

## Housing Initiative Taskforce

### Funding Recommendations Review – 5/20/21

(Additional comments provided by Taskforce participants via email and during the meeting are in green)

Outcome	Funding Recommendations	One-Time Funding Amount	Ongoing Funding Amount	Measurable Output
<p><b>Clients have simplified, easy to access (e.g. no wrong door, single-point of entry) supports for finding and securing appropriate housing.</b></p>	<p>1. Development of an online BHRS Housing webpage with comprehensive one-stop housing information (including data dashboard for unmet need) for clients and staff</p>	<p>\$100,000 (ongoing management in #2 and ongoing supports in #11)</p>		<p>Need to establish baseline</p> <ul style="list-style-type: none"> <li>• Increase in website engagement</li> <li>• Improvement in housing data reporting for clients</li> </ul>
	<p>2. Housing locator contract to oversee:</p> <ul style="list-style-type: none"> <li>• Maintenance of BHRS Housing website services with real-time housing availability information</li> <li>• Linkages to BHRS case managers</li> <li>• Landlord engagement</li> <li>• Community mental health 101 education to housing agencies</li> <li>• Three housing locator positions (mental health counselors), three peer navigators + admin</li> </ul>		<p>\$ 575,000</p>	<p>Need to establish baseline</p> <ul style="list-style-type: none"> <li>• 20% increase in clients securing and maintaining housing</li> <li>• Process outcomes: # of clients served; # of landlords engaged; # of community education conducted</li> </ul>
	<p>3. Mental health workers for Homeless Outreach Teams (two clinicians)</p>		<p>\$325,000</p>	<p>Need to establish baseline</p> <ul style="list-style-type: none"> <li>• Increase in SMI Homeless enrollment in CES</li> <li>• Increase in SMI Homeless securing housing</li> <li>• Increase in SMI Homeless receiving substance us/mental health supports</li> </ul>
<p><b>Clients have sufficient, safe, adequate and affordable housing</b></p>	<p>4. Establishment of an ongoing Housing Fund with Department of Housing for the development of Supportive Housing Units for clients</p>	<p>\$5,000,000 Year 1 \$5,000,000 Year 2</p>		<ul style="list-style-type: none"> <li>• At least 40% increase (24 units) in MHSA funded units in six yrs.</li> </ul>

that meets their evolving level of need				If Project Based Vouchers (PBV) are not available, we can expect ~20-25 units. If PBV is available then could expect ~40-50.
	5. Transitional housing supports and training to adequately serve SMI population, including special populations		\$100,000	Need to establish baseline <ul style="list-style-type: none"> <li>20% increase in SMI special populations using transitional housing</li> </ul>
	6. Supportive services for new housing units developed		\$375,000/year for 25 units (FY 23-24)*	Need to establish baseline <ul style="list-style-type: none"> <li>90% of tenants remained housed</li> </ul>
	7. Incentives and supports for licensed Board and Cares to improve quality of services		\$50,000	Need to establish baseline <ul style="list-style-type: none"> <li>Improvement in client and family satisfaction, independent living skills development and other skills</li> </ul>
Clients have the adequate, ongoing, long-term supports and resources to help them maintain their housing through all phases of recovery, including relapse.	8. Increase Full Service Partnerships (FSP) slots for children/youth and transition-age youth		\$607,835 10 Children/Youth and TAY FSP slots	Need to establish baseline <ul style="list-style-type: none"> <li>Increase in families and TAY clients securing, and maintaining stable housing</li> </ul>
	9. Increase FSP housing funds		\$258,662 (\$8,097/client)	Need to establish baseline <ul style="list-style-type: none"> <li>Increase in clients maintained in stable housing</li> </ul>
	10. Flexible funds for housing related expenses (moving costs, deposits, first month rent)		\$100,000 +/- (from annual Housing Program interest and payments)*	Need to establish baseline <ul style="list-style-type: none"> <li>20% increase in use of housing-related supports</li> </ul>
	11. Outreach and field-based services to support ongoing and long-term housing retention; a team of Occupational Therapist and Peer Counselor with co-occurring capacity to support independent living skills development and recovery		\$500,000	Need to establish base line <ul style="list-style-type: none"> <li>20% percent increase in clients participating in independent living skills development</li> <li>Increase in clients maintaining their recovery plan</li> </ul>
	<b>TOTALS for FY 21/22 to 22-23</b>	<b>\$10,100,000</b>	<b>\$2,416,497</b>	

\*Item #6 (supportive services) is not included in the total budget amount for FY 21/22 to 22/23 because implementation will happen in future years; item #10 (housing-related flex funds) is also not included in the total budget amount because we are able to use funds from the return on MHSA housing investments.

## Housing Initiative Taskforce Meeting #3

MHSARC Older Adult Committee Meeting – 5/5/21

### Participant Comments and Considerations for Funding Recommendations

- **Development of an online BHRS Housing Webpage**
  - I am concerned that we are creating a BHRS-specific portal that will not be integrated.
  - I don't think we need another housing portal necessarily; when we do find the housing there is no support to get the paperwork together and moving support
  - There needs to be a Q&A or other resources available with the portal for next steps (to check name on the waitlist, confirm next steps); to get help moving and the process to navigate finding housing, next steps after identifying housing and getting ongoing supports. The online websites are difficult to navigate and cause anxiety for clients.
  - The audience for the portal will likely be the counselors and case managers; the ongoing funding makes sense to be for field-based support for moving, what to do and helping with the transition
  - It is a great starting point in collaboration with the DoH; there needs to be back-end support because of all the nuances with housing. It needs to be supported by someone that is well-versed on all housing and eligibility requirements so that they can direct clients, case managers, clinicians and others to the right resources.
  - The webpage should be as easy to navigate by clients and case managers. The current DoH webpage is difficult to navigate; if we build off it, we need to make it more intuitive.
    - The housing portal portion of the DoH webpage is not available yet; it is intended to have information on housing availability
    - There needs to be a specific area of focus for BHRS population. The vendor that works with DoH has expertise in doing this in Alameda County in collaboration w/DoH and BHRS.
  - Housing authority vetted and used to provide weekly lists of landlords that had vacancies and that accepted vouchers; most helpful tool in real-time
    - Currently landlords send an email to BHRS; we need to figure out how to disseminate that information
    - Staff allocated to the housing locator should be dedicated to doing this
- **Housing locator services and peer navigator services**
  - The peer navigator covered in the ongoing funding is essential. Individuals with serious mental health challenges may not have the capacity to independently navigate the system
  - It seems like peer navigator would need to be embedded in a team. They would be the subject matter expert re: housing, other team members re: services, the client the expert on what they want their living situation to be, what they value, what they see as their needs
  - My experience as a Mom has been that many times, more often than not, discharge planners, conservators, social workers et al have actually not known what housing / supportive housing was available. Not that there was a lack of resources, just that they were not aware. The Moms typically have to research this and very often know more about what is possible or available than the professionals. We can aspire to true collaboration and coordination in the system.

- I am so frustrated doing everything right for my health and welfare, but I hit roadblocks in finding the next step to access help for housing. I was never able to acquire a case manager in program because of my age
- I too fall through the cracks for being too young for older adult housing yet still need support to move before I am too old to lift my own furniture
- Though possibly not realistic, if the County had a way to pay for moving services that would be amazing and helpful. The vast majority of people who are low income and need to move just cannot do it themselves or pay for someone else to do it. This has been a big hurdle for our clients. I've suggested that clients plan on saving towards moving costs but not many have the means or have the ability for the first/last month's rent and security deposit that I am aware of.
- Housing locator position should be dedicated keeping the website information real-time on availability from the Housing Authority
- HSA and Whole Person Care (HPSM) has a housing locator that we can learn from
- Housing navigators need to be hands-on (not just handing a flyer or making a recommendation and locating a unit); they need to help fill out forms, getting documentation ready, do a site visit of the unit/apartment.
  - We need be very specific about all the activities we expect the housing locators and navigators to do so there is no question
- For the initial on-boarding for someone that is homeless, they will need assistance in applying for benefits.
  - Access to benefits is addressed by a BHRS Unit to support SSI applications and insurance enrollment, they are located in different regional clinics.
  - Homeless clients are stressed about paying their 30% contribution to the units and this impacts their recovery; SSI supports this.
  - This should be supported by the housing locators and peer navigators in collaboration with BHRS
- **Mental health support and education for community agencies that provide homeless or housing-oriented services to BHRS population.**
  - DoH can provide technical assistance and do housing trainings and modules for agencies and staff providing case management and service delivery.
- **Transitional Housing and supports for SMI population**
  - For transitional housing for special populations, the fact that SMI/AOD beds require clearance for the purpose of drug MediCal has resulted in beds being empty or unused. Need to look at this.
- **Incentives and supports for existing Board and Care**
  - I want to see us refer to "licensed" board and cares. We need to call out that board and cares be licensed to improve the quality of services.
  - I am underwhelmed with quality of currently available board and care settings. What can we do about funding level and quality is current and future settings?
  - It seems like the rules on what services you get depend on the setting the client is in. So, being in board and care wouldn't allow you to receive the services needed to support more independent living skills. Board and cares could be part of a step for an individual to move to a permanent home and live more independently vs. being the final stop.

- Improved and robust oversight of Board and Cares as well as other group settings needed
  - Room and Board - I believe room and boards are needed as there are limited beds available in licensed board and care facilities. I agree the quality of care needs to improve and may be achieved with increased monitoring of quality control. I also like to suggest that board and cares, room and boards and shelters provide independent living skills instructions so when clients do get housing they are prepared to live independently. A Housing Wrap group mandatory for clients seeking housing may be helpful.
  - There is a gap in service for those clients that need minimal levels of medical care. They get refused in higher level of care like nursing home facilities, but board and cares are afraid to take them on because they need more support (diabetes medication adjustments, etc.). Need an in between housing solution for these folks.
    - WPC has a model to living independently with supportive services; could be replicated for SMI folks in this situation
  - I have thrived when don't have to deal with roommates. With roommates it's distracting when there are various levels of healing, it's distracting when roommates still want to abuse substances or not ready to move on. Clients need to be protected... trauma-informed care is important to support those that are ready. Please require developers to commit to more units for the independent minded folks who are behaving and meeting best practices and assisting the county as peer support workers.
- **Development of Supportive Housing Units through DoH**
    - How can we engage communities to support these housing development projects? My community fights against workforce housing etc... without community support developers will not even try to build.
    - DoH has supported the development of Waverly Place and value the model where 100% of the units are targeted to the BHRS population. DoH also funds set aside units in affordable housing throughout the County. DoH has required 5% of units set aside for homeless and an additional 10% for low-income; we are now creating added incentives to increase these percentages. DoH has also funded housing for TAY population. DoH knows how to fund affordable services; BHRS knows the services that support clients to maintain housing. It's important that developers understand the needs and that we continue collaboration for these service plans.
    - The Bay Area is expensive, is \$10M enough to get us 24 units? All affordable housing units are funded with many revenue sources. \$10M will absolutely get us 24 units because it is an incentive for developers who are already developing housing, to make units available for BHRS population.
    - Project-based vouchers are federally funded, what amount does this provide to housing developments? The voucher monies go to the units vs. individuals (mainstream and housing choice vouchers). The Housing Authority determines the amount based on size and location of the development, amenities and covers the amount that clients are unable to pay. This funding may be stagnant for a few years so, we do not know what amounts will be available to subsidize.
  - **Increase FSP slots and housing funds**

- The funding for housing supports for FSP clients should stay with the client if they progress onto more Independent Living - currently they are attached to the program, if the client moves to another program because they are progressing in their recovery, they lose their housing subsidy.
    - FSP participants can stay in a step-down model with services and keep their housing. There are some clients that do graduate from FSP, based on their choice; FSPs must do all that they can to keep them housed.
  - Attach the vouchers to the clients otherwise you give FSP a financial incentive for people not to heal.
  - In my perfect world, everyone would have access to the FSP services at any time that they may have the need. The way that it is structured creates a funding silo where you are designated as receiving these services and then are not.
  - A youth in FSP services may leave and what happens to them? If they don't have a case manager and FSP services how do we support them. We need to address this.
- **BHRS flex funds for housing related expenses (moving costs, deposits, first month rent)**
    - These should be added to the locator services – welcome packages, moving cost, deposits, first month rent support.
    - Funds for moving costs can make the difference between smooth transition from one place to another where they would otherwise have to become homeless in between. We should not use this on deposits and first month's rent; instead partner w/CBO's that have this funding but it's so difficult to access; it takes days/weeks/months before funding is available and clients lose funds. Can the County support this process?
    - In the meantime, it would be nice to have funds available for the deposits and first months' rent until things get sorted out through the CBO's to fund this.
      - Yes, some clients will not be eligible for CBO's so there still needs to be a pool of funding
- **Housing support services for long-term housing retention and independent living**
    - Independent daily living skills via occupational therapy should be a part of all our supported housing and provided ongoing.
    - Occupational Therapy should be a position in charge of this team because they have the skills, have been underused, and we have good programs locally for recruitment. Improving daily living skills is one of the most successful approaches to support housing retention.
      - I agree, completely agree. Occupational therapists have done wonderful work for current MHA sites.
    - To support clients to maintain housing through all phases of recovery; one of the biggest obstacle clients face when have SU issue is being able to seek inpatient or residential treatment. There used to be more on-demand residential units for clients to give them a period of sobriety and support. So many fail because they can't escape the routine around SU. We need to improve access to residential treatment.
- **Additional Comments:**
    - I am concerned with the nutrition in all of our client's housing; can we set a standard. Currently the nutrition is sub-standard.