



## Santa Barbara County Department of Behavioral Wellness Housing Assistance and Retention Team

| COMPLETE APPLICATION CHECKLIST  |                                     |
|---|-------------------------------------|
| Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:  |                                     |
| <input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.<br><br><i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i> |                                     |
| <input type="checkbox"/> Local Mental Health Board Approval<br>2022_____  | Approval Date: Dec 21 <sup>st</sup> |
| <input checked="" type="checkbox"/> Completed 30-day public comment period<br>Dec. 20 <sup>th</sup> 2022  | Comment Period: Nov. 18 -           |
| <input checked="" type="checkbox"/> BOS approval date   | Approval Date:                      |
| If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: ___Jan 24 <sup>th</sup> 2023_____  |                                     |
| <i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i>   |                                     |
| Desired Presentation Date for Commission: _Jan. 26 <sup>th</sup> 2022_____  |                                     |
| <b><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></b>   |                                     |



County Name                      County of Santa Barbara Department of Behavioral Wellness

Date submitted

Project Title                      Housing Assistance and Retention Team Program

Total amount requested      \$7,552,606

Duration of project              4.5 years

**Section 1: Innovations Regulations Requirements Categories**

**CHOOSE A GENERAL REQUIREMENT:**

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental healthsystem
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

**CHOOSE A PRIMARY PURPOSE:**

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to mental health services or supports or outcomes
- Increase access to mental health services, including but not limited to services provided through permanent supportive housing

**Primary Purpose**

The Housing Assistance and Retention Team (HART) project is a three-prong approach to increase retention within our permanent supportive housing program by assisting clients as they transition into independent living, educating and training Housing Authority and other property management staff on how best to serve this vulnerable population, and creating data collection methods to drive decision making and identify emerging trends. The project is designed to assist clients as they transition into housing to ensure a smooth adjustment into their new community, while also gaining independent living skills through a series of classes and onsite supportive services. HART will also provide extra support to tenants who are struggling to maintain housing, including a 24-hour “warm line” manned by Peer Recovery Specialists available to support new tenants.

Educating Housing Authority and property management staff will help them understand how best to approach residents when issues arise. The Department of Behavioral Wellness (BWell) currently has to



rely on data sharing via the Housing Management Information System (HMIS) to determine why or how tenants lose their housing, and this data is inadequate. The HART epidemiologist will create HMIS tracking at all our MHSA, Homekey and NPLH funded sites, and create a new data system tracking additional data not collected through HMIS to measure the increases/decreases in eviction and tenants leaving housing, and collect data on the reasons for eviction and tenants leaving housing that are currently not tracked in any data management system. HART staff will have the opportunity to collect resident data and conduct feedback sessions to measure that programming is appropriately supporting tenants.

The epidemiologist will also measure and report increased access to mental health services for all tenants at MHSA, Homekey and NPLH sites that the HART team will provide. One of the primary goals of this Innovations project is to increase access to behavioral health services to persons located at permanent supportive housing sites through the increased outreach and engagement the HART team will provide.

The program will support Housing First principles, which have been identified as best practices when working with this population. The expectation is that this project will expand current County efforts in the overarching goal of improving housing retention, which has been identified as a gap in services by various county agencies, including: The Housing Authority of Santa Barbara County, the Santa Barbara County Department of Housing and Community Development, the State of California Department of Housing and Community Development, the Housing and Recovery Action Team, Good Samaritan Shelters, and the Santa Barbara Alliance for Community Transformation on Homelessness. HART will provide a missing intensive supportive component within this continuum by providing necessary services and goods for newly housed people and increasing their ability to successfully live independently. This Innovations project will promote interagency collaboration through the HART team, which will be a collaborative project between BWell and a Community-Based Organization that will collectively provide mental health services.

We believe that this project will be a successful component with our No Place Like Home (NPLH), MHSA and Homekey funded housing sites, since current services are not meeting the intensive needs of new and struggling residents. HART will provide unique services to assist with securing housing and helping individuals achieve a sustainable degree of stability. An innovative and necessary approach is needed for our community as it is an identified gap in our continuum of care that does not exist within the various county agencies providing services to individuals experiencing homelessness.

## **Section 2: Project Overview**

### **Primary Problem**

Over the past two years, we have increased housing capacity by 61 units and our Department has been awarded funding for an additional 76 units. These will come online during the next three to four years, thereby expanding our permanent supportive housing capacity to 126 units in less than five years. Some of our MHSA and NPLH tenants are being evicted or facing charges of housing infractions, even though we currently provide twenty hours a week of onsite supportive services at our new housing sites (The Residences at Depot Street, Homekey Studios, and West Cox Cottages). After talking with tenants, clients, and onsite staff, we have discovered that what is being provided is not enough support for tenants, many of whom have not successfully lived independently for years. Tenants would benefit from holistic services that are strengths-based and needs-driven, including Peer



Support ,intensive case management support, intensive social service benefits counselling, independent living skills curriculum, and a twenty-four-hour-a-day “warm line” that all tenants can call and reach a peer for any supportive services, housing questions, or social unease that they are feeling. Housing management and providers are also in need of additional training, including Mental Health First Aid, Trauma-Informed Approaches, Housing First policies and Housing Rights for Tenants.

Barriers to long-term housing retention are both tenant and landlord based. Onsite criminal activities and drug use are the leading causes for eviction. Often these activities are not engaged in by tenants themselves but by visitors of the tenant. Adding housing-stability specific peer support specialists would allow tenants to develop assertive skills and encourage a housing support system that enables tenants to ward off exploitative visitors. Additionally, housing management staff lack appropriate training necessary for successful interactions with residents. This leaves residents feeling isolated and desperate as infractions become more frequent. This dynamic has led to tenants not feeling safe in their living environment which can then lead to additional housing rule violations. Even with part-time onsite BWell staff, tenants report that they do not feel that they have someone to advocate for them with the Housing Authority, and they lack basic housing needs like food, furniture, cleaning, and hygiene products. They feel isolated and unconnected to their community. They also would like far more social activities and community events than currently provided. Additionally, tenants are often eligible for social benefits, but do not qualify due to incomplete documentation.

Our current housing model includes part-time onsite case management and limited peer support, not available onsite, for residents of our MHSA, Homekey, and No Place Like Home funded sites. Staff attempt to assist residents with obtaining basic housing items such as furniture, cleaning supplies, and personal hygiene items, but there are no funds for this and tenants often enter units with no furniture and no light sources. Residents often lack skills necessary to successfully navigate grocery stores and food banks. Access to reliable and consistent transportation also hinders the ability to attend appointments, find and retain employment, participate in the Recovery Learning Center activities, and become successful independent members within their community. Moreover, onsite case workers lack funding for community-building activities like yoga, gardening, and cooking classes.

During our research, we discovered that tenant retention rates are higher when wraparound services including peer support, case management and mental health services are provided directly to tenants at their place of residence. We also noted that flex funding is needed to provide tenants with essential household items, transportation options, and community activities. The Santa Barbara County community has expressed their desire to have individuals obtain housing and remain housed. During the 2022 Point in Time Count, 1,962 people were observed as experiencing homelessness in Santa Barbara County. Of these, 39% reported having a mental health disability and 76% reported being chronically homeless for at least one year.

Additionally, our Coordinated Entry System data for FY 21-22 found that 26% of persons experiencing homelessness with a mental health disorder, and were housed through the CES, return to homelessness within six months of being housed. This statistic is alarming, and we hope that by gathering better data on all MHSA, NPLH, and Homekey funded sites, we will discover what is contributing to this high return to homelessness rate and share our findings with other county departments and housing providers county and state-wide.

How to keep people housed is an ongoing topic at staff meetings, especially among Case Workers, Outpatient Referral Assignment team members, and the Older Adults team, where preventative strategies for evictions from local assisted living facilities require considerable time and attention. Our case management resources are spread thin as we try to assist individuals who have been recently



housed. Housing retention also takes a considerable amount of time during staff meetings and other clinical support briefings to ensure this basic need continues for our most fragile clients.

In summary, problems indicating the need for a solution include:

- Tenants being evicted from permanent supportive housing, often because they lack the necessary supports when first entering housing after periods of being unhoused.
- Tenants lack basic supplies, food and transportation especially when they are transitioning to housing
- Tenants are not enrolled in the social benefits programs to which they are entitled
- We do not keep adequate data on people once they are housed; we are not tracking why they lose housing to try and prevent this in the future
- Property management staff are not properly trained on how to best support this unique population

No Place Like Home and other State housing funds have led to a positive increase in the sheltering of our chronically homeless and unhoused consumers. This has led to an increase in need for services to address the challenges our population faces related to maintaining housing.

## Proposed Project

### Narrative

The HART Team will consist of a Housing Program Manager, SOAR trained case workers, a Peer Team Supervisor, and peer support specialists. The case workers and peer support specialists will work with consumers to help them maintain and strengthen their independent living skills and connect them to mental health and substance use services. They will provide necessary transportation for tenants, have flex funding available to make sure tenants have the necessary items they need when they first move in, and be available on the ‘warm line’ to provide twenty-four hour a day peer support.

Case worker and peer support specialists will directly serve all MHSA, Homekey and NPLH housing sites and will work with BWell-supported tenants, particularly with individuals who are transitioning to housing after being unsheltered for extended lengths of time. The population served will be anyone living in a MHSA, Homekey or NPLH funded unit. Tenants will not have to be actively engaged in services with BWell to receive services from the HART team. They will be homeless or at risk of homelessness, and may include:

- Consumers stepping down from transitional housing
- Consumers who are discharged from the Psychiatric Health Facility or Crisis Stabilization Unit
- Consumers who are stepping down from Full-Service Partnership levels of care and still need case management services
- Individuals who are in our Coordinated Entry System and have a serious mental illness

Tenant skills-building activities may include creating a structure and routine in their daily lives to get their needs met; coordinating care with community-based agencies providing services/supports to the consumer; linking consumers to physical and mental health services; coordinating care and problem solving with landlords; learning how to work collaboratively with family members; developing coping strategies; learning and practicing activities of daily living; participating in onsite community building activities like gardening, yoga and cooking; involvement with the local Resource Learning Center, and





many more activities designed to assist tenants to be successful community members.

Ongoing case management will be implemented in our community through HART and will allow us to better understand the needs of our consumers once housing has been secured. We will support individuals as they transition to housing with the hope that it results in less evictions, greater income and social service benefits acquisition, community integration and progression to independent living for our consumers.

When developing the program, we discovered that educational opportunities and training have not been provided to Housing Authority or property management staff regarding the targeted population. Additionally, we also learned that the Department does not currently have methods to collect data on our housing program residents. Therefore, HART staff will develop and implement a training program and data collection methods to meet this need.

### **Program Development & Implementation**

To implement the program, in the first year, BWell will hire Housing Program staff including a Housing Program Manager, an epidemiologist, and an Administrative Office Personnel to coordinate the grant reporting, data collection, and services. BWell will also hire through a subcontractor four full time case workers, five full time peer support specialists, and one full time Peer Supervisor. This services team will be peer-led and will aim to be 100% peer staffed. In years 2-4.5, the HART team will increase staffing, eventually including seven case workers and seven peer support specialists that will be supervised by the Peer Supervisor. The HART team will engage in intensive training including Trauma-Informed Care; Seeking Safety; Mental Health First Aid; CPR/AED; Admission of NARCAN; SSI/SSDI Outreach, Access and Recovery Training (SOAR); Critical Time Intervention Training; Motivational Interviewing; and Voluntary Moving-On Strategies.

The Team will identify and assess current avenues of referrals and placement into permanent supportive housing (PSH) programs, and collaborate with referral stakeholders to identify avenues for Housing Program staff to engage with clients when they are identified as potential residents. During this time, the Team will also create an eight-week independent living skills curriculum program for clients as they transition into PSH utilizing evidence-based practices.

The Team will also implement and staff a twenty-four hour a day “warm line” that all tenants can call at any time and receive peer support. The warm line will be a place where tenants can call if they have questions or concerns about housing management, other neighbors, or are struggling with living independently and feeling lonely or scared about their new housing situation.

Peer Support Specialists will have lived-experience and will act as mentors to guide new and current tenants. SOAR-trained case workers will help tenants gain appropriate social services benefits, deliver job skills training, and provide job search assistance including transportation. Case workers will work on linkages and referrals to all mental and physical healthcare needs for tenants. The entire team will provide “new tenant living skills” curriculum, staff the “warm line”, provide transportation, and offer onsite recreational and living skills classes.

The HART Team will also identify and implement additional supports for residents as needed, such as: purchasing furniture, providing cleaning supplies and basic hygiene supplies, purchasing food or providing transportation to Food Bank, appointments, job interviews and grocery stores.

The HART Team epidemiologist will develop data collection instruments and reporting mechanisms to



assess program success and identify challenges and housing trends. The epidemiologist will develop methods to track all evictions and tenants leaving housing, and the reasons for leaving housing, including factors such as number of citations from housing management, number of conflicts with other tenants, engagement attempts by the HART team, and other data points that the epidemiologist will identify. The epidemiologist will also track increases or decreases in access to behavioral health services. Data will also be utilized for decision making and strategy development. The epidemiologist will collect data and perform all reporting requirements for the MHOAC, our Department, and local stakeholders. At the end of the four-and-a-half-year project, as part of the INN final report, the epidemiologist will create a short report on “Lessons Learned” on engaging with recently housed populations, and any methods that led to decreases in evictions and tenants leaving housing.

Our HART Team staff responsibilities will be: approach clients from a trauma-informed, whole-person perspective; provide residents with intensive onsite support services as residents transition into independent living; help with transportation and other housing needs; have small case-management-to-client ratios; build a sense of home within the housing communities; provide hands-on benefits acquisition counselling; provide in-person Independent Living Skills Building classes; provide Tenants’ Rights advocacy to housing management; and designate advocates at the housing sites to communicate with housing management and other tenants for long term stability onsite. Ultimately, the HART team will work to identify tenant’s that would like to act as housing advocates in the community and form a Housing Advocates Speakers Bureau. The HART team would work with two community-based organizations, Painted Brain and Transitions Mental Health Association (THMA) that both provide training on becoming an advocate and telling your story to audiences.

Resident responsibilities will be to complete paperwork and establish a move-in date; collaborate with case workers to develop a housing success plan; develop and assess an Independent Living Action Plan; participate in an 8-week intensive independent living skills course and receive a certificate of completion; adhere to the rules and regulations required of residency; communicate with Peer Support Specialists and Tenants’ Rights Advocate if there are conflicts with housing management; participate in the Housing Advocates Speakers Bureau and associated training, if they want, and assess success plan progress.

The HART Team will implement on-site supportive services including:

- a. referrals and linkages to mental health and substance use providers/case workers
- b. Transportation as needed to access services, attend appointments, and secure employment
- c. Independent living skill building programs
- d. Peer support activities
- e. Social safety net benefits counseling and advocacy
- f. Access and linkages to physical health care, including routine and preventative health and dental care and medication management
- g. Wellness services: yoga, meditation, walking or hiking, gardening, cooking, and other activities identified by tenants
- h. Development of Housing Advocates Speakers Bureau and linkages to trainings offered by Painted Brain and THMA
- i. Services to be provided seven (7) days a week

The HART Team will implement off-site services including:

- a. Operate and staff a twenty-four hour a day “warm line” for consistent peer support



**a) Identify which of the three project general requirements specified above [per CRR, Title 9, Sect. 3910(a)] the project will implement**

Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite.

**b) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.**

Case workers are available at least part-time at all of our housing sites; however, clients continue to struggle to maintain housing. During feedback sessions with clients, they reported the need for additional help, especially with independent living skills and advocacy with Housing Authority and property management staff. Residents were also struggling with obtaining social service benefits; finding and affording transportation to the food banks, grocery stores, various appointments; and, securing employment. While Housing First is the law in California for all housing sites receiving any State funding, this is a big shift from traditional publicly-funded housing models. Thus, training and education for property managers and housing agencies about whole-heartedly embracing Housing First principles will help housing management staff to interact with tenants on alcohol and drug related issues in a more positive way. The HART team will provide holistic support to residents as they transition into permanent supportive housing and help them build skills necessary for long-term residency and will work with housing management to implement fidelity to the Housing First model.

When developing our HART model, we reviewed Innovation Plans from other counties and determined that while they had some of the components our residents were requesting, the models did not seem to have quite enough support or serve the specific population we are serving, and didn’t have a peer-led model for housing retention that partnered a BWell department with an outside organization. Creating and implementing a “new tenant living skills curriculum” program will allow residents to have additional supports from the application process through the first year of independent living. Should tenants need additional support beyond the first year, full-time staff at the site will continue to assist clients with their needs.

**c) Estimate the number of individuals expected to be served annually and how you arrived at this number.**

Currently, we have 60 tenants new to housing and anticipate that an additional 76 units will be open within the next three years. When HART is implemented, we will assess current resident need for additional support and believe that we will engage at least 50 current residents in the new programming and support services. During the first eighteen months to two years we anticipate a 20 turnover in units; therefore, we will engage at least 10 new residents as they transition into one of our funded sites and will offer additional support to current residents. During years three through four-and-a-half, we believe housing retention will rise, but with new units opening, we estimate that we will serve at least 35 new tenants while also providing additional support and advocacy for 25 current tenants each year.

MHSA/ Homekey and NPLH Funded Sites Open Right Now Include:





Pescadero Lofts: 10 units  
Rancho Hermosa: 12 units  
Residences at Depot Street: 34 units  
West Cox Cottages: 13 units  
Homekey Studios: 14 units  
Homebase on G: 10 units

In the next two to three years, we believe these additional MHSA/ NPLH sites will be open:

Hollister II: 20 units  
Cypress and 7<sup>th</sup>: 14 units  
Hollister Lofts: 16 units  
Patterson Point: 11 units  
Polo Village: 15 units

**d) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate.)**

Our permanent support housing sites currently serve clients 18 years and older. Depending on their needs to also provide shelter for family members, we have sites that offer options for studio, one, two, or three-bedroom apartments. We do not discriminate based on gender identify, sexual orientation, race, or ethnicity, or language used to communicate. Residents in our MHSA funded sites are low-income and are transitioning from being homeless or have recently experienced homelessness. To secure housing, applicants must be actively participating in mental health BWell services, including clients with co-occurring disorders, but do not have to remain engaged as a condition to retaining housing. Tenants at all No Place Like Home sites are selected through the Coordinated Entry System and must have a serious mental illness and be homeless or chronically homeless. They do not have to be actively engaged in mental health services to be housed. BWell does not select tenants for any No Place Like Home sites, they are all selected through the Coordinated Entry System.

**Research on INN Component**

**A. What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?**

Humboldt County, Santa Clara County, and Sonoma County have tested and implemented similar INN projects geared towards improving housing stability. However, HART is unique in that it is peer-led, centered around BWell funded housing sites, and offers wraparound, holistic services, including basic independent living skills and access to onsite mental health services

Humboldt County's Resident Engagement and Support Team (REST) seeks to improve housing stability by helping individuals remained housed while assisting in the transition to HUD programs. The project consists of assigning case workers and peer coaches to the Adult Outpatient Program to work with DHHS BWell consumers, age 18 or older, who do not meet the level of care indicated for Full Service Partnership. Case workers and peer coaches work with consumers to help them maintain their housing by helping consumers create a daily structure and routine, coordinating care with other agencies providing services, linking the consumer to physical and mental health services, and coordinating care and problem solving with landlords. While the HART and REST projects are similar, REST's primary focus is improving housing stability during transitional housing that is not owned by



Humboldt County. In contrast, HART's primary focus is bettering mental health services for persons experiencing homelessness with the goal of improving housing retention for county-owned housing.

Santa Clara County's Independent Living Empowerment project seeks to support independent living facility owners through a voluntary membership. This project connects independent living residents and owners to a voluntary supportive network that provides education, training and peer supports to help attain and keep independent living a viable choice as clients/consumers step-down from higher levels of service and into the community. Participant owners commit to having their homes meet a set of eight (8) quality living standards. In exchange, the project connects owners to a variety of supportive resources. Objectives of this project are to expand the number of independent living facilities, decrease the use of emergency services, decrease incarceration, and prevent homelessness for persons in County of Santa Clara. This project is distinct from HART in that it focuses solely on the education and support for owners and renters in order to improve the living experiences of clients. While HART similarly aims to promote housing retention by providing Tenants' Rights Advocacy to housing management, our project also offers additional, on-site supportive services directly to consumers. These wraparound services and supports will work together to improve housing retention at the permanent supportive housing level.

Sonoma County's Crossroads to Hope program intends to create access to community-based treatment for individuals who have a severe mental health illness, with possible substance use disorders, who are eligible criminal justice diversion clients. Crossroads seeks to enhance a multi-modality approach for adult diversion clients who are at-risk for IST (Incompetent to Stand Trial) by adding intensive peer support services for up to 6 individuals at one time within a transitional housing environment. Innovation funding adds a peer support component to lead a holistic client-centered program including: recovery and wellness strategies, independent living skills, building a support network, accessing community resources, and establishing long-term stable housing. HART and Crossroads to Hope are similar in that they both offer peer support services within a housing environment. However, HART's peer supported program targets DHHS- BWell consumers who are homeless or are at risk of homelessness.

Santa Barbara County currently has a Housing Retention Team facilitated by Good Samaritan Shelters and is funded by a grant from the Santa Barbara County Department of Housing and Community Development. It provides intensive wraparound services including a 24-hour help line for recipients of Emergency Housing Vouchers (EHV) in Santa Barbara County, of which we have approximately 230 EHV recipients. Tenants at our MHSA, Homekey, or NPLH funded sites have project-based vouchers; therefore, they are not eligible for the services provided by the County Team. We see the need for similar yet more robust services to be provided to new tenants at our sites. Therefore, we propose that the HART program will be focused on the most vulnerable population within our housing program, and will expand upon the components of the current Housing Retention Team as a model for our services to include a more peer-based model and peer-led Housing Retention team.

We have also researched and communicated with Good Samaritan staff, and used their success and failures to inform our own plan. Lessons learned are:

- 1) Peer coaches increase engagement of clients and help them to achieve their goals. This success contributes to the inclusion of peer support in the HART proposal.
- 2) Having separate designated staff to advocate for tenants' rights, not the onsite case workers, results in better communication between tenants and housing management staff.



3) Providing tenants with free transportation is the number one way to engage with tenants. It has been, by far, the most successful way to build trust with tenants and leads to their engagement with direct mental health services in many instances.

4) Having a hotline all tenants can call, twenty-four hours a day, and talk to staff about any housing issues has been successful in deescalating a lot of housing related conflicts

What distinguishes our project is that our entire population served will be people with a mental illness. The population served by the County Housing Retention Team is only approximately 25% people who identify as having a mental illness. Because this is a Housing Retention Team exclusively for mental health consumers, we are also including three mental health peers on the HART team. This project is innovative because there has never been a Housing Retention team exclusively for mental health consumers, and there has never been onsite housing support that is peer-led in Santa Barbara County. Additionally, HART's project resources will provide outreach to those who are not yet connected to county behavioral health who may qualify for FSP or other related services. We hope to learn how ongoing case management and peer support impacts whole person care, housing stabilization and physical health outcomes. We intend to support consumers in their journey to stable housing, from shelter to supportive housing and finally to independent living.

In addition to supporting tenants, our Innovation Plan will also provide education and training of Housing Authority and property management staff to increase their knowledge and understanding of our most vulnerable County population. HART staff will also engage with neighbors and develop community building opportunities not only with the residents, but the community at large through development of a Housing Advocates Speakers Bureau that will enable tenants to develop communication skills for housing advocacy. This holistic approach will increase a sense of belonging necessary to increase tenancy retention.

**B. Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.**

When developing our HART program, we looked internally first – how were we supporting our residents, and was it enough? As we began to hold stakeholder events, we widened our view to include the entire County and read every Innovation Plan centered on housing. As we gathered stories and data, we began to review models and did not find any programs centered on transitioning individuals with behavioral wellness needs to permanent supportive housing and supporting them through their first years with wraparound services. While there is a housing retention team in Santa Barbara County, it does not address issues unique to the population we serve. Therefore, HART is modeled on pieces gathered from other programs.

The MHSOAC website has descriptive information about approved Innovation plans. Through this resource, we reviewed numerous Innovation plans involving or related to housing retention teams and tenant advocacy. Of those, the three described are existing programs containing elements of what we are proposing, and gaps that we seek to fill.

Humboldt County's Resident Engagement and Support Team (REST) is described in the previous section. This project was instrumental in planning our HART Team. We modeled our initial supportive services on the model that they introduce. While the HART and REST projects are similar, REST's



primary focus is improving housing stability during transitional housing that is not owned by Humboldt County. In contrast, HART's primary focus is bettering mental health services for persons experiencing homelessness with the goal of improving housing retention for county-owned housing.

Santa Clara County's Independent Living Empowerment project is also described above and seeks to support independent living facility owners through a voluntary membership. This project provided a model for our inclusion of Independent Living Skills curriculum. We included in our curriculum many of the education supports that they had designed for their consumers.

Sonoma County's Crossroads to Hope program, which is described in the previous section, was reviewed when we were designing the peer supports included with HART. We have modeled our inclusion of wellness and recovery strategies, building a support network, accessing community resources, and establishing long term housing goals. HART and Crossroads to Hope are similar in that they both offer peer support services within a housing environment. However, HART's peer supported program targets DHHS- BWell consumers who will be homeless or are at risk of homelessness.

Additionally, the Google Scholar search engine was used to locate peer-reviewed literature and program information. Search terms included housing retention, housing first, tenant advocacy, case management, tenant selection, homeless, homelessness, housing, peer-recovery, trauma, and trauma-informed.

Research indicates that there have been numerous random controlled trials demonstrating the effectiveness of a Housing First approach when it comes to supporting individuals experiencing homelessness. In one systematic research review, researchers compared the effectiveness of Housing First approaches to Treatment First approaches, which require clients to be in-treatment and substance free before receiving housing. The study compared the effects of both approaches in regards to housing stability and health for persons with disabilities experiencing homelessness. They found that "compared with Treatment First, Housing First programs decreased homelessness by 88% [and] improved housing stability by 41%" (Peng, Yinan et al). Our goal for HART is to apply Housing First principles to achieve superior housing outcomes and improvements for individuals experiencing homelessness.

In another qualitative study, researchers examined the critical elements of peer support for those experiencing homelessness. They defined peer support as "an experience-based relationship, built upon mutual understanding, empathy, and support" (L. Barker, Stephanie et al). After interviewing 26 participants, they found that peers were persistent in forging unique relationships with clients, and clients felt better respected and supported due to their shared experiences. The key elements of peer support they identified through this study include "unique experience-based relationships" "social support" "role modelling recovery" and "peers' motivations" (L. Barker, Stephanie et al). Our HART program will include Peer Housing navigators with the intention of fostering these elements of peer support, as our current housing model lacks this level of involvement.

An additional study explored the impact of tenant advocacy, specifically with homeless families. Families in transitional housing who chose to participate in the research were presented with a variety of lectures, discussions, video presentations, and handouts offering skills and strategies regarding tenant advocacy. Researchers found that intervening with these families to provide information on "tenant rights and responsibilities" showed promise for empowering homeless families, as well as supporting their successful tenancy (Irish, Diane J. DSW, LSW). Participants expressed that they would use the information from the intervention in their future interactions with landlords, such as by conducting inspections of potential properties and obtaining written documentation of agreements with



landlords. The HART program strives to similarly empower clients through a Tenants' Rights Advocate that acts as a liaison to help address housing management conflicts.

Additional research on Mental Health America's "The Village Integrated Services Agency" offered a well-supported model for recovery. The Village is a "comprehensive program for people with serious mental illnesses [and] offers an array of options for members which supports individualized services in all quality of life areas (i.e. employment, residence, social, substance abuse)" (Village Integrated Service Agency ([village-isa.org](http://village-isa.org))). Their recovery principles include the ideas that all people should have access to a full array of high quality, community based, integrated mental health services, and that all services and approaches should be individualized based on the consumer's needs and goals. HART will strive to emphasize these recovery principles throughout our approach.

#### Citations:

Peng, Yinan et al. "Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review." *Journal of public health management and practice : JPHMP* vol. 26,5 (2020): 404-411. doi:10.1097/PHH.0000000000001219).

Barker, SL, Maguire, N, Bishop, F, Stopa, L. Peer support critical elements and experiences in supporting the homeless: A qualitative study. *J Community Appl Soc Psychol.* 2018; 28: 213– 229. <https://doi.org/10.1002/casp.2353>

Irish, Diane J. DSW, LSW, "Intervention Research for the Education and Empowerment of Families Experiencing Homelessness: Exploring Knowledge of Tenant Rights and Perceptions of Personal Empowerment" (2019). *Social Work Doctoral Dissertations.* 8. <https://research.library.kutztown.edu/socialworkdissertations/8>  
[Village Integrated Service Agency \(village-isa.org\)](http://village-isa.org)

## Learning Goals & Objectives

### A. What is it that you want to learn or better understand over the course of the INN project, and why have you prioritized these goals?

Current permanent supportive housing on-site services are minimal at best and do not address issues from a holistic perspective. Residents may struggle to retain housing long-term for a variety of reasons, some of which may not be mental health or substance use related, but, rather, they may be frustrated by limited access to the food bank, transportation, medical appointments, social service benefits being denied, or securing employment.

With the quick expansion of our Permanent Supportive Housing program due to an influx of funding for this level of care, we need to better understand our tenants' challenges with housing retention and implement evidence-based and evidence-informed programming for reduction of tenant infractions, evictions, and mortalities. Acknowledging that the residents are only one side of the issue, we will also train property management staff on how best to approach our vulnerable population, and develop a connected, comprehensive data collection and reporting system to ensure we have information needed to drive decisions and develop strategies as needs change.

Goal 1: Increase housing retention for MHSA, Homekey and NPLH tenants

Goal 2: Increase tenants' ability to secure social service benefits and income





Goal 3: Increase positive resident physical and mental health outcomes

Goal 4: Implement independent living eight-week skill building curriculum course for new residents

Goal 5: Implement regular training for property management staff

Goal 6: Develop systems to connect HMIS and Clinical data sources for a robust, comprehensive collection and reporting process.

Learning Questions include:

1. Does an intensive eight-week independent living skills course increase our residents' ability to retain housing for longer periods of time?
2. What measures help track reduction in evictions: changes in behavior, interventions, linkages and referrals made, independent living skills classes?
3. Are residents able to secure social service benefits in a timely manner, increase their income and employment opportunities, and have ready access to community supports with the addition of peer supported full-time, on-site housing retention staff?
4. Do residents report a positive increase in their physical and mental health as a result of wraparound services during their first two to three months of residency?
5. Do residents report that the eight-week skill building program has increased their confidence to live independently?
6. Do residents report improved relationships with property management staff?
7. How does the impact of comprehensive data collection affect our ability to identify trends, track infractions and evictions, and accurately represent program goals and outcomes?

## Evaluation or Learning Plan

The goals were developed with our Research and Evaluation Department to ensure they are measurable and would be pertinent to understanding the impact of HART. We currently do not keep internal data on residents who are residing in MHSA, NPLH, and Homekey permanent supportive housing. Data is kept by the Coordinated Entry System, our Homeless Services program, and Housing Authority. We have struggled to obtain comprehensive and timely information from these sources. The Coordinated Entry System is county-wide, and the missing data from this source is specific to MHSA funded housing. Implementing HART will give us the resources necessary to develop and implement data collection and reporting mechanisms that connect these systems. Currently, the Homeless Information Management System tracks the Homekey and West Cox properties, but not MHSA sites. Our goal is to use the Homeless Information Management System universally at all MHSA, NPLH and Homekey housing sites and use this data system to gather data that is consistent with data being collected at other housing sites. We would like the epidemiologist associated with the HART team to also develop a system to begin tracking the specific reasons and details on notices of corrections and eviction notices at housing sites, and why people leave their housing sites, and where they go. Our HMIS system currently tracks when tenants leave and next known address, but we would like to gather additional data. The epidemiologist will work with Research and Development as well as others to develop the evaluation plan and its measures. Having data that tracks tenant involvement, and evictions and reasons for evictions will help us determine what actions we can do to lessen the rate of evictions. This new and innovative approach, and the lessons we learned, can then be shared with our other county housing providers to help address the high rate of eviction for those with mental illness county-wide, and also with other county Behavioral Health departments across the state as we all struggle for more successful outcomes in our attempts to house all our underhoused populations.



Research & Evaluation (R&E), supported by our IT Department, will explore data collection instruments available via Smartsheet or Vertical Change. Customer Satisfaction surveys will be administered utilizing Smartsheet or SurveyMonkey. Working collaboratively with Department leadership, R&E, IT, Quality Care Management, and external stakeholders, we will determine criteria needed for regular data sharing platforms necessary to make informed decisions and assess the impact of our Innovation Plan.

| Learning Questions  | Indicators   | Data Sources   |
|---|--|--|
| 1. Does an intensive eight-week independent living skills course increase our residents' ability to retain housing for longer periods of time?  | Length of stay<br>Reasons for leaving<br>Housing Citations             | HMIS<br>Smartsheet to be developed   |
| 2. Are residents able to secure social service benefits in a timely manner, increase their income and employment opportunities, and have ready access to community supports with the addition of peer supported full-time, on-site housing retention staff? | Pre- and post-housing surveys<br>HMIS Quarterly Reports                | Smartsheet or Vertical Change<br>HMIS  |
| 3. Do residents report a positive increase in their physical and mental health as a result of wraparound services during their first two to three months of residency?  | Pre- and post-intervention surveys<br>Reduction in missed appointments | Smartsheet or Vertical Change<br>Clinician's Gateway or alternate Electronic Health Records System |
| 4. Do residents report that the eight-week skill building program has increased their confidence to live independently?   | Pre- and post-program surveys  | Smartsheet or Vertical Change  |
| 5. Do residents report improved relationships   | Resident satisfaction surveys<br>Reduction in housing citations        | Smartsheet or Vertical Change<br>HMIS  |



|  |   |                                    |
|--|---|------------------------------------|
| with property management staff?  | Reduction in evictions<br>Housing management surveys  |                                    |
| 6. How does the impact of comprehensive data collection affect our ability to identify trends, track infractions and evictions, and accurately represent program goals and outcomes? | Staff surveys conducted at the start of the program and every six months throughout the Innovation Plan timeframe<br>Monthly, quarterly and yearly reports focused on program goal attainment<br>Tenant survey review | Smartsheet or Vertical Change HMIS |

**Section 3: Additional Information for Regulatory Requirements**

**Contracting**

BWell will continue to collaborate with community-based organizations that currently serve our permanent supportive housing units, but the HART Team will be unique: BWell will directly employ a Housing Program Coordinator and Epidemiologist to coordinate the project, and partner with a community-based outreach team that will consist of a Peer Team Supervisor, four case workers, and five peer support specialists. The Housing Program Coordinator will facilitate regular service coordination meetings with all stakeholders.

**Community Program Planning**

HART has been prioritized for several reasons. Community members place housing and supportive services as a priority. In the stakeholder process for the MHSA 2020-2023 Three Year Plan, over 120 responses in surveys and stakeholder meetings ranked providing more housing and supportive services as one of the top priorities for MHSA support. Stakeholders ranked serving persons experiencing homelessness as the number one population not being adequately served by current MHSA programs, and many participants in stakeholder meetings spoke about inadequate case management services and the need for more case workers and services.

In stakeholder meetings for the MHSA 2022-23 Annual Update, stakeholders continued to place addressing homelessness and adequate housing supports as a top priority, with this need being discussed at all fourteen stakeholder events and in written comments provided during the process. Comments included providing services and supports to address the difficulty of keeping clients housed due to mental health issues. This specific Housing Retention INN plan proposal was brought to stakeholders at every meeting, and approval and feedback for this specific INN proposal was provided in our MHSA survey. Over 90% of respondents either agreed or strongly agreed with this Housing Retention INN proposal.

**Housing Sites Focus Groups**



In February and March of 2022, we held three focus groups at three housing sites in Lompoc and Santa Maria that are currently funded through either MHSA, Homekey or NPLH. These three events were with onsite tenants, and we recorded their feedback through an open-ended written survey to establish goals for future changes and areas of concern. The feedback received from tenants at these sites directly influenced our plan design. Over 35 tenants completed this written survey. We listened to their needs and concerns and tried to address every need identified in the formation of this plan.

Homekey residents expressed concerns regarding consistency of services, security, privacy, and a lack of clear resources for new residents. Homekey residents also communicated the need for on-site counseling, as well as access to advocates who understand housing rights. West Cox residents requested more communication and transparency regarding rules and regulations for what is allowed on property. They also highlighted a need for improvement regarding tenant selection and retention, as long housing waitlist times are a consistent barrier to improvement in this area. Benefits counseling was also a top priority for West Cox Residents. Depot residents emphasized in their feedback a need for counseling services and patient advocates beyond case workers. Greater transparency regarding housing rights in regards to leases, rules, and regulations was also a consistent request.

Direct survey comments from the tenants have been included below:

“treat the tenants as people who may need help in life, not as guilty as assumed criminals”

Desire for “counseling on site”

“Would like to see change on the amounts of clients who are penalized and treated as addicts or offenders.”

#### Follow Up Work Groups at Housing Sites:

We held two follow-up work groups at the housing sites to gather additional feedback from tenants after an initial draft of the plan. One was held at West Cox Cottages on May 27<sup>th</sup>, 2022 from 10am-12pm, and the other was held at Homekey Studios on June 3<sup>rd</sup>, 2022 from 11am-1pm. Tenant stakeholders were invited to review our plan outline and give feedback. We did not conduct surveys, but instead provided a thorough review of the plan to tenants to receive comments and ideas. Their comments and ideas were incorporated into the final draft of this plan.

### **HEART Action Team Focus Group**

Additionally, in HEART action team meetings, attendees similarly expressed desire for housing retention resources that prioritize patients’ rights advocacy, centralize the vacancy process, and establish consistent Fair Housing training. Attendees emphasized the importance of collaboration and partnership when addressing transparency and the honest disclosure of needs.

Public comments for the INN Proposal from the February 2022 HEART meeting have been included below:

“Patients’ Rights representatives involved in the process”

“Assist when there is risk of eviction”

“Housing Team should be peer led”

“Post list of Patients’ Rights advocates at housing sites”

“Education around supporting for success”

“Disincentivize treatment failure/eviction for housing management”



“Peer Support Specialists”

**Summary:**

Ultimately, our findings concluded that:

- Rate of eviction for our consumers is too high, and we lack adequate data recording methods for our consumers. Since November of 2020, out of 34 units at the Residences at Depot Street, we have had 12 evictions. We need to identify why eviction rates are so high and lower instances of eviction.
- The critical nature of the housing and homelessness crisis in Santa Barbara County, across California, and the Nation warrants providing additional supportive services to keep people housed after housing is found for them.

The HART program was developed with community input, and it will address top stakeholder priorities. Commenters suggested increased funding for tenants’ needs, greater transparency, and improved connections to resources to help keep people housed and foster their independence. BWell will continue to facilitate stakeholder meetings and tenant surveys every quarter to ensure program success, identify challenges, problem solve, and facilitate data-driven decision making.

**INN Proposal/ Housing Survey**

In February 2022, Santa Barbara County released a brief electronic Housing Survey via Survey Monkey. The purpose of this survey was to gain thoughts and opinions on our MHSA, No Place Like Home, and Homekey funded units in Lompoc and Santa Maria, including areas of need and community input on priorities. The survey also allowed stakeholders to comment on current programming and concerns. The survey was completed by 7 participants, and their feedback was crucial as we developed our HART Innovation plan.

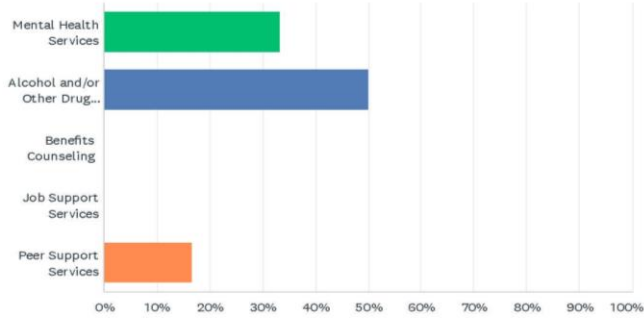




BHCIP/ Housing Survey

Q2 What onsite supportive services would you like to see at Mental Health Services Act , No Place Like Home and Homekey funded sites?

Answered: 6 Skipped: 1



| ANSWER CHOICES                               | RESPONSES |
|--|-----------|
| Mental Health Services                       | 33.33% 2  |
| Alcohol and/or Other Drug Treatment Services | 50.00% 3  |
| Benefits Counseling                          | 0.00% 0   |
| Job Support Services                         | 0.00% 0   |
| Peer Support Services                        | 16.67% 1  |
| TOTAL  | 6         |

BHCIP/ Housing Survey

Q6 If you have any suggestions related to these activities, what additional input or ideas do you have to achieve Expansion of Housing Developments and Housing Support Services for those with a mental health diagnosis and at risk, or experiencing, Homelessness?

Answered: 6 Skipped: 1

| # | RESPONSES  | DATE              |
|---|--|-------------------|
| 1 | Importance of support services, especially delivered by peers  | 2/14/2022 6:41 PM |
| 2 | Congregate living with med supervision, meals and counseling for those who need it. More ARFs.                                     | 2/14/2022 5:33 PM |
| 3 | More Navigation assistance and outreach so that the same old clients don't get all the services                                    | 2/14/2022 9:25 AM |
| 4 | Once housed, a tenant can decline services. Steps to keep folks engaged in recovery and services available when a person is ready. | 2/10/2022 4:10 PM |
| 5 | Tiny houses expansion  | 2/9/2022 2:08 PM  |
| 6 | People with SMI often get kicked out of housing for doing things that people with SMI do!  | 2/9/2022 2:04 PM  |



## MHSa Stakeholder FY 22-23

## Q6 If you have any suggestions related to these activities, what additional input or ideas do you have to achieve Expansion of Housing Developments and Housing Support Services for those at risk, or experiencing, Homelessness?

Answered: 29 Skipped: 30

| #  | RESPONSES  | DATE               |
|----|--|--------------------|
| 1  | i support more housing, more peer services!  | 5/2/2022 3:44 PM   |
| 2  | collab with non profits hi speed internet at housing sites all housing sites should provide wrap around services more housing in south county  | 5/2/2022 3:41 PM   |
| 3  | you need specialized peer housing navigators for housing to help with navigation and outreach  | 5/2/2022 3:38 PM   |
| 4  | have places to go if you are homeless  | 5/2/2022 3:33 PM   |
| 5  | More funding for recovery residences housing/sober living  | 5/2/2022 3:32 PM   |
| 6  | housing navigators and aging in place  | 5/2/2022 3:31 PM   |
| 7  | access to transportation-free  | 5/2/2022 3:28 PM   |
| 8  | we need to be considering influx of IST's and their housing needs as they are released form state hospitals  | 5/2/2022 3:23 PM   |
| 9  | need more housing :)   | 5/2/2022 3:15 PM   |
| 10 | Adding additional housing is just one piece of the puzzle. Keeping folks housed is another - and with initial housing the support needed is even greater so having teams to provide the initial support at the time of leasing up would be great.  | 5/2/2022 2:38 PM   |
| 11 | None   | 5/2/2022 2:10 PM   |
| 12 | Behavioral Wellness needs to formalize the housing program complete with a Housing Program Manager and staff in all three regions to focus on how to transition clients in permanent supportive housing and providing new tenants with housing retention education and skill building, like you have for the innovation plan.  | 5/1/2022 8:21 PM   |
| 13 | Like the Innovations Idea  | 5/1/2022 1:50 PM   |
| 14 | I only agree if the "not built yet" come to fruition and the "pending" hours come to fruition. Ensuring this happens at all listed sites will be very important for this activity to be in alignment with the goal.  | 4/27/2022 2:22 PM  |
| 15 | Fund supportive programs that currently operate in SB county affordable housing to stabilize at-risk and previously homeless residents.  | 4/26/2022 11:03 AM |
| 16 | Was homeless most of my life. Anti-stigma approach is needed as well.  | 4/21/2022 3:22 PM  |
| 17 | We need peers in there. To help and support them   | 4/21/2022 3:21 PM  |
| 18 | Training for housing managers seems critical to ensure that they know how to handle tenant mental health cycles. Managers should know how to get support for managing a tenant struggling with mental health issues, so that the immediate response is not to evict the tenant. Maybe there should be "groups" for tenants with a history of mental health challenges at the complex so that there is a network to support anyone who is struggling. | 4/19/2022 10:55 AM |
| 19 | Keep partnering with HASBARCO.   | 4/16/2022 5:54 PM  |
| 20 | A community center being added to this housing plans   | 4/14/2022 2:02 PM  |
| 21 | Provide subsidized housing programs to families regardless of documentation status.  | 4/6/2022 6:57 PM   |



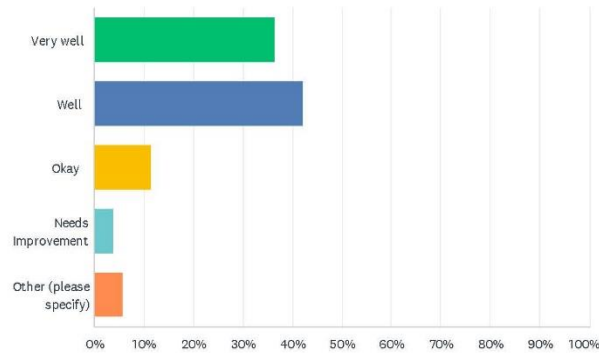
## **MHSA Stakeholder Events and Survey FY 22-33**

During the FY 22-23 Stakeholder process, which took place in April and May of 2022, this specific Housing Retention INN plan proposal was brought to stakeholders at every meeting, where we presented the key elements, including program requirements, program description, problem statement, research, learning goals, timeline, and other pertinent information. Approval and feedback for this specific INN proposal was provided in our MHSA Stakeholder FY 22-23 Survey. The survey was disseminated to key stakeholders--including individuals who experience or have experienced mental health challenges and/or their family members, individuals who use or have used mental-health services or supports, and providers of or administrators in mental health services—and was promoted during department action team meetings and community program planning meetings. During this feedback process, the MHSA Manager, Natalia Rossi, worked to ensure that the voice of the community was heard and key informants throughout the community were spoken to. Sixty people responded to the survey, and over 90% of respondents either agreed or strongly agreed with this Housing Retention INN proposal.

MHSA Stakeholder FY 22-23

Q9 To what extent does the proposed MHSA Innovations Plan align with the established goals for our MHSA Plan for FY 2020-2023?

Answered: 52 Skipped: 7



| ANSWER CHOICES         | RESPONSES |    |
|------------------------|-----------|----|
| Very well              | 36.54%    | 19 |
| Well                   | 42.31%    | 22 |
| Okay                   | 11.54%    | 6  |
| Needs Improvement      | 3.85%     | 2  |
| Other (please specify) | 5.77%     | 3  |
| TOTAL                  |           | 52 |



## **MHSA General Standard Community Collaboration**

Community Collaboration will be an integral part of the HART Team. We will be working with developers of low barrier housing; the owners and managers of current housing projects; Santa Barbara County Department of Housing and Community Development; Good Samaritan Shelters; the Santa Barbara/Santa Maria Continuum of Care; the Santa Barbara ACT on Homelessness Alliance; the Santa Barbara, Lompoc and Santa Maria Assertive Community Treatment Programs; City Net Homeless Outreach Services; BWell Homeless Outreach Team; the Santa Barbara, Lompoc and Santa Maria Mobile Crisis Teams; BWell Justice Alliance Team; the Santa Barbara County Chapter of the National Alliance for the Mentally Ill (NAMI); and the Homeless Youth Advisory Board, to name just a few of the agencies, organizations, businesses and community groups with which we will collaborate.

From the onset, this Innovations Program was developed in collaboration with tenants that are living at our MHSA, Homekey and NPLH funded sites, local homeless advocacy groups and our Housing and Recovery Action Team. The development of this plan has been truly collaborative and the voices of our homeless and recently housed communities were the foremost advisors in the development of this plan

### **A. Cultural Competency**

Santa Barbara County BWell is committed to the provision of culturally competent services that are effective, equitable, understandable, respectful and responsive to diverse cultural beliefs and practices, including beliefs about health and behavioral wellness. BWell services are delivered in a consumer's preferred language and with consideration of the individual's or family's culture. The Cultural Competence Plan, updated annually, sets forth this commitment and provides detailed information on the programs and activities of the agency. There are policies and procedures focusing on cultural competence; disparities in service delivery are identified annually; and the Building Resilient Communities Steering Committee advises on all projects to further cultural competence goals. Also, all BWell staff are required to complete one cultural competence training annually. As a program of BWell, HART will be covered by this commitment.

The Ethnic Services and Diversity Manager for BWell will advise on all phases of program development and implementation to ensure that the project is maximized to meet the needs of culturally underserved groups in the county. The project will be staffed with bilingual/bicultural Peer Specialists with lived experience in behavioral health recovery to further ensure culturally competent services.

Translation of all materials into Spanish will be required. Ongoing outreach to underserved, hard-to-reach and marginalized groups, such as LGBTQ and Latinos, will be implemented in coordination with the Cultural Competency and Diversity Action Team (CCDAT). The CCDAT will work with local area partner organizations and cultural groups through well-established and trusted advocacy and communications networks, including the Pacific Pride Foundation, Transitions Mental Health, faith-based organizations, NAACP and the United Domestic Workers' Union.

### **B. Consumer-Driven:**

The stakeholder process for the Three-Year Plan for 2020-2023 and the Annual Update for 2022-23 clearly identified the need for a specialized housing program. HART will be driven by Housing First principles, where engagement in behavioral health services is not a prerequisite to housing. In HART, as with all other BWell services, the concurrent documentation strategy is used, with staff collaborating with consumers during assessment, service planning and intervention sessions to complete as much



housing documentation as possible, including working collaboratively on a treatment plan. Since HART staff includes three Recovery Specialists, their input as mental health consumers will also be a factor in the services provided. Moreover, HART has built consumer surveys into the project to ensure consumer voice.

### **C. Family-Driven**

If tenants have family members (defined by the client) whom they would like to involve in their recovery, those family members will be engaged in recovery planning and actions. In addition, family member representatives will be sought to participate in the HART Advisory Council which will guide the development, engagement and evaluation of HART.

### **D. Wellness, Recovery and Resilience-Focused**

Wellness, recovery and resilience are built into the client services provided by BWell. Consumers are encouraged and supported to live, work and participate fully in their communities. HART will promote concepts key to recovery for mental illness, such as hope, personal empowerment, respect, social connections and self-determination and will emphasize employment, health, and sense of purpose as part of the path to recovery.

### **E. Integrated Service Experience for Clients and Family**

HART services will be provided through the BWell Housing program. Consumers will not have to navigate through multiple agencies to get their needs met. Case workers and Peer Support Assistants will navigate residents through the myriad of community-based services and will assist consumers in coordinating services for an integrated service experience and a “warm hand off” to outside agency.

## **Cultural Competence and Stakeholder Involvement in Evaluation**

The evaluation will be conducted with sensitivity and awareness of consumer diversity related to culture, language and other diverse identities. Key stakeholders will be involved in evaluation through their participation in program meetings, data provision, development of surveys, and consumers will provide input through the consumer perception survey and through the targeted survey developed specifically for HART.

The Cultural Competency and Diversity Action Team (CCDAT) consists of BWell staff, community-based organizations, local advocacy groups, cultural and faith-based organizations and other stakeholders who seek to increase access to services for under-served populations, particularly in high poverty areas and minority groups. The CCDAT aims to increase the capacity of staff to work effectively with diverse cultural and linguistic populations and revise or develop policies on cultural competency and disparities to ensure relevance and consistency.

BWell has several avenues to utilize for stakeholder engagement to help evaluate the program, including engagement with current and potential residents along with a long-standing Housing and Recovery Action Team that has met bi-monthly for the last several years. The Action meeting attendees include people with lived experience, community-based organizations, community members, County Housing and Community Development and BWell. Meetings are facilitated by a BWell Division Chief and a community-based organization representative.

Qualitative and quantitative data will be analyzed, disseminated and discussed with various stakeholders, including current PSH tenants. The HART Team and tenants will identify program





successes and strategies to mitigate challenges and will provide the BWell Leadership Team, Homeless Recovery Action Team and other stakeholder groups with quarterly program reports.

### **Innovation Project Sustainability and Continuity of Care.**

BWell will evaluate the HART plan at regular intervals to ensure we are providing the services outlined above. Keeping individuals housed is a community priority and one that promotes positive treatment outcomes for BWell consumers; therefore, we expect that this project would continue well past the Innovation timeframe and will be supported by funding identified during the Innovation period. We will focus on Medi-Cal billing through the new CalAIM initiative to allow billing for supportive housing services by partnering with our Medi-Cal Managed Care Health Plan to leverage the CalAIM initiative to bill for Enhanced Case Management Services. Under the new Peer Certification Program, we hope that we will also be able to sustain services through Medi-Cal billing for certified peer services. Finally, as tenants receive outreach and engagement services and get connected to mental healthcare providers, those whose care needs will be provided Full Service Partnership services will leverage MHSA funding for their housing supportive services. Constant evaluation of program elements that are not effective or are redundant with other services will be eliminated.

Individuals with serious mental illness will receive services from this project. The team will collaborate with larger multidisciplinary care teams and systems as needed, including Psychiatry, Community Based organizations and Physical Healthcare providers. When the project has ended they will continue to receive services through Medi-Cal billing, MHSA FSP funding and Realignment funding. Also, we are having a huge influx of housing and people new to housing for the next four to five years as new projects are built. The HART team will work with tenants to stem evictions and stabilize housing so that the need for these intensive services will be lessened five years from now.

### **Communication and Dissemination Plan**

#### **A. How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?**

The Annual Update and Final Report for the Innovation project will be posted to the County website on the MHSA webpage. The general community will be informed via a press release issued by the DHHS Communications Group. The press release will summarize the findings of the project and provide the web address of the full report. Stakeholders who have been more closely involved with the implementation of the project will be informed via email of the findings and the location of the all reports for this Innovations Project. These stakeholders will be asked to share the findings and final report with others. There will be an annual update included in every annual and Three-Year MHSA Plan during this period, and an update on this Innovations Project will be provided at every MHSA Update Stakeholder event as part of our Community Planning Process. Additionally, updates on the HART team progress and updates from the HART Advisory Council will be included in our monthly Director's Report and disseminated to all our providers and internal staff, Action Teams, and Peer Resource Learning Centers.

#### **B. KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.**

- a. Supportive housing



- b. Housing retention
- c. Independent living skills
- d. Benefit acquisition
- e. Tenants' Rights

**Timeline**

**Specify the expected start date and end date of your INN Project**

Expected start – February 1<sup>st</sup>, 2023  
 Expected end – June 30<sup>th</sup>, 2027

- A. Specify the total timeframe (duration) of the INN Project  
 We are applying for a four-and-a-half (4.5) year project.
- B. Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

| Quarter             | Activities   |
|---------------------|--|
| 1<br>YEAR One<br>Q3 | Recruit and hire HART Providers<br>HART Advisory Council established<br>Convene kick-off meeting with ACT teams, Homeless Outreach Team, HART Team, HART epidemiologist<br>Establish policy and procedures for HART<br>Develop “warm line” for HART<br>Refine roles and responsibilities of HART Team Providers<br>Establish draft of evaluation protocols<br>Create an Implementation Plan<br>Identify resources needed to start project  |
| 2<br>YEAR One<br>Q4 | Identify training opportunities for staff<br>Identify / develop curriculum for residents<br>Identify new and struggling tenants<br>Roll out “warm line” for all participating tenants<br>Begin hosting introduction activities at all identified sites<br>Quarterly meeting with HART advisory council   |
| 3<br>YEAR Two<br>Q1 | Implement programming at sites<br>Providers implement “Good Tenant” curriculum, supportive services, and specialty mental health services<br>Establish evaluation protocols<br>Staff “warm line”<br>Quarterly meetings with HART advisory council<br>New tenants identified quarterly through MHSA and HMIS Data<br>Epidemiologist reviews evaluation protocols and data collection methods with HART TEAM providers<br>Epidemiologist reports on all data assessments for Year One of Inn Plan<br>Mental Health First Aid Training for Housing Management<br>First Year INN Report is submitted |



|                                |  |
|--------------------------------|--|
| <p>4<br/>YEAR Two<br/>Q2</p>   | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Hire additional staff to expand HART Team<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff "warm line"<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created<br/>Begin to identify tenants that are interested in participating in Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA's LEAD program to develop their communication and advocacy skills<br/>Hold feedback sessions with current and potential residents<br/>Hold feedback session with Housing Providers and Housing Managers</p> |
| <p>5<br/>YEAR Two<br/>Q3</p>   | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Trauma-Informed Care training held for Housing Management<br/>Staff "warm line"<br/>Continue to develop Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA's LEAD program to develop their communication and advocacy skills<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created</p>   |
| <p>6<br/>YEAR Two<br/>Q4</p>   | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff "warm line"<br/>Continue to develop Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA's LEAD program to develop their communication and advocacy skills<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created</p>   |
| <p>7<br/>YEAR Three<br/>Q1</p> | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff "warm line"<br/>Continue to develop Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA's LEAD program to develop their communication and advocacy skills<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created<br/>Second Year INN Report is posted</p>  |
| <p>8<br/>YEAR Three<br/>Q2</p> | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants</p>   |



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|                        | <p>New tenants identified through MHSA and HMIS data<br/>Staff “warm line”<br/>Continue to develop Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA’s LEAD program to develop their communication and advocacy skills<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created<br/>Mental Health First Aid Training held for Housing Management<br/>Hold Feedback Session with current and potential residents</p>  |
| 9<br>YEAR Three<br>Q3  | <p>Providers offer “Good Tenant” curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>Staff “warm line”<br/>Continue to develop Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA’s LEAD program to develop their communication and advocacy skills<br/>New tenants identified through MHSA and HMIS data<br/>Trauma-Informed Care Training held for housing management<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created</p>                                      |
| 10<br>YEAR Three<br>Q4 | <p>Providers offer “Good Tenant” curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff “warm line”<br/>Continue to develop Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA’s LEAD program to develop their communication and advocacy skills<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created</p>  |
| 11<br>YEAR Four<br>Q1  | <p>Providers offer “Good Tenant” curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff “warm line”<br/>Continue to develop Housing Advocates Speakers Bureau and connect them to Painted Brain and THMA’s LEAD program to develop their communication and advocacy skills<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created<br/>Hold Feedback Session with current and potential residents<br/>Third Year INN Report is posted</p> |
| 12<br>YEAR Four<br>Q2  | <p>Providers offer “Good Tenant” curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>Staff “warm line”<br/>Help the established Housing Advocates Speakers Bureau identify and attend events at which they would like to advocate</p>   |



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|                       | <p>New tenants identified through MHSA and HMIS data<br/>Mental Health First Aid Training held for housing management<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created</p>  |
| 13<br>YEAR Four<br>Q3 | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff "warm line"<br/>Help Housing Advocates Speakers Bureau identify and attends events at which they would like to advocate<br/>Quarterly Meetings with HART advisory council<br/>Trauma-Informed Care training held for housing management<br/>Quarterly INN data report is created</p>   |
| 14<br>YEAR Four<br>Q4 | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff "warm line"<br/>Help Housing Advocates Speakers Bureau identify and attends events at which they would like to advocate</p> <p>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created</p>  |
| 15<br>YEAR Five<br>Q1 | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Staff "warm line"<br/>Help Housing Advocates Speakers Bureau identify and attends events at which they would like to advocate<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created<br/>Hold feedback session with new and potential residents<br/>Fourth Year INN Report is posted</p>   |
| 16<br>YEAR Five<br>Q2 | <p>Providers offer "Good Tenant" curriculum quarterly<br/>Provides continue offering supportive and specialty mental health services to all identified tenants<br/>New tenants identified through MHSA and HMIS data<br/>Quarterly Meetings with HART advisory council<br/>Quarterly INN data report is created<br/>Trauma-informed Care Training held for housing management<br/>Start to wind down the "warm line"<br/>Help Housing Advocates Speakers Bureau identify and attends events at which they would like to advocate<br/>Hold feedback session with new and potential tenants</p> |





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|   | <p>Housing retention team begin billing Medi-Cal for reimbursable services<br/>                 Housing Retention Team Sustainability Plan brought to stakeholders<br/>                 Fifth Year INN Report is Posted</p>  |
| <p>17<br/>                 YEAR Five<br/>                 Q3</p>  | <p>Providers offer “Good Tenant” curriculum quarterly<br/>                 Provides continue offering supportive and specialty mental health services to all identified tenants<br/>                 Quarterly Meetings with HART advisory council<br/>                 Let tenants know the “warm line” will be ending<br/>                 Help Housing Advocates Speakers Bureau identify and attends events at which they would like to advocate<br/>                 Housing retention team begin billing Medi-Cal for reimbursable services<br/>                 Quarterly INN data report is created<br/>                 Housing Retention Team Sustainability Plan drafted</p>  |
| <p>18<br/>                 YEAR Five Q<br/>                 4</p> | <p>Providers offer “Good Tenant” curriculum quarterly<br/>                 Provides continue offering supportive and specialty mental health services to all identified tenants</p> <p>Last Quarterly Meetings with HART advisory council</p> <p>Staff “warm line” and let tenants know the “warm line” will be ending<br/>                 Help Housing Advocates Speakers Bureau identify and attend events at which they would like to advocate<br/>                 Quarterly INN data report is created<br/>                 Housing retention team begin billing Medi-Cal for reimbursable services<br/>                 Housing Retention Team Sustainability Plan approved and implemented<br/>                 Final INN report Created and Submitted</p> |
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**Section 4: INN Project Budget and Source of Expenditures**

**Budget Narrative**

- A. BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

This project is anticipated to begin on February 1<sup>st</sup>, 2023 and end on June 30<sup>th</sup>, 2027 for a total of four-and-a-half years.

**I. BWell Costs**

Salaries and Benefits. BWell will utilize a hybrid staffing model that includes direct administrative employees as well as partnering with a community-based organization. Personnel costs will include the following Behavioral Wellness administrative staff:



1) \$536,558 for administration staff salaries and \$229,953 for benefits over the four-and-a-half years.

Administration includes:

- 1.0 FTE Housing Project Manager Lived Experience Preferred (\$117,098 Salary, \$49,756 Benefits)

2) \$485,607 for evaluation salaries and \$208,117 for benefits over the four-and-a-half years  
Evaluation personnel is 1.0 FTE Epidemiologist. (\$105,073 Salary, \$45,031 Benefits)

Operating Costs. BWell administrative staff will have \$78,500 in operating costs over the four-and-a-half-year period and this will include:

- |   |           |
|---|-----------|
| • Office Supplies                                     | \$16,000  |
| • Travel  | \$10,500  |
| • Technology (computers, tablets, printers, scanners) | \$15,000  |
| • Client Training Materials                           | \$ 15,000 |
| • Property Management Outreach Materials              | \$ 17,000 |
| • BWell Staff Training                                | \$ 5,000  |

Indirect Costs. \$511,082 (35%)

**II. Subcontractor Costs**

BWell will secure a subcontractor for direct services project staff. This will be on-site housing staff and will include the following:

Salaries and Benefits

- First Year – Pilot
  - 4.0 FTE Case Workers (\$25/hour)
  - 5.0 FTE Peer Support Assistants (\$22/hour)
  - 2.0 FTE Peer Supervisor (\$30/hour)
- Second and following years
  - 6.0 FTE Case Workers (\$25/hour)
  - 6.0 FTE Peer Support Assistants (\$22/hour)
  - 2.0 FTE Peer Supervisor (\$30/hour)

\$4,337,209 for direct services project staff salaries and benefits over the four-and-a-half-years..

Operating Costs: The subcontractor will have \$515,000 in operating costs over the four-and-a-half-year period:

- Client Transportation, Education and Housing Fund: \$450,000
- Travel: \$16,000
- Technology (computers, tablets, printers, scanners) \$25,000



- Staff Training \$24,000

Indirect Costs We anticipate the subcontractor asking for 15% in indirect costs, which will be \$650,581

### Housing Assistance and Retention Team Four-and-a-half Year Budget

| 4.5 Year Budget               | FY 22/23         | FY 23/24           | FY 24/25            | FY 25/26           | FY 26/27           | TOTAL              |
|-------------------------------|------------------|--------------------|---------------------|--------------------|--------------------|--------------------|
| Personnel                     | \$157,979        | \$315,958          | \$322,277           | \$328,723          | \$335,297          | \$1,460,234        |
| Operating Costs               | \$19,500         | \$14,500           | \$14,500            | \$15,500           | \$14,500           | \$78,500           |
| Non-recurring costs           | \$ -             | \$ -               | \$-                 | \$-                | \$-                | \$-                |
| Evaluation                    | \$-              | \$-                | \$-                 | \$ -               | \$ -               | \$-                |
| Community Based Organizations | \$507,942        | \$1,220,386        | \$1,235,474         | \$1,259,004        | \$1,279,984        | \$5,495,790        |
| Indirect Costs                | \$55,293         | \$110,585          | \$112,797           | \$115,053          | \$ 117,354         | \$511,082          |
|                               |                  |                    |                     |                    |                    | \$ -               |
|                               |                  |                    |                     |                    |                    | \$ -               |
| <b>Total</b>                  | <b>\$740,714</b> | <b>\$1,661,430</b> | <b>\$ 1,685,048</b> | <b>\$1,718,279</b> | <b>\$1,747,135</b> | <b>\$7,552,606</b> |

| Funding Source   | FY 22/23         | FY 23/24           | FY 24/25           | FY 25/26           | FY 26/27           | TOTAL              |
|------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Innovation Funds | \$ 740,714       | \$1,661,430        | \$1,685,048        | \$1,718,279        | \$1,747,135        | \$7,552,606        |
| Medi-Cal Funding | \$ -             | \$-                | \$ -               | \$-                | \$-                | \$-                |
|                  | \$-              | \$-                | \$-                | \$-                | \$-                | \$-                |
|                  |                  |                    |                    |                    |                    |                    |
| <b>Total</b>     | <b>\$740,714</b> | <b>\$1,661,430</b> | <b>\$1,685,048</b> | <b>\$1,718,279</b> | <b>\$1,747,135</b> | <b>\$7,552,606</b> |