



Behavioral Health

Mental Health Services Act FY 2018-19 Update

Housing, Long Term Supports and Transitional Care Programs

MHSA Plan to Support No Place Like Home Projects



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MHSA Plan to Support No Place Like Home Projects

Housing, Long Term Supports, and Transitional Care programs are comprised of programs that include consumer and family services such as peer support, education, and advocacy services; provide intensive outreach and engagement and seamless transition to treatment for MHSA populations; and offer permanent supportive housing coupled with treatment to serve persons living with serious mental illness and their families who are homeless or at risk of homelessness.

The intent of these programs are to engage individuals as active consumers in their care and recovery, provide increased access to effective services that are continually reviewed and revised to meet the needs of underserved groups, increase self-help and consumer/family involvement, and increase a network of community of supports, including supportive housing. The update to this section of the [Mental Health Services Act \(MHSA\) Program Plan](#) is intended to update and enhance the San Bernardino County Plan to address homelessness, specifically for individuals living with a behavioral health condition and also experiencing literal homelessness, chronic homelessness, or who are at-risk of homelessness.

BACKGROUND

On July 1, 2016, the Governor of California passed legislation enacting the No Place Like Home (NPLH) program. The program uses a percentage of existing Mental Health Services Act (MHSA) monies allocated to counties and captures a percentage of these monies prior to distribution to counties to be used to develop permanent supportive housing, specifically for persons living with a behavioral health condition and who are also experiencing literal homelessness, chronic homelessness, or who are at-risk of homelessness. Additionally, the state has declared California a housing first state, supporting the removal of eligibility barriers that traditionally may have acted as obstacles to housing. The No Place Like Home (NPLH) program aligns with the housing first approach to help increase the number of permanent supportive housing units available and to quickly and successfully connect individuals and families who are experiencing homelessness with permanent supportive housing. San Bernardino County adheres to the housing first policy that supports low barrier access to housing.

San Bernardino County is one of 58 counties that comprise California and is geographically the largest county in the contiguous 48 states, covering 20,105 square miles. Like all counties in California, San Bernardino County has been impacted by the increases in the homeless population. According to the [San Bernardino County 2018 Homeless Count and Subpopulation Survey Final Report](#), the increase to San Bernardino's homeless population was solely in the unsheltered category (2018). The unsheltered homeless population is of particular concern for this County because the majority of territory within San Bernardino County is considered rural, as opposed to suburban or urban classifications. Even within areas that can be considered urban, there still exists large undeveloped tracts of land where homeless communities may be located, to include the Santa Ana River basin which offers a large area of undeveloped land that runs through San Bernardino City into Riverside County. These large undeveloped areas of land are remote and can be away from standard public services, transportation, and assistance. These areas tend to be attractive to larger homeless communities because of their secluded nature.

In 2008, the County of San Bernardino drafted a 10-year strategy to end homelessness (http://hss.sbcounty.gov/sbchp/docs/Final_Draft.pdf). One of the 25 recommendations was the creation of the Interagency Council on Homelessness (ICH), which occurred in August 2009. ICH membership includes two members of the San Bernardino County Board of Supervisors and elected officials from 12 cities in San Bernardino County. San Bernardino County Department of Behavioral Health (SBC-DBH) is an active member of the ICH along with other county departments and agencies, to include the Department of Probation, Public Health, Aging and Adult Services, Children and Family Services, Community Development Housing Agency, Human Services, Housing Authority, the Sheriff's Department, and the County Workforce Development Department. Non-county entities that are active members of the ICH include: the Veteran's Administration Health Care System, Community Action Partnership of San Bernardino County, Inland Empire Health Plan (IEHP), Molina Healthcare, California State University San Bernardino (CSUSB), Loma Linda University, Chaffey Community College, California Department of Rehabilitation, San Bernardino Superintendent of Schools, Arrowhead United Way (211), and community-based Homeless Provider Network (HPN) representatives.

The ICH is a policy-making body for the HPN. ICH, HPN, and the Office of Homeless Services work together to ensure that the recommendations listed in the County's 10-Year Strategy to End Homelessness are realized. The ICH meets monthly and establishes the policy to develop a permanently sustainable system of housing and homeless prevention, plans permanent and supportive housing, establishes performance targets, and evaluates outcomes, and oversees the Coordinated Entry System for San Bernardino County. In June 2018, the ICH and HPN reached a major milestone in reducing homelessness by transitioning the 1,000th veteran into permanent supportive housing.

Additionally, San Bernardino County Department of Behavioral Health (SBC-DBH) directly offers assistance to individuals who are at-risk of homelessness, chronically homeless, or are homeless and living with a serious mental illness, including substance use, through a quartet of focused programs grouped into our larger Homeless Assistance Resources and Treatment (HART) initiative with funding provided by the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA).

The four component programs are:

- Community Reintegration Services
- Homeless Intensive Case Management and Outreach Services (HICMOS)
- Homeless Stabilization and treatment conducted by the Homeless Outreach Support Teams (HOST)
- Housing and Employment Program

Each of these programs have been successful in engaging, linking, and providing assistance to individuals living with a serious mental illness, who are at-risk of homelessness, chronically homeless, or are homeless, and living in the County's suburban and urban areas.

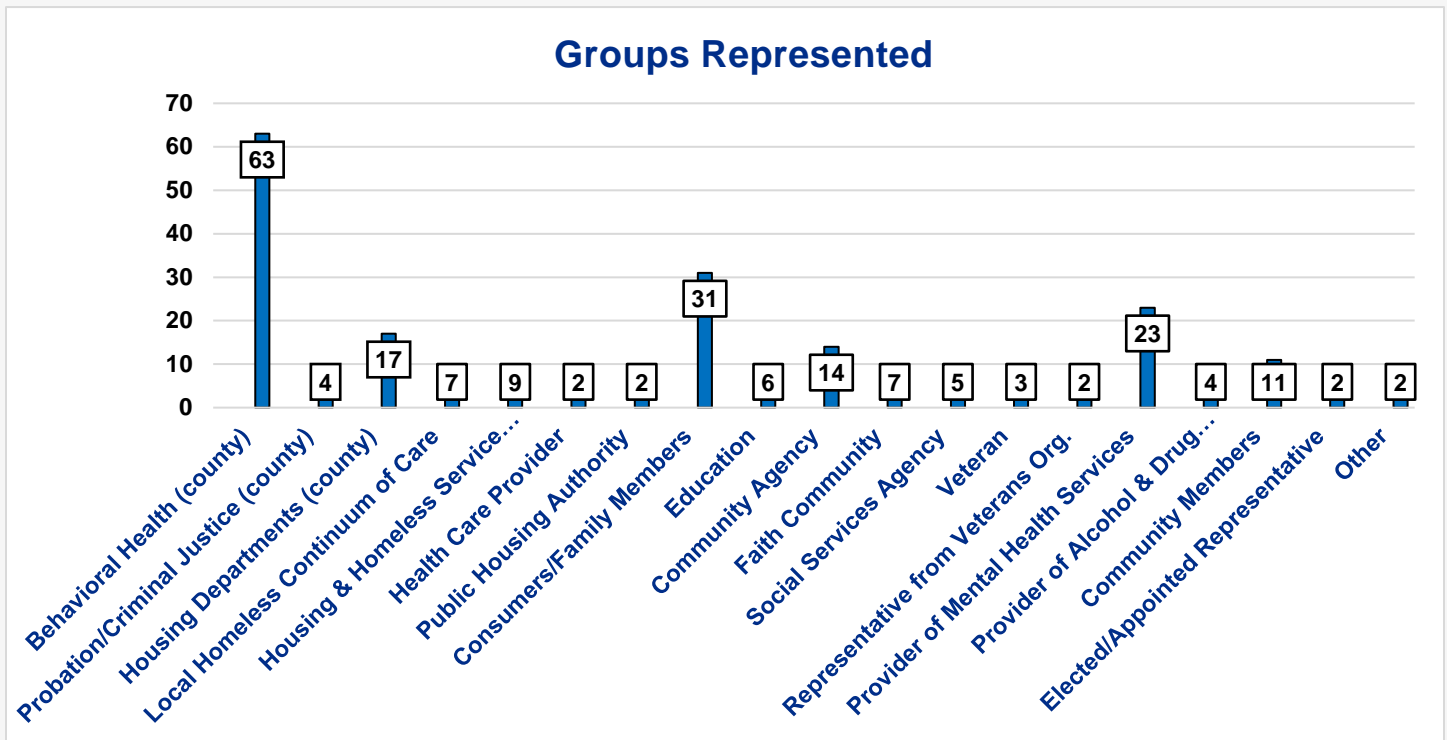
SBC-DBH participates at all levels of the initiative and understands that in addition to needed supportive services, permanent supportive housing can be an essential piece in supporting a person's path to recovery from a behavioral health condition.

DEVELOPING THE UPDATE TO THE PLAN: STAKEHOLDER ENGAGEMENT AND INPUT

Consistent with community program planning standards required per MHSA, this update to the Housing, Long Term Supports, and Transitional Care section of the MHSA Plan and enhancement to the Office of Homeless Services Plan for Ending Homelessness was created through a collaborative stakeholder process. An ad hoc planning Committee comprised of representatives from San Bernardino County Community Housing and Development Agency, Housing Authority, Office of Homeless Services (Continuum of Care Administrator), and the Department of Behavioral Health was formed to assist in guiding the community stakeholder discussion concerning housing and supportive services for individuals living both in homelessness or at-risk of homelessness and with serious mental illness and implementation of potential NPLH investments.

Two large stakeholder engagement sessions were held on August 16, 2018 and September 20, 2018 to provide education concerning current behavioral health housing and homeless services programming, allow community stakeholders the opportunity to provide input into potential NPLH projects and/or supportive services, and allow stakeholders the opportunity to provide recommendations for improvements in the homeless services systems. The attendance at the two meetings totaled 148 participants and included individuals that identified as representatives of the groups on the following page (please note, some individuals identified as belonging to more than one group).

Stakeholder meetings are designed to facilitate optimal participation and opportunity for individuals to take part in small and large group discussions. To support this activity, the meeting room is set up in pods that allow seated space for up to 10 individuals at each pod. There are 12 pods in the meeting area, comfortably allowing up to 120 individuals to participate in these important meetings.



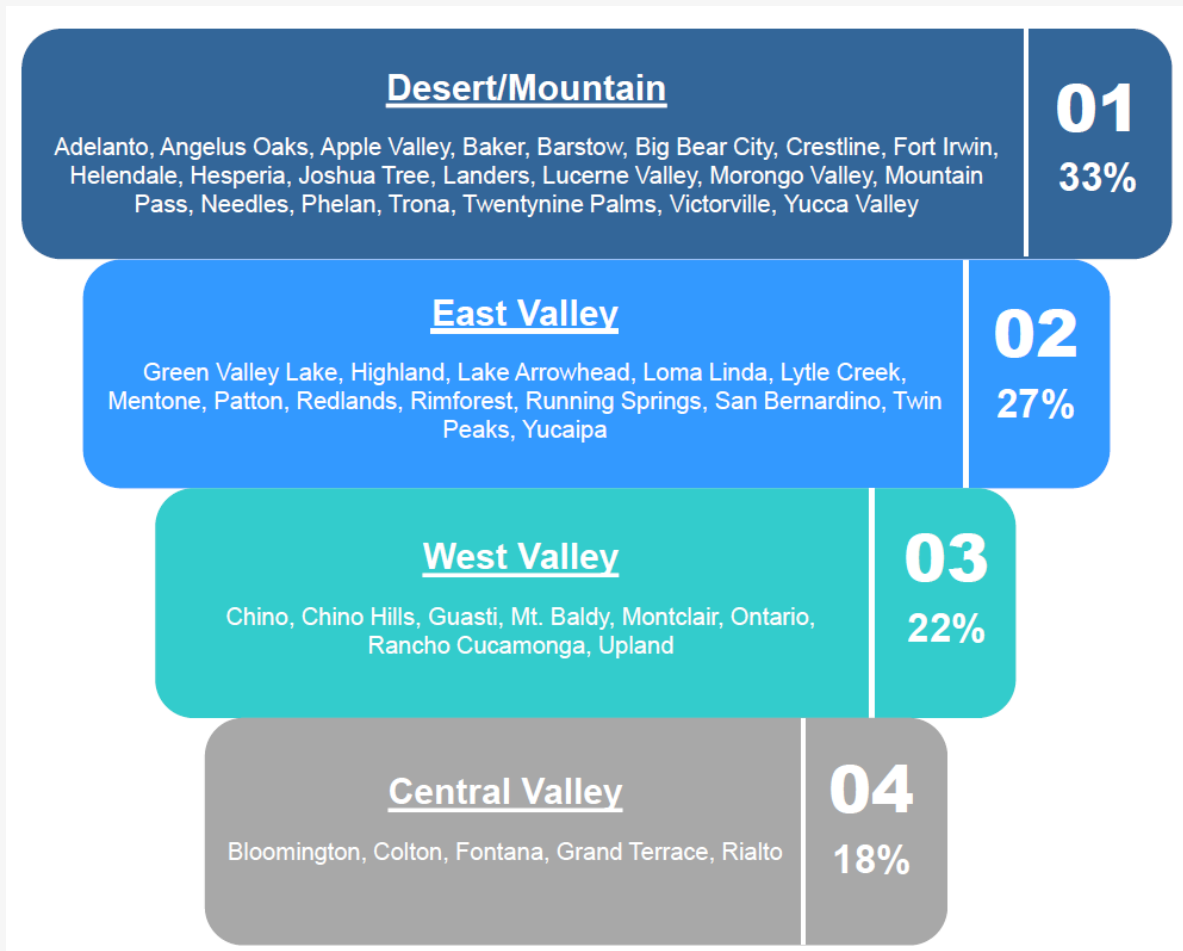
For both of the stakeholder meetings focusing on homeless and housing services, relevant information was presented to community stakeholders followed by an opportunity to engage in both table top discussions and a dialogue with the larger group concerning the topics and information presented, allowing opportunity for questions, clarification, and open dialogue. Stakeholder comment forms were provided and afforded the opportunity for individuals to provide self-identified demographic information such as age group, gender, ethnicity, region of the County they represent, as well as stakeholder group(s) they represent, as referenced above.

The majority of attendees (82%) identified as adults (ages 26-59), 10% identified as older adults (60+), 5% identified as transitional aged youth (16-25), and 1% identified as children. The majority of respondents identified as female (67%), 29% identified as male, 1% identified as other, and 3% did not respond. Representatives from each region of the county were in attendance as indicated.

Region of County	Number	Percentage
Central Valley	17	14%
Desert/Mountain	24	20%
East Valley	25	20%
West Valley	29	24%
Neighboring County	25	20%
Did not answer	2	2%
TOTAL	122	100%

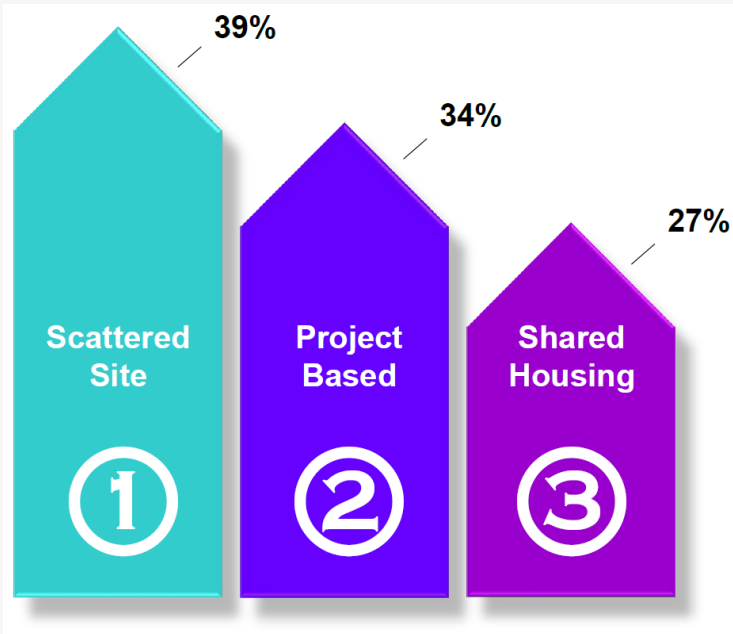
The August 2018 education and stakeholder feedback and discussion session focused on an opportunity to provide input and prioritize preferences in many areas. When asked which regions of the County are preferred for housing expansion the group identified regional priorities indicated below but also agreed that additional housing in any region of the County would be supported.

STAKEHOLDER IDENTIFIED PRIORITY REGIONS FOR HOUSING EXPANSION



When asked specifically to identify which types of housing projects community stakeholders would like to see considered under No Place Like Home the majority indicated they preferred a scattered site approach to housing (39%), with a close second supporting project-based housing (34%), and 27% prioritizing shared housing. Discussion also supported the development of each type of housing as a means to support and meet the needs of a variety of persons based on their individual needs.

STAKEHOLDER IDENTIFIED HOUSING PROJECTS FOR CONSIDERATION UNDER NO PLACE LIKE HOME (NPLH)



Scattered Site:

No defined length of stay;
Can include a unit in a multifamily site or a single stand-alone site.

Project Based:

One or more multifamily structures collectively containing five or more units;
Large developmental sites where an initial certain number of units are reserved by the developer for the target population.

Shared Housing:

1-4 unit properties;
Minimum of two (2) bedrooms per unit;
Shared by two or more households per unit where at least one member of each household qualifies as an eligible tenant.

Identifying special challenges and barriers to

housing for the NPLH population resulted in a robust discussion amongst the community stakeholders in attendance. The result of the discussion allowed the identification of levels of barriers that could be systematically addressed to improve outcomes for the NPLH population. Staff analyzed the information and categorized these special challenges as individual, system, and environmental challenges or barriers.

Individual

- History of evictions
- Bad credit
- History of criminal convictions
- Family size
- Employment
- Substance Use

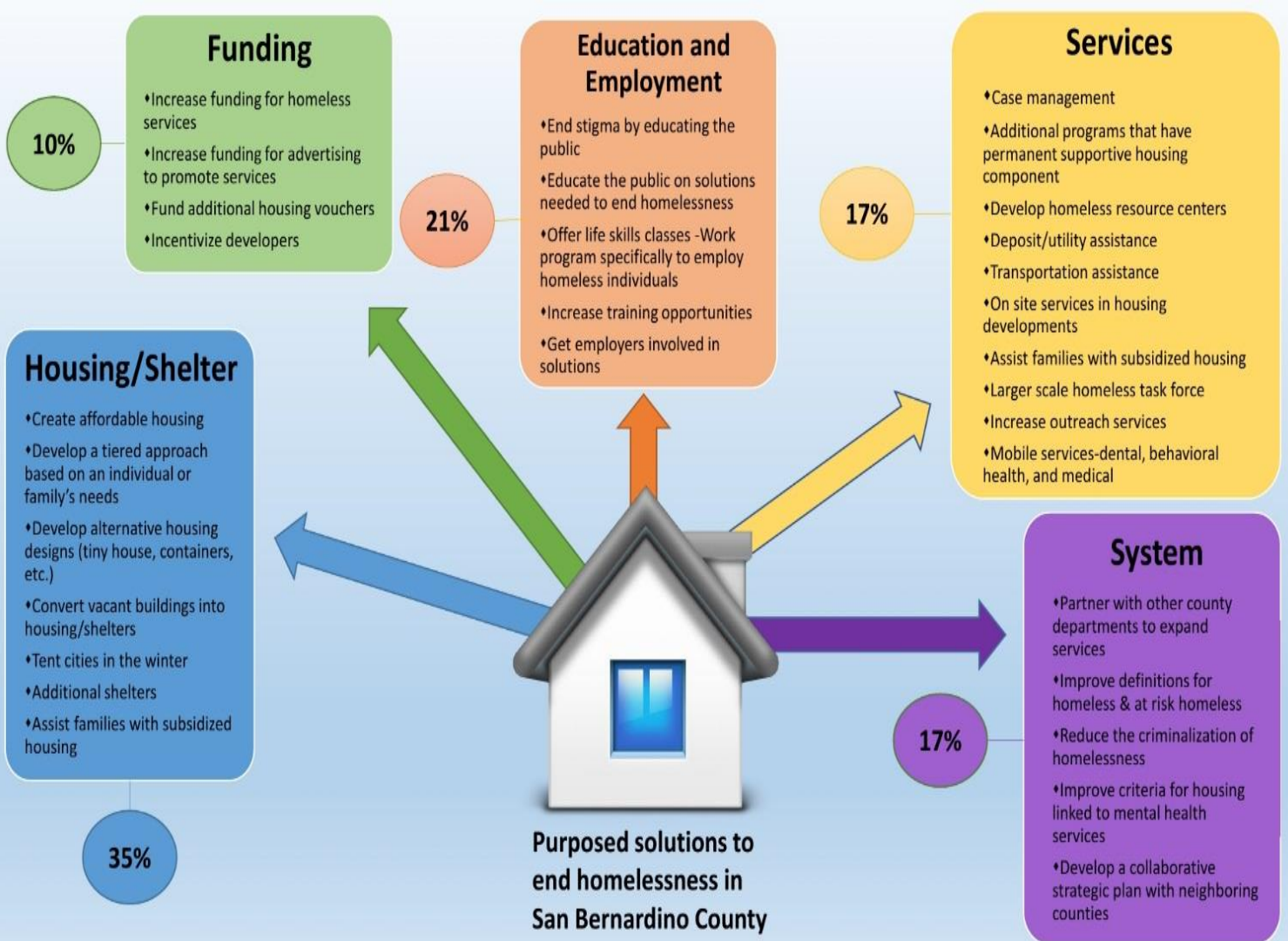
System

- Housing not allowing pets
- Lack of deposit assistance
- Navigation issues
- Transportation challenges
- Relocating homeless individuals away from support system
- Narrow eligibility criteria
- Lack of resource info
- Not enough services to meet high need

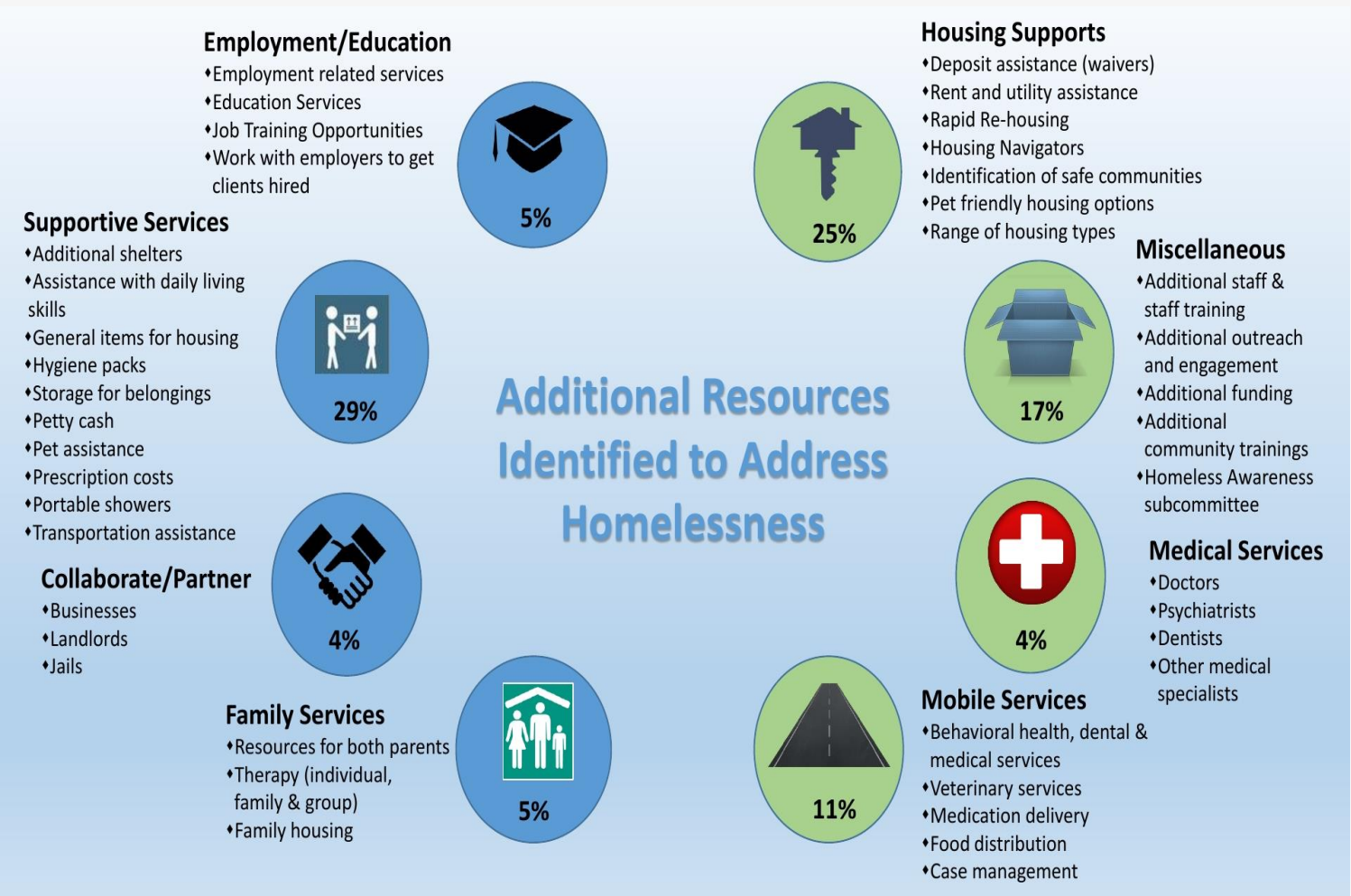
Environment

- Stigma of homeless
- Mistrust of gov. entities
- Need dedicated funding for housing
- Need services for non-chronically homeless families & individuals
- Need housing & services in rural areas
- Resources for re-housing (homeless prevention)
- Need SUD housing

At the September 2018 stakeholder meeting, the focus and conversation was shifted to discuss opportunities and solutions to enhance the current Plan. In the [San Bernardino County Office of Homeless Services Recalibrating for Results: Three Year Evaluation of the 2009-2019 San Bernardino County 10-Year Strategy to End Homelessness](#), several recommendations and actions were articulated and have been subsequently implemented over the last several years. Some of the recommendations received via this stakeholder process to address NPLH remained consistent with or built upon existing recommendations as demonstrated below.



The process also include an opportunity for participants to identify additional resources and supports that would help in addressing the needs of individuals living in homelessness.



“We have an opportunity to support our homeless community members by meeting them where their comfort level is”

- Community Stakeholder

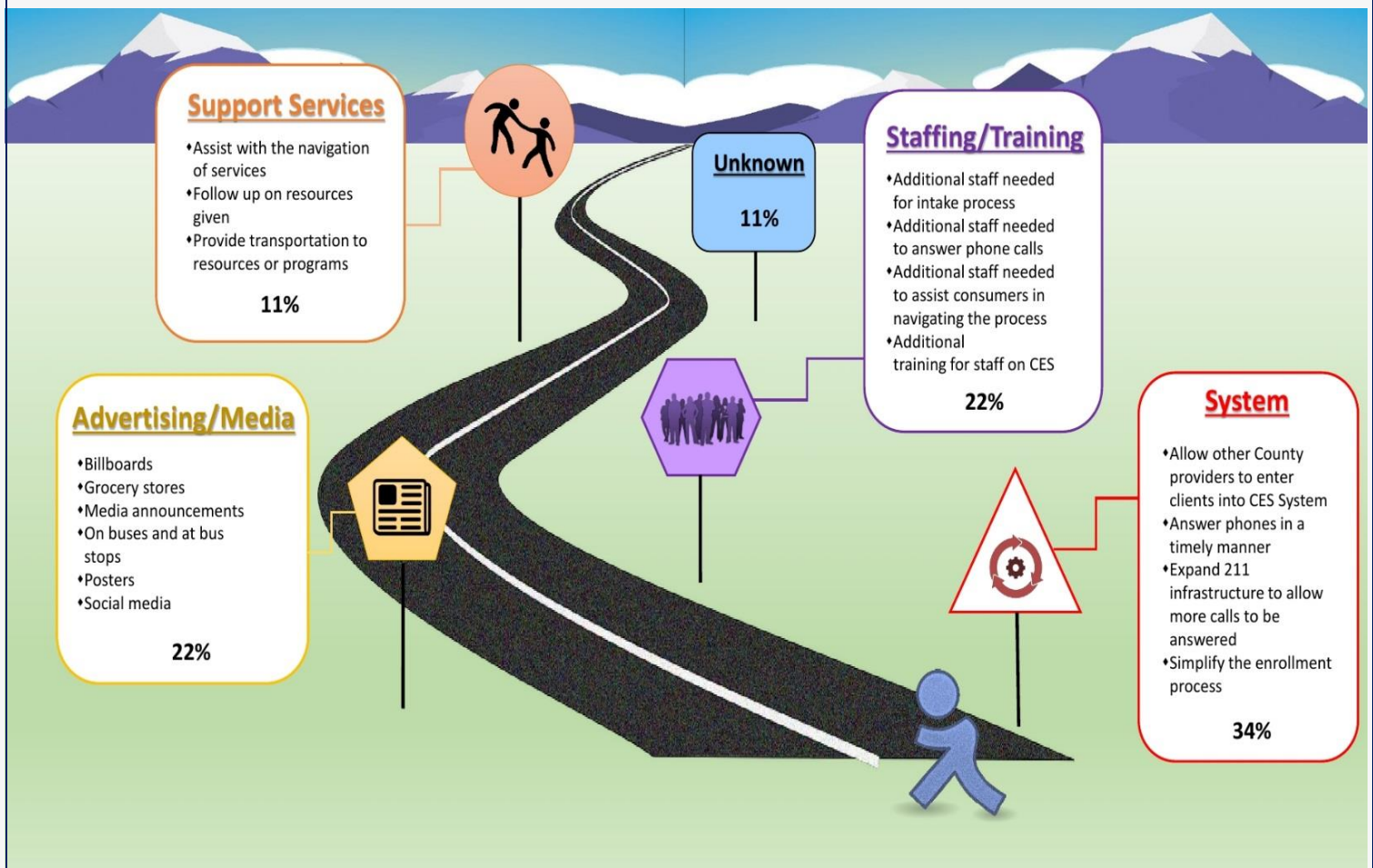
“A wide range of housing projects are needed to meet the specific needs of our homeless community. Flexibility in housing options and how these options are accessed at the service level is important”

- Community Stakeholder

A conversation concerning how to enhance and improve the existing Coordinated Entry System occurred, resulting in the following recommendations:

- Enhance supportive services such as system navigation, follow-up on resources provided, and enhanced transportation;
- Increase advertising/media to make information more accessible and visible;
- Additional staffing resources to support consumers, the intake process, and training for staff; and
- The ability to expand the use of the CES system to additional partners and simplification of the enrollment process.

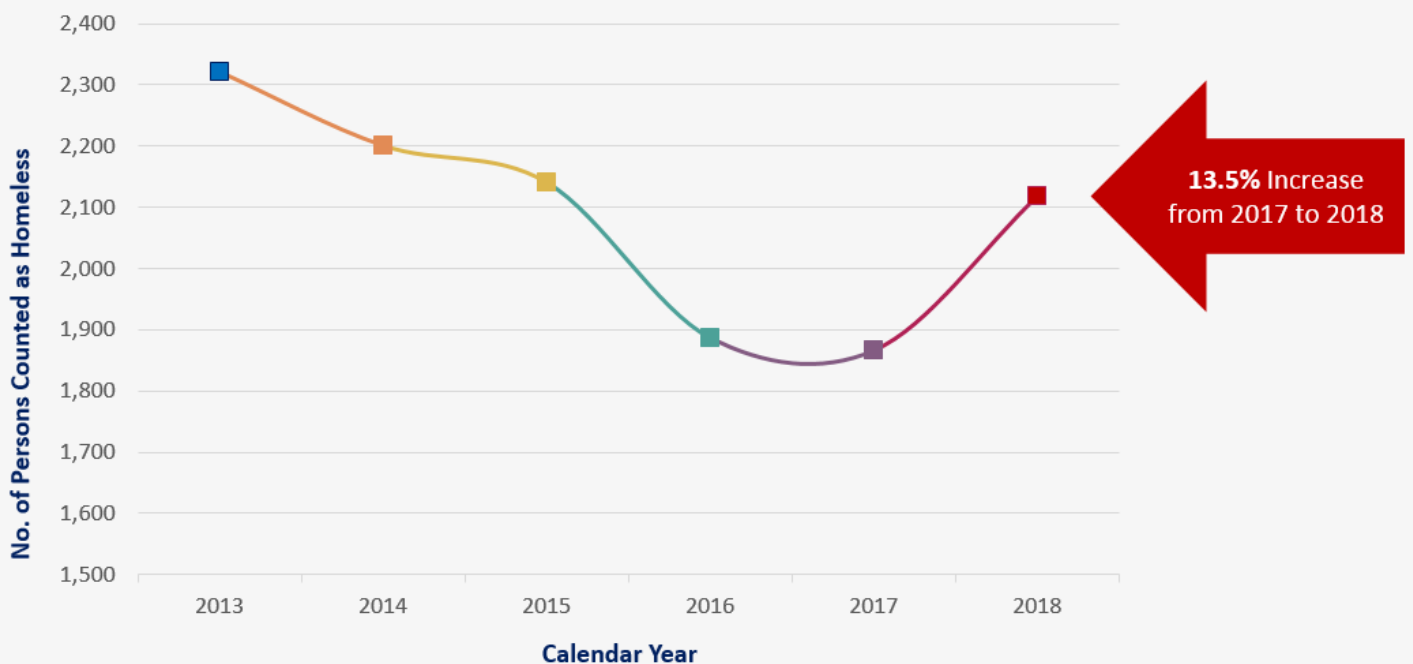
RECOMMENDED IMPROVEMENTS FOR THE COORDINATED ENTRY SYSTEM (CES)



PLAN TO ADDRESS HOMELESSNESS MENTALLY ILL INDIVIDUALS

San Bernardino County is committed to systematically addressing the issue of homelessness and the services sought out by individuals who are homeless due to their mental illness as well as other barriers. For San Bernardino County the issue of homelessness in our communities has become a priority issue as the rate of homelessness has increased specifically in the unsheltered category. Based on San Bernardino County’s 2018 homeless Point-in-Time Count there were approximately 2,118 persons who were homeless on January 25, 2018. The previous homeless count was completed in 2017, when 1,866 persons were counted. A comparison of the two counts reveals an increase of 13.5% in homelessness. When further evaluated, 1,443 individuals (68.1% of the County’s total homeless population) were experiencing unsheltered homelessness within San Bernardino County. Twenty six percent, or 558 individuals, reported living with difficulties with substance use or a mental illness. It should be noted that this number may lack an accurate accounting of those individuals experiencing homelessness and living with a behavioral health condition, as this count only encompasses a one day snapshot and as behavioral health conditions are self-reported. Additionally, of the total individuals counted, there were 29 unsheltered families in 2018 representing a near 100% increase when compared to the 2017 count. A copy of the complete report can be found at <http://wp.sbcounty.gov/dbh/sbchp/wp-content/uploads/sites/2/2018/04/SBC-2018-Homeless-Count-Final-Report.pdf>.

SAN BERNARDINO COUNTY: CHANGES IN THE HOMELESS POPULATION 2013 - 2018



BEHAVIORAL HEALTH COMMUNITY RESOURCES TO ADDRESS HOMELESSNESS

As articulated in the [10-Year Strategy to End Homelessness in San Bernardino County](#) and subsequent report, *Recalibrating for Results: A Three Year Evaluation of the 2009-2019 San Bernardino County 10-Year Strategy to End Homelessness*, San Bernardino County has adopted a philosophy that arresting individuals living in homelessness is not a solution, as noted by the collaborative programming through the justice system. For example, the San Bernardino County Sheriff has established the Homeless Outreach and Proactive Enforcement (H.O.P.E.) program. The H.O.P.E. program is a pro-active approach intended to ultimately reduce calls for service and other resources currently required to assist with the homeless population. A community policing philosophy is used to link the homeless population with resources and service providers throughout the county. The H.O.P.E. program aims to balance pro-active outreach with enforcement of the law, while connecting members of the homeless population with resources that may help them transition from homelessness.

In addition, San Bernardino implements collaborative Justice Courts and alternative sentencing programs that allow other sentencing options for defendants experiencing homelessness. The collaborative Justice Courts in San Bernardino County Superior Court include Homeless Court, Adult Drug Court, Mental Health Court, and Veteran Court.

Since the inception of MHSA, SBC-DBH has utilized a systematic, stakeholder supported approach to developing a comprehensive crisis system of care to address the needs of individuals experiencing a psychiatric crisis in the community. One of the first programs developed was the Community Crisis Response Team (CCRT). The CCRTs utilizes specially trained mobile crisis response to provide crisis intervention, assessments, case management, relapse prevention and medical referrals. CCRT responds to community locations through collaboration with law enforcement, hospitals, schools, DBH clinics and specialty programs, group homes, Board and Care facilities, family members, and self-referrals. Anyone in San Bernardino County can call CCRT in the event of a psychiatric crisis in the community.

As additional support, SBC-DBH also provides extensive Crisis Intervention Training to law enforcement personnel as first-line responders to crisis calls in which mental health issues are identified or suspected. Personnel are trained on mental health topics and learn techniques for engaging a person experiencing a mental health crisis.

Should an individual be identified as needing additional short-term supports or further evaluation, DBH offers Crisis Walk-In Centers and Crisis Stabilization Units through contracted community-based organizations in each region of the County. Individuals experiencing acute psychiatric distress or who are possible a danger to themselves or others can receive an urgent psychiatric assessment, crisis stabilization, and/or linkage to community resources.

GUIDING PRINCIPLES

The San Bernardino County Homeless Partnership 10-Year Planning Committee established the following “guiding principles” to shape the findings and recommendations in the Plan to end homelessness. DBH adheres to these principles as listed below.

1. Homeless Prevention

- a) Helping households maintain their housing is less costly, more effective, and more humane than helping households obtain housing only after they become homeless.
- b) Increasing the chances of helping households maintain housing through early (i.e. first signs of losing housing) intervention.
- c) Integrating a case management component to emergency assistance results in more effective referrals and follow-up and reduces the risk of future instances of homelessness.

2. Community Integration Strategies

- a) Planning and intervention by case managers increases the chances of helping homeless individuals find appropriate housing and services prior to being discharged from systems of care.
- b) Coordinating a community based approach to discharge planning will result in a more effective and coordinated systems of care for persons and households at risk of homelessness.
- c) Recognizing that the problem of homelessness is multi-faceted, involving matters under jurisdictional authority of various levels of government, there is a pressing need for inter-governmental coordination to develop protocols, programs and resources to assist homeless persons and families.

3. Outreach and Engagement System for the Chronically Homeless Persons

- a) Understanding that the longer a person lives on the streets, the greater the likelihood that the underlying problems that resulted in homelessness will exacerbate.
- b) Bringing mobile service providers directly to chronically homeless persons living on the streets is a more effective way of providing access to services than extending effort to bring these same persons to the services.
- c) Linking individuals to low-demand housing through outreach minimizes the negative effects of street living, including poor mental and physical health.
- d) Active Community Treatment has proven to be an effective intervention strategy in numerous communities throughout the United States. This approach brings assessment and treatment modalities directly to homeless persons on the streets, rather than bringing them into programs to be stabilized prior to receiving services.

4. Centralized Assessment and Regional Referral and Service Delivery System

- a) Centralizing non-residential, program-based case management services linked to housing options (a “one stop” approach) is a more effective way to provide services than having homeless persons navigate multiple systems of care throughout the County.
- b) Realizing that the size of the County and the fact that many communities lack resources and accessible public transportation systems, the homeless services system of care needs to ensure geographic breadth.

5. Income and Support Services

- a) Linking people who have been re-housed with longer-term, career-based employment services assists them with the tools they need to increase earnings.
- b) Recognizing that homeless persons have a wide-range of social service needs and that case management services including domestic violence, education, employment, health care, mental health care, substance abuse, veteran benefits, and others may be required to meet their needs and permit them to remain stably housed.

6. Shorten Homelessness

- a) Implementing a “Housing First” approach addresses immediate barriers to housing through home-based case management so that a homeless person's service needs do not delay his or her entry into permanent housing or permanent supportive housing.
- b) Executing a “rapid exit” strategy that focuses on early identification and resolution of the barriers to housing through case management facilitates the return of a homeless person to permanent housing as quickly as possible.

7. Permanent Housing

- a) Remaining stably housed in an affordable unit means that households should not spend more than 30 percent of their monthly income on their basic housing needs (including rent/mortgage and utilities).
- b) Recognizing that chronic homeless individuals 1) have a permanent disability; 2) are often incapable of fully addressing barriers to gainful employment; 3) need on-going supportive services; and 4) are in need of permanent supportive housing with on-site and/or off-site social services if they are to obtain and remain stably housed.
- c) Supporting the development of, and access to, permanent housing affordable to homeless and formerly homeless persons.

8. Homeless Management Information System (HMIS)

- a) Gathering accurate and current data is essential for communities for proper planning of homeless services and HMIS can be a useful tool to evaluate program effectiveness and to measure outcomes.

- b) Having an effective HMIS can be a useful tool allowing case managers of various agencies to coordinate services, track utilization and costs and plan an effective Continuum of Care.
- c) Having a fully functioning HMIS can be a useful tool to identify at-risk populations and to render assistance to prevent homelessness.
- d) Sharing information will implement policy and procedures following HIPPA and other medical privacy issues while addressing an individual's homeless status.

A comprehensive and well-balanced system of care that will effectively achieve the goal of ending homelessness will require that agencies set-aside their particular interests for the common good and be consistent with these guiding principles.

9. Community Issues

- a) Law enforcement is most often left with the task of addressing disruptive activities by the homeless and therefore must be mindful of the protection of rights, dignity, and poverty of the homeless population.
- b) Law enforcement officers shall be encouraged to use means of action other than a citation or an arrest for those homeless individuals that may demonstrate behavior that is necessary for daily living.
- c) Officers are encouraged to refer homeless clients to the appropriate social services.

10. Funding the Strategy

- a) The implementation of this plan will require the use of various funding sources including but not limited to federal resources and funds that are currently held locally.

11. Measuring Performance

- a) The formation of a local Interagency Council on Homelessness will help to create policy, to assist various County departments to measure and track implementation and performance.
- b) With the support of the 10-Year Strategy to End Homelessness Planning Committee, the Interagency Council on Homelessness will ensure that activities aimed at ending homelessness are coordinated and evaluated on an annual basis to ensure compliance with federal and state homeless policies addressing the needs of homelessness in our County.
- c) Outcome reporting will be required for all MHSA Housing Programs, including NPLH Housing Projects. For Full Service Partnership (FSP) tenants, reporting requirements will be consistent with those established by the State (HCD) for an individual enrolled in the Community Services and Support (CSS) category of FSP or similar capacity.
- d) All outcome requirements will be included in the Regulatory Agreement of each NPLH housing development project.

GOALS AND STRATEGIES

The San Bernardino County Homeless Partnership Planning Committee developed and articulated a set of 25 actions or goals in the 10-Year Plan to End Homelessness. As a key partner and stakeholder, the Department of Behavioral Health (DBH) has been involved in all aspects of addressing the actions and continues to strive to meet those goals. The table below provides a summary overview of some of the actions taken by the Homeless Partnership to meet some of the goals with emphasis on actions taken by DBH. All 25 actions can be accessed in the full report available at http://wp.sbcounty.gov/dbh/sbchp/wp-content/uploads/sites/2/2016/09/10-year-strategy-Final_Draft.pdf.

Current Goal/Recommendation	Progress/Future Actions
#4: Formalize protocols and improve coordination of discharge planning	<ul style="list-style-type: none"> DBH has enhanced discharge planning and care coordination with the expansion of Full Service Partnership Services, implementation of additional MHSA programs, and care coordination.
#6: Expand street outreach and engagement services to include multi-disciplinary practitioners and services	<ul style="list-style-type: none"> DBH has expanded outreach and engagement through expansion of the HOST team that works in coordination with the Sherriff's HOPE team and HPN partners. DBH is proposing to implement an MHSA Innovations project to test the use of innovative strategies for engaging persons living with behavioral health concerns and in homelessness into mobile treatment and housing. State review and possible approval of the project is scheduled for January 2019.
#8: Establish Regional One-stop centers that offer employment services, health care, housing placement, mental health care, substance use disorder services, and case management.	<ul style="list-style-type: none"> San Bernardino County has submitted a proposal to establish one-stop center services and to expand the continuum of services available for individuals living with behavioral health concerns and experiencing homelessness.
#9: Use a comprehensive tool that determines potential eligibility for mainstream resources.	<ul style="list-style-type: none"> San Bernardino County has adopted the use of the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool). A survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.
#10: Appropriate case management services should be available to all homeless persons whether they are on the street, accessing one-stop centers, in emergency shelters or transitional housing or receiving permanent supportive services.	<ul style="list-style-type: none"> Collaborative case management services are provided in coordination with housing authority, law enforcement, behavioral health, social service agencies, healthcare agencies, faith-based and community organizations. This includes intensive case management services provided by DBH for those in permanent supportive housing.



Current Goal/Recommendation	Progress/Future Actions
#12: Implement a Rapid Re-housing approach for Households with Dependent Children.	<ul style="list-style-type: none"> The No Child Left Unsheltered program had been implemented through the San Bernardino County Housing Authority. DBH provides case management for all children and families qualifying for services.
#13: Increase the number of Emergency and Transitional Units.	<ul style="list-style-type: none"> DBH has invested in 150 low barrier shelter beds for individuals living with serious mental illness. Case management and support is provided.
#14: Implement a housing first approach.	<ul style="list-style-type: none"> The Office of Homeless Services coordinated a series of Housing First trainings for San Bernardino County. DBH has adopted the housing first philosophy and established business processes that reflect the approach.
#15: Obtain more housing vouchers	<ul style="list-style-type: none"> The Housing Authority has been successful in obtaining additional tenant-based housing vouchers. The DBH Housing and Employment program has been instrumental in collaborating and coordinating with the Housing Authority in applying for and in securing multiple federal housing grants over the past two decades.
#16: Increase the number of Permanent Housing units	<ul style="list-style-type: none"> The DBH Housing and Employment program, in collaboration with state and county partners, has developed nearly 100 permanent supportive housing units for individuals living with serious mental illness countywide through the MHSA Housing Program. DBH Housing and Employment Program has been recognized for 6 NACO awards for its MHSA Housing Projects.
#19: Expand the capacity of the Homeless Management Information System (HMIS) so that agencies may make better use of the data, decrease time and effort at intake, and enhance the planning and development functions of the Continuum of Care.	<ul style="list-style-type: none"> The Office of Homeless Services has expanded access to additional partner agencies. DBH is supporting the ability for DBH to access HMIS through an additional investment. The Office of Homeless Services continues to apply for federal and state grants to upgrade and improve the Homeless Management Information System (HMIS) countywide.

While this summary does not include a full accounting of all the progress and strides made across the County by all Homeless Provider Network and stakeholders, it does demonstrate the commitment by the Department of Behavioral Health in addressing the needs of the homeless population living with behavioral health conditions in San Bernardino County. For the purposes of No Place Like Home, additional Goals and strategies have been developed.

The following goals and strategies are intended to be realized as a result of this update.

Goal #1

Reduce the number of DBH eligible individuals living with serious mental illness who are also experiencing chronic homelessness, literal homelessness, and who are at-risk of homelessness

Strategies

Reducing homelessness for the target population is the primary goal for this update and it will require:

- New investments in permanent supportive housing
- New Investments in temporary shelters and transitional housing
- Interventions to reduce the number of new people who become homeless
- Leverage investments with other federal and state initiatives

Intended Outcomes

- Increase number of clients served in housing/homeless programs
- Increase Medi-Cal penetration rate of homeless population
- Decrease number of target population living in homelessness by 50% by July 2022

Goal #2

Increase engagement into behavioral health treatment services

Strategies

- Increase in the number of encounters with collateral contacts, such as family members and informal supports
- Increase in program attendance and frequency per consumer
- Increase on-site case management for future permanent supportive housing projects

Intended Outcomes

- Increase in the ratio of voluntary mental health services to involuntary mental health services
- Decrease in no-show rate of appointments
- Increase number of target population participants in DBH services



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Goal #3

Enhance Coordinated Entry System (CES) to include process for including the literally homeless and at-risk of homelessness SMI population as a priority.

- | | |
|-------------------|---|
| Strategies | <ul style="list-style-type: none"> • Develop a systematic approach to identify No Place Like Home population in CES • Develop policies and procedures • Train DBH, CES, and Homeless Provider Network • Monitor procedures for fidelity and effectiveness |
|-------------------|---|

Intended Outcomes

- New procedure developed and implemented
- Target population is prioritized
- Coordinate with HMIS to gather NPLH data documentation

SPECIAL POPULATIONS

The strategies in this update are organized around the NPLH target population which includes adults, families with children, and youth. However within those groups are an assortment of unique needs. DBH is mindful of the need to work with compassion, cultural humility, and to treat all with respect and dignity.

Seniors: The 2018 Point-in-Time Count indicated that 18% of respondents were over the age of 55 and another 13% are aged 50-54. The homeless population at large is aging and requires special attention to address age-related health concerns.

People of Color: People of color represent approximately 48% of San Bernardino's homeless population comprised of Latinos (24%), Native American (1.5%), African American (15.3%), Asian/Pacific Islander (1.2%), or multiple ethnicities (5.8%). Cultural humility and equity are critical values in DBH programs and across County systems.

Women: A quarter of people experiencing homelessness in the County identified as an unaccompanied female in the 2018 PIT count. Of those, over half have experienced domestic violence, and for some it caused their homelessness.

DATA COLLECTION AND EVALUATION

DBH's MHSA Homeless services plan has several systems in place to collect data, analyze data and to report out on data. DBH Research and Evaluation (R&E) maintains a robust data collection, analysis and reporting infrastructure built upon a wide range of automated tools, 21 dedicated staff, and collaborations with partner agencies. R&E has an integral role in the evaluation process for all MHSA programs, including future No Place Like Home (NPLH) projects, with central oversight of data collection, monitoring, evaluation, analysis, and reporting of services as well as ensuring performance outcomes and expectations are in line with existing goals and outcomes for the DBH system of care. Data collection will be extracted from San Bernardino County's Continuum of Care Homeless Management Information System (HMIS), as agreed to in current MOU's between DBH and the County's Offices of Homeless Services (OHS), Community Housing Development Agency (CHDA), Housing Authority of the County of San Bernardino (HACSB), and Property Management. All DBH contracts for services stipulate data collection and outcome measure requirements.

This plan will seek to provide aggregated data for NPLH tenants on emergency room visits before and after move in, average number of psychiatric hospital admissions and inpatient days before and after move in, and number of arrests and return to jail or prison before and after move in.

Most consumers in Permanent Supportive Housing receive services from a DBH Full Service Partnership (FSP) program which collect the previously mentioned data elements. DBH believes these data elements can be collected and reported based on DBH's collaborative relationships and Memorandums of Understanding (MOUs) with Medi-Cal Manage Care plans: Inland Empire Health Plan and Molina Health Plan. DBH also holds a monthly collaborative meeting with hospital emergency departments and LPS Psychiatric hospitals. As the Mental Health Plan for the county, DBH is also the payer for inpatient Psychiatric care and keeps data on admission and inpatient days for individual Medi-Cal beneficiaries. DBH has several collaborative MOUs with the San Bernardino County Sheriff Department regarding reintegration and jail diversion services. These MOUs include data collection of arrest and incarcerations. Finally, DBH is part of San Bernardino County's Interagency Council on Homelessness, Health Sub-Committee. This committee is tasked with address barriers of healthcare to homeless populations, including data collection and reports. All data collection and reporting requirements will be met.

PUBLIC POSTING AND COMMENT

The Department of Behavioral Health (DBH) would like to thank those who participated in the public comment portion of the stakeholder process. The 30 day posting period highlighting the changes to the MHSA Annual Update for Fiscal Year 2018/19, specifically to support No Place Like Home (NPLH) projects occurred from December 2, 2018 through January 2, 2019. During this period DBH continued to promote the 30 day public posting and provided overviews and information to the stakeholders related to NPLH at various community meetings.

During the public posting period, DBH received five individual comments from two returned surveys that were completed and submitted electronically via the DBH website.

SUMMARY AND ANALYSIS OF SUBSTANTIVE COMMENTS

The following contains a summary and analysis of a sample of comments, along with responses, received during the 30 day public posting and comment period. DBH encourages and supports community collaboration, particularly the involvement of stakeholders, in all aspects of the MHSA program provided.

Question: Do you have other concerns not addressed in this document?

Comment:

There is a very high need for housing and homeless services in the High Desert areas, especially for those who suffer from an illness. This is a great first step.

Response:

Thank you for your comments and feedback. DBH appreciates and acknowledges your comments and also recognizes the need to create additional housing resources for our consumers in the High Desert region and across all regions of the county. DBH continues to work with other county agencies and community partners to create additional housing opportunities via permanent supportive housing

options in the high desert region. Additionally, through the NPLH competitive allocation process, counties can compete for additional funding to acquire, design, construct, or to rehabilitate permanent supportive housing projects. San Bernardino County plans to compete for these funds and will continue its efforts to create additional permanent supportive housing opportunities for consumers and families in all regions of San Bernardino County. For more information about some of the planned NPLH projects please reference the 2019/20 MHSA Annual Update which can be found on our website at <http://wp.sbcounty.gov/dbh/admin/mhsa/>. Additional information regarding the MHSA Housing Program is available on the California Housing Finance Agency (CalHFA) website at <http://www.calhfa.ca.gov/mutlifamily/mhsa/index.htm>.

Question: What did you learn about the MHSA Plan to support the development of housing and homeless services?

Comment

I'm glad to see efforts to address assistance for individual and families at-risk for homelessness as a preventive measure as well as a plan to increase support services and assistance for individuals and families who are experiencing homelessness, but who do not meet the qualifications for chronically homeless. I am also so glad to learn that underlying causes and conditions are considered as well.

Response

Thank you for your comment, feedback, and insight. As you noted, this program seeks to address shortages in affordable housing by creating housing units that are specifically set aside for persons living with serious mental who are chronically homeless, homeless, or at-risk of being chronically homeless. One of the unique elements of the NPLH program is that it provides housing to eligible individual adults and it also allows a minor who meets eligibility requirements to qualify for housing for the entire family. In the development of NPLH projects, San Bernardino County agencies will work with developers and stakeholders to acquire, design, rehabilitate and develop multi-family housing programs that support the living needs of individual consumers as well as families. More information regarding the NPLH program and eligibility requirements is available on the California Department of Housing and Community Development's (HCD) website at <http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml/>.

Comment

I did learn that this is the beginning of the development of housing and homeless services. It is my hope that we see some real improvements for housing and services to meet these people's needs, so they can finally be off the streets and living a better life.

Response

Thank you for your response and feedback. DBH's MHSA funded housing program has been in existence since 2006. DBH's first MHSA housing development was completed in Fiscal Year 2012/13. There are currently 95 MHSA funded units for consumers throughout the county. The NPLH program allows for MHSA funding to be taken at the state level and reallocates it for supportive housing. A total of \$2 billion dollars was earmarked from MHSA funds and made available for all 58 counties in the form of competitive and non-competitive funds. San Bernardino County plans to compete for available funds.

Question: What else would you like to learn about the MHSA housing and homeless services?

Comment

I would like to know how/what the MHSA will do to help community leaders become more proactive in addressing the homeless problem? There has been a "not in my back yard" mentality, and people with mental illnesses suffer more because of it.

Response

Thank you for you identifying how important it is to come together as a community to address the housing needs of some of our most vulnerable populations. The MHSA community program planning process does include the education and involvement of stakeholder input and feedback in the development of its programming, which includes housing. Education and collaboration with citizens, city leaders, city planning departments, and with county agencies will be provided.

Comment

I learned about deposit and utility assistance offered to consumers as well assistance with transportation services to dental, behavioral health and medical appoints. Finally, about on-site services offered in housing developments.

Response

Thank you for comment and feedback. We appreciate your interest.