



# PROJECT ONE FOR ALL ATTACHMENT A - IMPLEMENTATION PLAN

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## **BACKGROUND**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in January 2014, one in five people experiencing homelessness had a serious mental illness. San Diego County is no different. The 2016 Homeless Point in Time Count, identified that there were 8,692 people experiencing homelessness in the region, with 57% living on the streets, and 43% living in temporary housing. Of those living on the streets, 14% had mental health conditions.

Based on the 2016 Point in Time Count, it is estimated that 1,250 individuals are struggling with serious mental illness and do not have a place to call home. To address the complex needs of these individuals, on February 2, 2016 (14), the Board of Supervisors adopted “*Project One for All*” – a bold comprehensive strategy to ensure individuals with serious mental illness have access to intensive treatment services paired with housing.

*Project One for All* requires coordination via a multi-pronged approach to accomplish its goals. There are four core components to *Project One for All*'s implementation:

- **Outreach and Engagement** – establishment of active outreach to homeless individuals using a variety of approaches to engage them in housing and services;
- **Treatment Services** – expansion of wraparound treatment services to meet demand, including an organized system of matching *Project One for All* participants with appropriate housing;
- **Housing Resources** – identification and prioritization of housing resources to an array of housing supports, including Permanent Supportive Housing, following a Housing First approach that hinges on partnerships with the cities to engage landlords and identify units; and
- **Performance Measurement** – tracking progress and effectiveness through outcome metrics that measure the impact on individuals and systems.

The following implementation plan describes how *Project One for All* will achieve each of the above core components.

## **1. OUTREACH AND ENGAGEMENT**

People who have been living on the streets or in temporary housing for a prolonged period of time and who may be experiencing delusions, hallucinations, or any combination of debilitating symptoms, are often resistant or distrustful of treatment services when they are initially offered. To overcome these challenges, incorporating a strong outreach and engagement component is vital. Conducting active street outreach, including outreach through a variety of access points to meet people where they may congregate or access assistance, is the first step in the transition to permanent housing and wraparound services.

Based on experience from the In-Home Outreach Team and national studies, outreach and engagement can take three to five months of meeting the person where they are located and developing a trusting relationship with them. Currently, active outreach is conducted through a variety of services, including the In-Home Outreach Team, the Psychiatric Emergency Response Team, and through homeless outreach workers throughout HHSA. *Project One for All* will expand the amount of outreach and engagement activities to meet individualized needs, including embedding outreach workers in substance abuse Regional Recovery Centers to develop trusting relationships with people living on the street (who may be experiencing a serious mental illness with co-occurring substance use disorders) in order to initiate the process of engaging them into services and housing.

### **Actions Taken**

On January 26, 2016 (6), the Board authorized the expansion of contracts to provide 300 outreach and engagement slots through a variety of mechanisms to assist people in accessing housing and services. The



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expanded services were implemented February 1. In addition, the HHS Operational Plan for Fiscal Year 2016-17 proposes to increase funding by \$2.7 million to support 800 outreach and engagement slots.

<b>Outreach and Engagement Services</b>	<b>2015-2016 Mid-Year Enhancement</b>	<b>Pending Operational Plan</b>	<b>Total</b>
Services for people who are homeless in Downtown, East Village and North Central	200	--	200
Services for Older Adults who are in permanent housing at Alpha Square in East Village	100	--	100
Housing Navigation to assist people who are homeless find appropriate housing	--	200	200
Services for people who are homeless with substance abuse issues	--	300	300
<b>Total: Outreach and Engagement Services</b>	<b>300</b>	<b>500</b>	<b>800</b>

### 2. TREATMENT SERVICES

Providing appropriate treatment and services to people who are experiencing serious mental illness is critical to improving their ability to function and sustain housing. Often, individuals struggling with serious mental illness need intensive wrap-around services to stabilize their mental illness and assist them in becoming self-sufficient. Full Service Partnership programs provide these intensive wrap-around services and have proven results.

#### Actions Taken

On January 26, 2016 (6), the Board authorized the expansion of contracts to provide behavioral health services for people experiencing homelessness throughout the county. The expanded services were implemented on February 1. In addition, the HHS Operational Plan for Fiscal Year 2016-17 proposes to increase funding by \$9 million to support 824 treatment slots. Additional service capacity and outcomes will be analyzed to determine additional capacity needs, as well as service effectiveness for future Fiscal Years.

<b>Treatment Services</b>	<b>2015-2016 Mid-Year Enhancement</b>	<b>Pending Operational Plan</b>	<b>Total</b>
Full Service Partnership in North County, Central, Justice System, and Transitional Aged Youth	200	--	200
Serial Inebriate Project	24	--	24
Behavioral Health Court	10	20	30
Full Service Partnership in Central, South and East regions	--	500	500
Full Service Partnership - Seniors	--	70	70
<b>Treatment Services</b>	<b>234</b>	<b>590</b>	<b>824</b>

#### Linking Services and Housing

The Coordinated Assessment and Housing Placement (CAHP) system establishes an organized process to match people who are experiencing homelessness to the most appropriate housing intervention that meets their unique needs. The key elements of a CAHP system include the use of a uniform screening tool and a coordinated system to match people to appropriate housing based on the results of the screening process.



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*Project One for All's* housing resources will be entered into the CAHP system. Housing Navigators embedded within the treatment programs will determine if the individual has previously been screened through CAHP and identify appropriate housing options to meet individual needs.

### 3. **HOUSING RESOURCES**

To successfully accomplish the goal of *Project One for All*, it is critical to link permanent housing resources with treatment and services. To achieve improved health, safety and self-sufficiency among people who are homeless and have a serious mental illness, it is critical to secure sufficient housing. The county region is expansive with a population of over three million, making it the second-most populous county in California and the fifth-most populous in the United States. The county is comprised of 18 incorporated cities, many unincorporated communities, and 18 recognized Indian reservations. Therefore, a coordinated strategy is required. To assist our residents, a collective approach and commitment from the region's housing authorities, local cities, non-profit providers, philanthropic organizations and other stakeholders is crucial.

There are six public housing authorities who administer Housing Choice Vouchers (HCV) in San Diego:

- City of San Diego
- County of San Diego
- Oceanside
- Carlsbad
- Encinitas
- National City

The County of San Diego's public housing authority administers HCV for the unincorporated area and the remaining 13 cities not covered by the other public housing authorities.

The table below provides a summary of the projected need for housing resources within the jurisdiction of each of the housing authorities that administer the HCV program, based on the 2016 Point in Time Count, and the number of vouchers currently committed for *Project One for All*:

Housing Authority	Estimated Need for Project One for All	Currently Committed
City of San Diego	733	733
County of San Diego	344	344
Oceanside	96	18
National City	48	0
Carlsbad	16	8
Encinitas	13	0
<b>TOTAL</b>	<b>1,250</b>	<b>1,103</b>

### **Meeting the Need**

*The cities and County Housing Authorities' combined commitment to date will meet nearly 90% of the projected need for Project One for All.*

Below is a summary of the commitments from the six public housing authorities who administer Housing Choice Vouchers (HCV) in San Diego.



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- City of San Diego Housing Authority: The City of San Diego's Housing Commission (SDHC) has committed to provide the full 733 vouchers currently anticipated as necessary for the City of San Diego.
- County of San Diego Housing Authority: On April 13, 2016, the Housing Authority Board of Commissioners approved an increase in the number of Special Local Preference vouchers by 300. These additional vouchers, along with 44 existing vouchers, have been committed to *Project One for All*. The County serves as the housing authority for the unincorporated areas and the 13 cities not encompassed by the remaining housing authorities (Chula Vista, Coronado, Del Mar, El Cajon, Escondido, Imperial Beach, La Mesa, Lemon Grove, Poway, San Marcos, Santee, Solana Beach, Vista).
- Oceanside Housing Authority: The Oceanside housing authority has committed 18 vouchers to *Project One for All*. The Oceanside housing authority is considering updating their Administrative Plan to allocate vouchers to *Project One for All*, which would make additional vouchers available in Fiscal Year 2017-18.
- Carlsbad Housing Authority: Carlsbad's housing authority has committed 8 vouchers to *Project One for All*. The Carlsbad housing authority is considering updating their Administrative Plan to allocate additional vouchers to *Project One for All*, which would make the vouchers available in Fiscal Year 2017-18.
- National City and Encinitas Housing Authorities: Encinitas has committed resources in the current fiscal year by approving just over \$100,000 to support a housing navigator. Both National City and Encinitas housing authorities adopted their annual Administrative Plans prior to the Board of Supervisors' announcement of *Project One for All*, and have not yet allocated vouchers to the project in Fiscal Year 2016-17. Both of these housing authorities are considering updating their Administrative Plans to allocate vouchers to *Project One for All*, which would make the vouchers available in Fiscal Year 2017-18.

### **Regional Resources**

While vouchers from housing authorities are anticipated to provide a significant amount of housing for *Project One for All*, additional sources of housing support will be necessary to meet the identified need. As a means to fill potential unmet housing needs, the following activities will be pursued:

- Engage local cities to contribute resources;
- Through the Regional Continuum of Care Council (RCCC), continue to encourage local non-profits and cities to apply for Permanent Supportive Housing funds via the U.S. Department of Housing and Urban Development (HUD);
- Enlist current HUD-funded providers to prioritize turn-over/vacant units to *Project One for All*; and,
- Engage local Public Housing Authorities to commit housing vouchers during their annual Administrative Plan revision periods and/or to consider making mid-year Plan changes.

### **Landlord Recruitment**

Identifying housing resources for *Project One for All* is critical, but equally essential is identifying the necessary private market housing for participants. With a regional vacancy rate just above 2%, connecting with landlords and identifying units requires a comprehensive landlord engagement and recruitment strategy. There are efforts underway by both the County and City of San Diego housing authorities to recruit landlords to provide units for homeless veterans. Landlord engagement and recruitment strategies may include various approaches that, when combined, create strong incentives for landlord participation. Strategies to be considered for *Project One for All* include:

- Coordinated System – Making it easy for landlords to dedicate units to people who are experiencing homelessness helps facilitate their participation in the project. Through the Opening Doors effort under the RCCC, the region is exploring the establishment of a centralized system that will include one contact point



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as a resource for landlords throughout the county to identify their interest in participating in programs to house the homeless. While the current focus of this effort is on homeless veterans, the established system could also be leveraged for landlords interested in renting to *Project One for All* participants.

- Support Services – Individuals involved in *Project One for All* will be receiving services through an FSP which consists of intensive services to help improve their functioning. Part of the FSP approach includes a case manager contact during emergencies or when issues arise with a tenant.
- Incentives – Housing subsidies offset the fair market rent, but given San Diego’s low vacancy rate, identifying incentives to augment the fair market rate serves to increase participation in the program. Below are examples of incentives that may be offered to target the *Project One for All* population:
  - Leasing Bonuses – Offering a financial bonus to landlords who execute lease agreements, or master lease to a service organization, to provide housing for people who have serious mental health conditions.
  - Provision of Security Deposits – Offsetting or paying for security deposits may help individuals move in to units, and ensure landlords receive full reimbursement for move-in costs.
  - Holding Fee – Identifying funds for landlords to hold a unit vacant during the leasing process for an individual ensures the landlord will not lose money, if for some reason the person is ultimately unable to lease the unit.
  - Application and Credit Reporting Fee Reimbursement - Financial assistance paid directly to landlords to reimburse waived applicant costs, such as credit report and application fees.
  - Utility Assistance – Funds to cover utility costs incurred by landlords.
  - Landlord Liaison – Providing participating landlords with dedicated staff to offer individualized customer service.

#### 4. OUTCOMES

Measuring the effectiveness of *Project One for All* over time to determine if it is decreasing the number of people experiencing homelessness who are suffering from serious mental illness and co-occurring conditions is critical. Constant measurement through multiple data points will provide both short-term and long-term feedback on program effectiveness to allow for immediate system adjustments, as well as measure long-term community impacts.

A performance monitoring approach will be established that will include key outcome indicators to determine the effectiveness of the *Project One for All* system. In addition, the prevalence of people who are homeless and self-report mental health conditions will be monitored through the annual Point in Time Count, using the 2016 results as a baseline, where 14.4% of unsheltered individuals reported a mental health condition.

Outcome indicators will include the following nine measures:

- Outreach and Engagement
  - Number of outreach contacts that enter services within three months of initial contact
- Treatment
  - Decrease in acute hospital and San Diego Psychiatric Hospital bed days
  - Decrease in the number of Psychiatric Emergency Response Team contacts
  - Decrease in the number of Emergency Medical Service Transports
  - Decrease in number of days incarcerated



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- Increase or Maintain Income
- Housing
  - Number and percent of those unsheltered, who enter shelter or transitional housing within three months
  - Number and percent of those temporarily housed at three months who become permanently housed at six months
  - Number and percent who retain housing at six and twelve months after being housed

### ACCESS AND COMMUNICATION

Ensuring the public is fully aware of *Project One for All* and have access to the services requires a multi-pronged approach, with multiple access points:

- Access and Crisis Line (1-888-724-7240) – the Access and Crisis line operates 24-hours a day for people seeking resources to meet their own or their loved ones’ mental health and/or substance use disorder needs. Operating 365 days a year, the Access and Crisis Line is staffed by trained clinicians who can assist in identifying the appropriate level of services needed and connecting people to those services. The Access and Crisis Line staff will be fully informed of *Project One for All* and will link callers who may be appropriate for the services to identified interventions and to 211 San Diego for the CAHP screening process.
- 211 San Diego – As a widely recognized and valuable resource for the community to receive referrals to a vast array of services throughout the region, 211 San Diego will play a key role in accessing *Project One for All*. 211 San Diego began conducting telephonic screenings using the uniform screening tool for CAHP and enters the results into the management information system so that people can be referred to appropriate housing and resources. In addition, standard 211 San Diego protocol is to link callers who have serious mental health needs to the Access and Crisis Line.
- Community Partners – San Diego has a robust provider system that includes mental health and substance abuse treatment organizations, housing providers, and social service agencies that assist people with a variety of needs (e.g. services specifically meeting needs for transition aged youth, older adults, veterans, people with chronic diseases such as HIV, nutrition assistance programs, transition etc.). Individuals and family members accessing services through these programs will be linked to the *Project One for All* system, as appropriate.
- Justice System Partners – All parts of the justice system regularly come in contact with people who are seriously mentally ill and experiencing homelessness. To effectively collaborate and integrate with the justice system, training and education on how to access the *Project One for All* system will be made available. Typically, this will begin by ensuring the person has completed the uniform screening tool and has been entered into the CAHP system. It may also include linkage to an existing full service partnership program for immediate service intervention.
- Health System Partners – similar to the Justice System, the Health System is a critical source of identifying and linking people to the *Project One for All* system. Hospitals, community clinics, managed care plans, and specialty hospitals, all play a key role in linking people to appropriate community services whether it be upon discharge from a facility or referral through an outpatient clinic.

To facilitate widespread public knowledge of how to access the *Project One for All* system, the County’s News Center will routinely include the Access and Crisis Line number and 211 San Diego in all media stories related to mental health and/or housing. In addition, as the services and housing are implemented, the County will develop a messaging campaign through social media.



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### **CONCLUSION**

The implementation of *Project One for All* is an opportunity to significantly change the landscape of homelessness throughout the region. Success hinges on multiple sectors working collectively to accomplish goals of moving people who are homeless with serious mental illness and co-occurring conditions into treatment and housing. Implementation of the project will require constant monitoring and the willingness to adopt mid-course changes if initial approaches are not achieving required results.

Community information, education and engagement are crucial aspects to implementation. While *Project One for All* is a County commitment, its success relies on leveraging resources through multiple entities and stakeholders. *Project One for All* must be a region-wide vision.