NPLH Population: Populations identified in Welfare and Institutions Code Section 5600.3(a) and (b), Adults and Older Adults with a Serious Mental Disorder or Seriously Emotionally Disturbed Children or Adolescents), who are homeless, chronically homeless, or At-Risk of Chronic Homelessness. This includes persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders.

Permanent Supportive Housing: 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 defined by the terms of a renewable lease agreement.

Point in Time Count (PITC): A one-day count of sheltered and unsheltered homeless persons in a defined area.

Rapid Re-housing: An approach that focuses on moving individuals and families that are homeless into appropriate housing as quickly as possible.

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

Serious Mental Disorder: Adults or Older Adults with a diagnosis whose symptoms substantially interfere with the activities of daily living as defined in Welfare and Institutions Code 5600.3.

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

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.

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

Transition Age Youth (TAY): Youth and young adults age 18-25, including youth with children.