

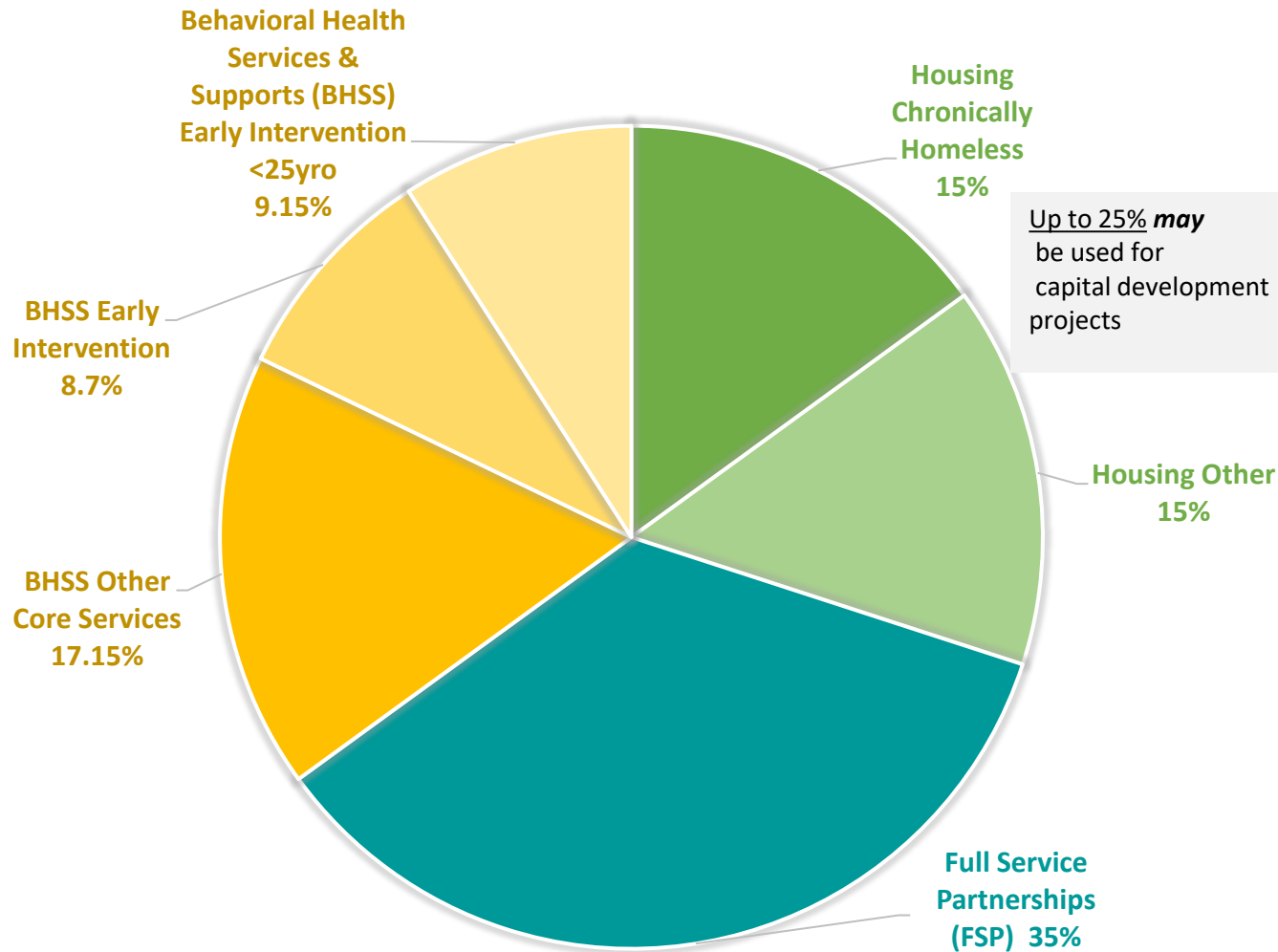


Housing Interventions Workgroup

Preliminary Gap Analysis



Continued Fiscal Mapping of BHSA Housing Interventions (HI)



Next Steps

- BHS to identify current \$/% of housing expenses that **can/must** be scored under BHSA HI with special attention to carving out direct mental health and/or substance use disorder case management and treatment services which **must** be excluded from BHSA HI
- BHS and housing providers to identify program participants considered “chronically homeless”
- BHS to identify if the currently funded Homeless Outreach & Engagement (O&E) team will be funded under BHSA HI max amount **up to 7%** of BHSA HI funds
- Identify whether BHSA HI funds will be used to fund capital development projects
- BHS to determine what \$/% of the BHSA HI funds will be transferred to the BHSA Behavioral Health Services and Supports (BHSS) funding category to support core treatment services. The percentage of funds allocated to O&E impacts the amount that can be transferred out of BHSA HI

Gaps Identified - Policy & Procedure (P&P) Development Needed

Overarching BHSA Housing Intervention (HI) P&P *recommended* to include:

No discrimination based on race, ethnicity, language, gender identity, sexual orientation, religion, disability, etc.

Available to individuals with mental health and substance use challenges

No discrimination for use of Medication for Addition Treatment (MAT)

All housing related expenses for FSP consumers **must** be charged to BHSA HI

Medi-Cal insurance is **not** required

Placement in permanent housing settings whenever possible, **must** be voluntary, least restrictive and community-integrated setting

Coordination with MCPs to ensure Community Supports (CS) **must** be leveraged **before** using BHSA HI funds for individuals who are eligible for the various CS benefits

Must meet minimum standards of habitability and quality standards

Include Allowable Settings and HI, as appropriate **must** be available to support Family Housing

Recovery housing should be an option but **must never** be the only option

Medical necessity required for placement in assisted living settings

Shared housing settings **must** be voluntary, roommate matching, roommate agreements, own bed/locked cabinet and access common areas



Gaps Identified – Identification of Housing Status

Housing Status

1. Identify current housing program participants' housing status **prior** to current placement to identify those who will be considered “chronically homeless” according to the definition in the BHSA Policy Manual as this will inform the fiscal mapping exercise

Discussion & Proposed Next Steps

- Confirm housing program participant housing status (chronicity) for MHSA individuals currently housed.
- Create P&P to be used by BHSA housing programs to determine program participants' housing status: at-risk of homelessness, homeless, or chronically homeless

Gaps Identified - Trainings Needed

Identified Training Topics

1. The **19 Strategies for Communities to Address Encampments Humanely and Effectively** – Provided for all impacted homeless outreach and engagement staff
2. The **Housing First Model (HFM)** – Provided for **ALL** housing providers, e.g., all landlords and housing operators receiving BHSA funding as well as all impacted staff
3. Use of the **HMIS** – To be used by **ALL** housing programs/providers including the O&E Team, if funded by BHSA HI
4. The **National Standards for the Physical Inspection of Real Estate (NSPIRE)** – Provided for **ALL** impacted housing operators and staff
5. Training on new Policies & Procedures (P&Ps) developed – Provided for **ALL** impacted housing operators and staff

Discussion & Proposed Next Steps

- Develop trainings and/or identify trainers
- Develop mechanisms to track trainings were completed
- Systemize trainings to ensure capacity to train new staff and new housing providers, and to provide refresher trainings as needed
- Add language to RFPs and contracts for housing programs/providers to ensure their staff are trained in required training topics

Gaps Identified – Coordination with MCPs and Other Key Stakeholders

Coordination with MCPs required

1. County BHS is entering into a contract with the MCPs to become a Community Supports (CS) provider
2. Development of referral and linkage processes in order to leverage **all** CS benefits for eligible program participants **before** using BHSA HI funding
3. Policy & Procedures (P&P) development **required** (see slide 13) specific to coordination of CS and allowable settings funded by BHSA HI

Discussion & Proposed Next Steps

- Continue working with MCPs on Transitional Rent P&P and expand workgroup or identify new workgroup/s to address additional P&Ps needed
- P&Ps will require approval through County and both MCPs prior to training and implementation

Gaps Identified – Programmatic Gaps

Eligibility, Referrals & Coordination of Care

1. Screen program participants currently placed in interim housing for eligibility for MCP Transitional Rent
2. Refer eligible program participants currently placed in interim housing to the MCP Transitional Rent team/provider
3. Ensure all housing programs/providers are using the HMIS

Discussion & Proposed Next Steps

- Develop a Decision Tree based on BHSA policy to determine eligibility for Transitional Rent
- Develop a bi-directional referral and linkage form and workflow for the MCP Transitional Rent CS benefit
- Develop P&Ps
- Develop a mechanism to track program participants' movement between the MCPs and County BHSA HI

Allowable BHSA HI Expenditures

- **Rental Subsidies:**
 - *Rental Assistance* – BHBH is currently providing this support, funding is sunsetting June 2026
 - *Project-Based Housing Assistance* – Provided through local housing authorities
 - *Master Leasing* – Not currently doing
- **Operating Subsidies** – County is currently funding operational subsidies
- **Allowable Settings** – County is currently funding many allowable settings
- **Other Housing Supports:**
 - *Landlord Outreach & Mitigation Funds* – BHBH is currently providing this
 - *Participant Assistance Funds* – BHBH is currently providing this
 - *Housing Transition Navigation Services and Tenancy & Sustaining Services* – BHBH is currently providing this
 - *Outreach and Engagement (O&E)* can fund at up to 7% – County is funding as operated by **TBD**
- **Capital Development Projects** can fund up to 25% of the BHSA HI funds



Allowable Housing Settings

Non-Time Limited Permanent Settings

- Supportive housing
- Apartments, **including master-lease apartments**
- Single and multi-family homes
- **Housing in mobile home communities**
- Single room occupancy units
- **Accessory dwelling units, including Junior Accessory Dwelling Units**
- **Tiny Homes**
- Shared housing
- **Recovery/Sober Living housing, including recovery-oriented housing**
- Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
- License-exempt room and board
- Other settings identified under the Transitional Rent benefit

Time Limited Interim Settings

- **Hotel and motel stays**
- Non-congregate interim housing models
- Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) (does not include behavioral health residential treatment settings)
- **Recuperative Care**
- **Short-Term Post-Hospitalization housing**
- **Tiny homes, emergency sleeping cabins, emergency stabilization units**
- **Peer respite**
- Other settings identified under the Transitional Rent benefit

Orange = housing settings **not** currently funded
Green = available in Orange, other funding

Source: [BHSA County Policy Manual Version 1 2.2 – April 2025](#)

Gaps Identified – Programmatic Gaps Cont.

Specific Housing Settings

1. All BHSA HI, as appropriate, ***must*** be available to support Family Housing, currently there are no designated Family Housing Units
2. Recovery Housing is ***not required*** but is a potential gap for individuals experiencing a substance use disorders
3. Need to ensure BHSA requirements for Shared Housing settings are being met

Discussion & Proposed Next Steps

- Identify housing units that could be designated for families and identify children's partners to ensure incoming referrals for family units, e.g., Children's Behavioral Health, Child Welfare, Juvenile Justice, etc.
- Determine whether to fund existing Recovery Housing programs with BHSA HI and ensure all BHSA requirements are met
- Identify a mechanism to ensure requirements for Shared Housing are met
- Add language to RFPs and/or contracts for housing programs/providers to identify potential designated Family Housing units and requirements for Shared Housing settings are being met and monitored

Gaps Identified - Policy & Procedure (P&P)

Development Needed

Policies Needed

- Overarching BHSA Housing Intervention P&P **recommended**
- Coordination with MCPs for CS and BHSA HI **required**
- Transitional Rent **required**
- Rental Assistance and Project-Based Housing Assistance **required**
- Operating Subsidies **required**
- Allowable Settings
 - Permanent Supportive Housing **should per DHCS**
 - Shared Housing per DHCS **should per DHCS**
 - Recovery Housing **should per DHCS**
 - Recuperative Care **required** If County decides to fund
 - Short-Term Post-Hospitalization Housing **required** If County decides to fund
- Other Housing Supports
 - Landlord Outreach and Mitigation Funds **required**
 - Participant Assistance (PA) Funds **required**
 - Housing Transition Navigation Services and Housing Tenancy Sustaining Services **required**

Next Steps

- Convene a P&P committee/workgroup ensuring specific required BHSA stakeholders are included:
 - County BHS
 - The five most populous cities in the County (Anaheim, Santa Ana, Irvine, Huntington Beach and Garden Grove)
 - MCPs
 - Continuums of care (CoC)
- Develop P&Ps
- Train impacted staff and housing providers on P&Ps
- Develop processes to ensure P&Ps are adhered to

W&I Code §5963.02 (b)(7) A county with a population greater than 200,000 shall collaborate with the five most populous cities in the county, managed care plans, and continuums of care to outline respective responsibilities and coordination of services related to housing interventions described in Section 5830.

Appendices



Gaps Identified - P&P Development Needed Cont.

- **Transitional Rent P&P required and must** be developed in partnership with MCPs
 - For individuals eligible for the MCP Transitional Rent benefit ***must*** be used first then ***may*** have interim housing funded by BHSA HI for an **additional 6 months** and then BHSA HI funds may only be used for placement in a permanent setting.
 - For individuals ***not eligible*** for MCP Transitional Rent benefit BHSA HI ***can*** be used to fund **12 months** of interim housing and then BHSA HI funds ***may*** only be used for placement in a permanent setting.
 - Outline process for bi-directional referral and linkage processes.

Gaps Identified - P&P Development Needed Cont.

- **Operating Subsidies P&P required**
 - May ***not*** include costs for behavioral health services, e.g., case management or treatment for mental health, substance use disorders or co-occurring disorders
 - May ***not*** include costs for housing transition navigation or tenancy sustaining services, these can be funded under Other Housing Supports
 - Types of expenses that will be considered and covered as “operational costs” (refer to the BHSA Policy Manual)

Gaps Identified - P&P Development Needed Cont.

- **Permanent Supportive Housing P&P should** be developed per BHSA policy
 - Definition of eligible participants
 - PSH programs **may** be administered through tenant-based rental subsidies, which **may** be used in the private rental market, or through site-based subsidies or vouchers (rental assistance), that are attached to particular units
 - Eligible units (i.e., compliance with rent reasonableness and housing quality standards)
 - Rental agreement or lease is **required** between tenant/program participant and property owner/landlord
 - Adhere to the Department of Housing and Urban Development (HUD) Standards for PSH rental calculations
 - Outline the rental contribution income calculation methodology e.g., tenant/program participant **may** pay a portion of the rent (typically no more than 30 percent of the tenant's adjusted monthly income) and PSH covers the remaining portion of the rent to the property owner/landlord directly.
 - Include requirement for housing programs to track what tenant/program participant pays vs. county or other funding source
 - County are **encouraged** to leverage BHSA HI funding with other programs providing capital funding for PSH units for BHSA eligible (Homekey+, NPLH, CCE)

Gaps Identified - P&P Development Needed Cont.

- **Recovery Housing P&P recommended** if County plans to fund this with BHSA HI funding
 - Program participant placed in Recovery Housing settings **must** be afforded the rights of privacy, dignity, and respect of residents, and will be allowed to take medications for addiction treatment as approved by the FDA to treat substance use disorders.
 - Program participant placed in Recovery Housing settings **must** have a lease or at or at minimum a participant agreement.
 - Program participant placed in Recovery Housing settings **must** have access to supportive services for both relapse prevention and relapse support.
 - Program participant placed in Recovery Housing settings who choose to leave or are being required to leave **must** receive appropriate referrals upon discharge.

Gaps Identified - P&P Development Needed Cont.

- **Recuperative Care Settings P&P required and must be developed with MCPs only if County plans to fund with BHSA HI funding**
 - Ensure use of MCP CS benefit **before** use of BHSA HI funds.
 - BHSA HI can **only** fund the cost of room and board (bed) and **cannot** fund behavioral health services during the person's stay.
- **Short-Term Post-Hospitalization Housing P&P required and must be developed with MCPs only if County plans to fund with BHSA HI funding**
 - Determine who is eligible for this type of setting. BHSA eligible individuals who do not have a residence **AND** who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting particular settings (see BHSA Policy Manual)
 - Ensure use of MCP CS benefit **before** use of BHSA HI funds.
 - BHSA HI can **only** fund the cost of room and board and **cannot** fund behavioral health services during the person's stay.
 - Outline the required support services that will be made available in this setting.

Gaps Identified - P&P Development Needed Cont.

Other Housing Supports P&P required and must be developed with MCPs

- **Landlord Outreach and Mitigation Funds P&P**

- Address allowable activities
- Identify protocols for approving allowable costs and mechanisms for documenting costs
- Identify processes for prevention of fraud, waste and abuse
- Identify overlap with other community funds and create procedures to avoid duplication

- **Participant Assistance (PA) Funds P&P**

- Ensure use of MCP CS benefit **before** use of BHSA HI funds.
 - BHSA HI **may** be used for expenses not covered by a MCP CS Housing Deposits, such as pantry stocking.
- Types of costs covered
- Identify protocols for approving allowable costs and mechanisms for documenting costs
- Identify processes for prevention of fraud, waste and abuse
- Identify overlap with other community funds and create procedures to avoid duplication

Gaps Identified - P&P Development Needed Cont.

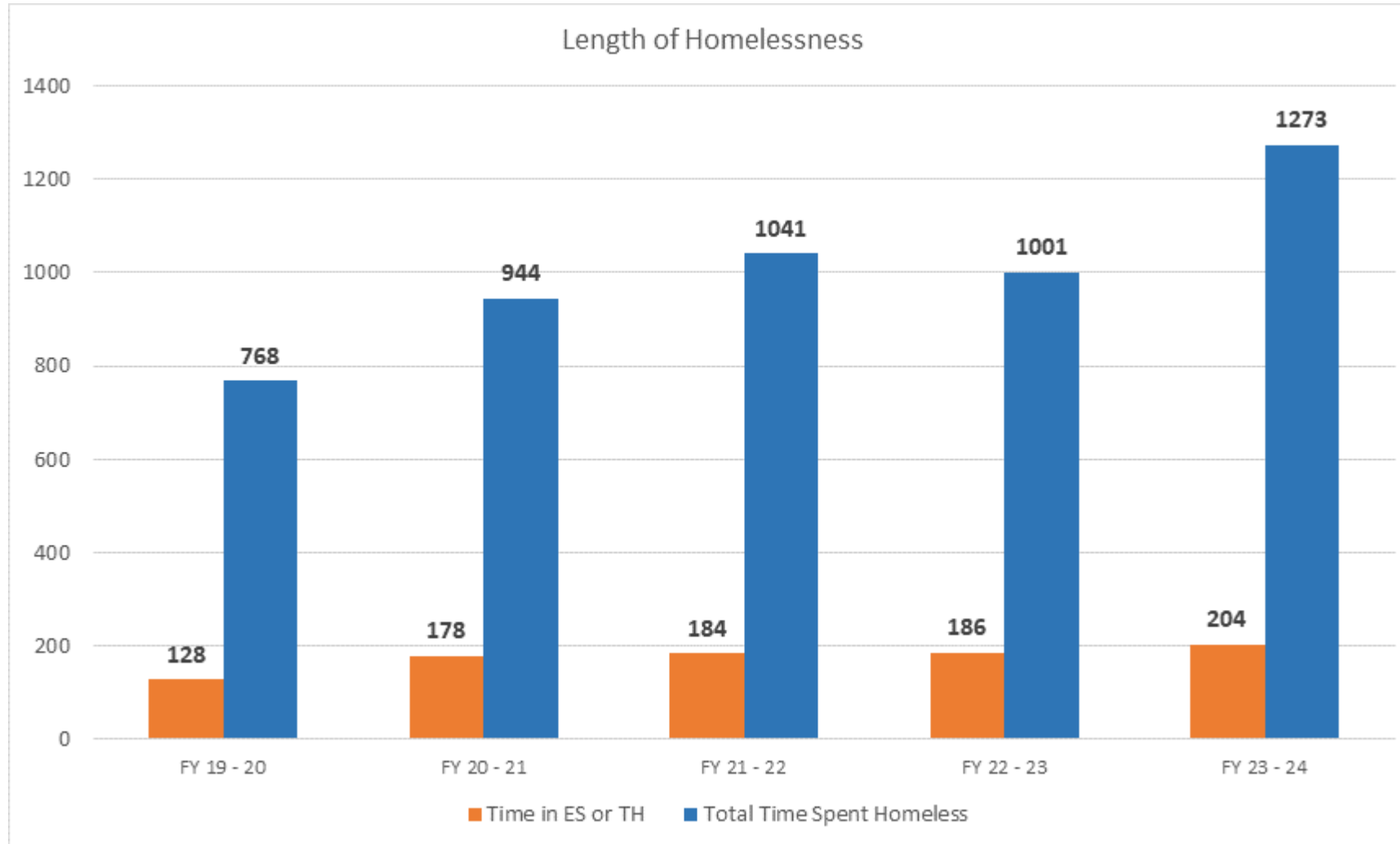
Other Housing Supports Cont. required and must be developed with MCPs

- **Housing Transition Navigation Services and Housing Tenancy Sustaining Services P&P**
 - Ensure use of MCP CS benefit ***before*** use of BHSA HI funds.
 - Address allowable activities
 - Identify protocols for approving allowable costs and mechanisms for documenting costs
 - Identify processes for prevention of fraud, waste and abuse
 - Identify overlap with other community funds and create procedures to avoid duplication

Behavioral Health Services Act (BHSA) Housing Workgroup

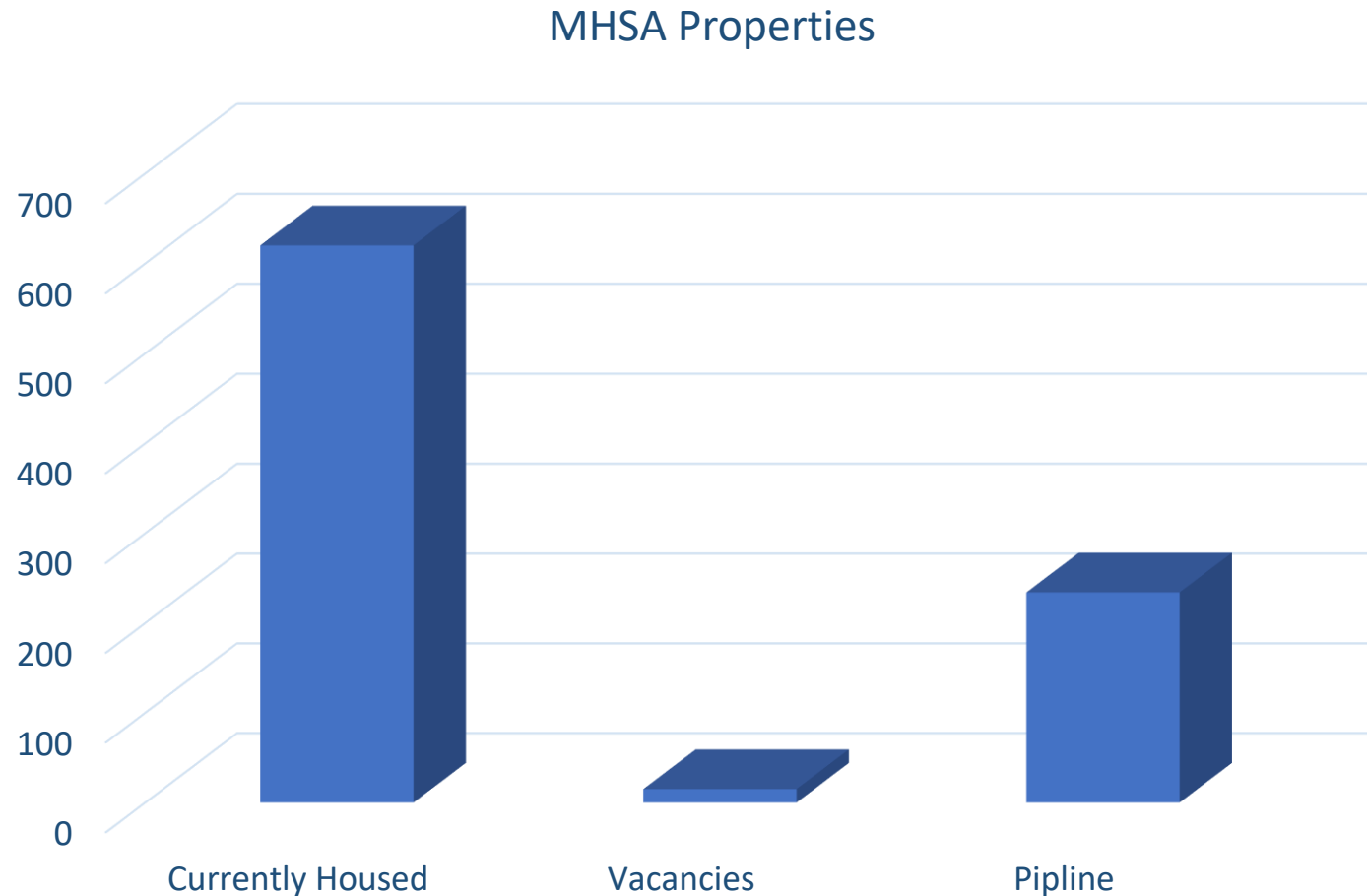


Time of Homelessness and Shelter Stays



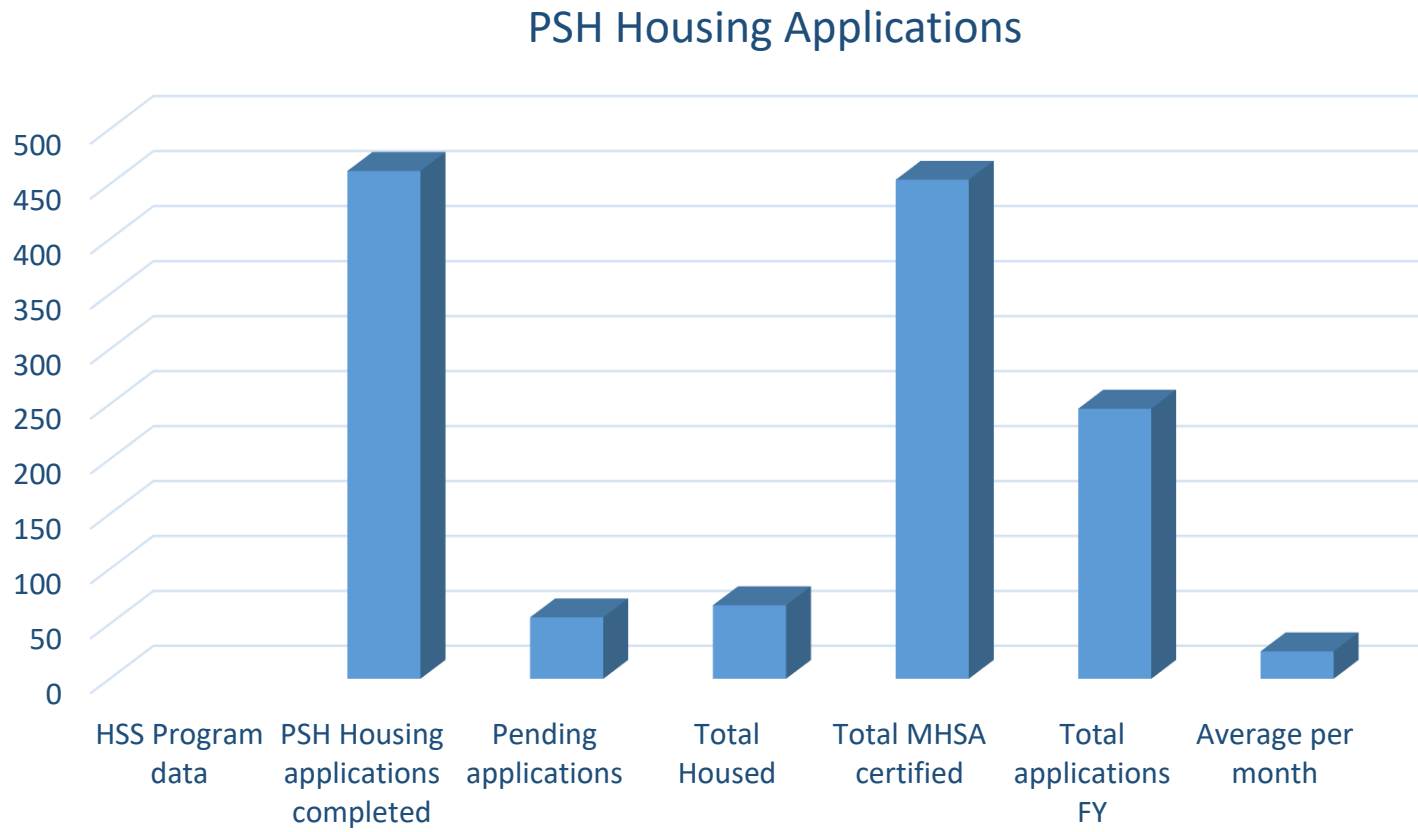
- FY is October 1 – September 30.
- Time in ES or TH is average time enrolled in Emergency Shelter or Transitional Housing projects.
- Total Time Spent Homeless is self-reported time homeless prior to entering a project to the project exit date or the date the client was placed in a housing unit.

Permanent Supportive Housing



- Total units built: 688
- Currently Housed: 620
- Vacancies: 15
- Pipeline: 234

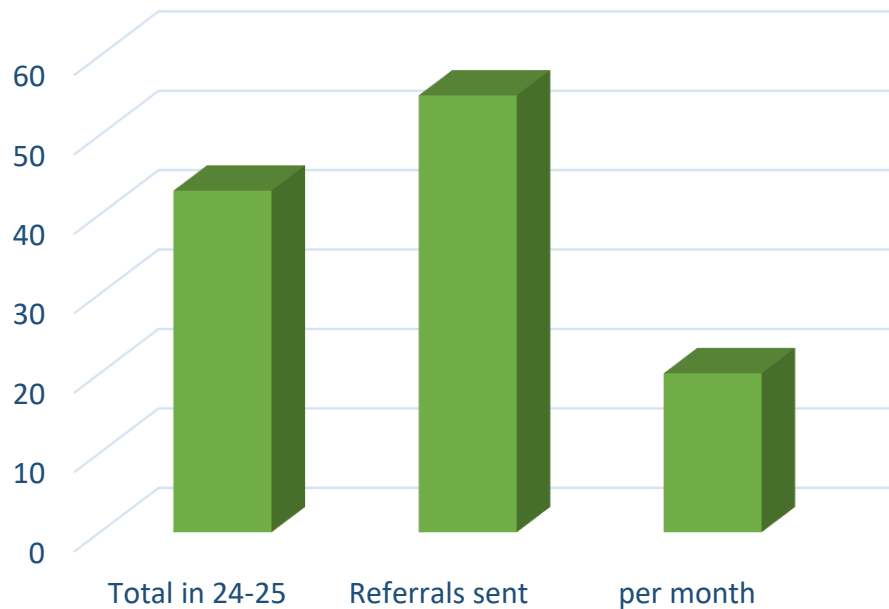
Permanent Supportive Housing (con't)



- PSH Applications completed : 462
- Pending applications: 56
- Total Housed: 67
- Total MHSA certified: 454
- Average applications per month: 25

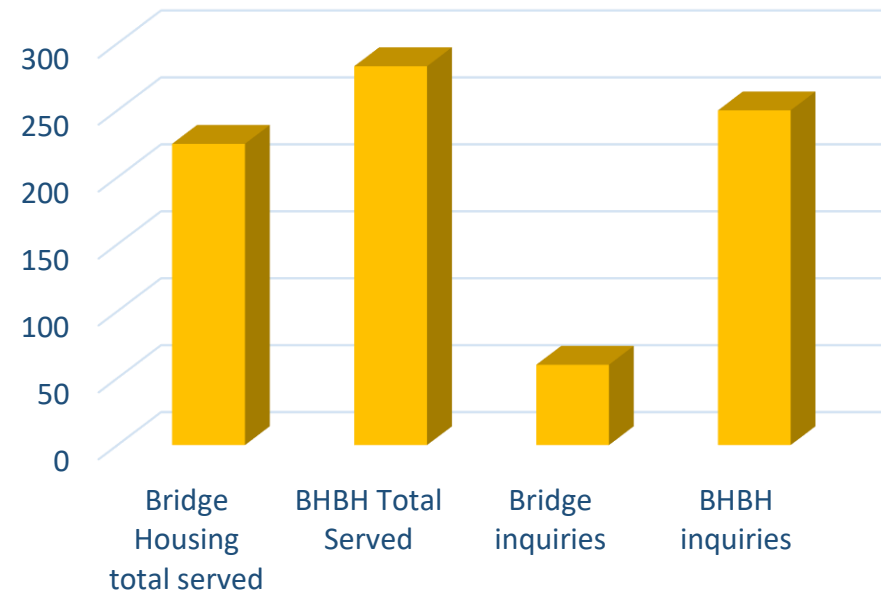
Shelter and Interim Housing

YRS



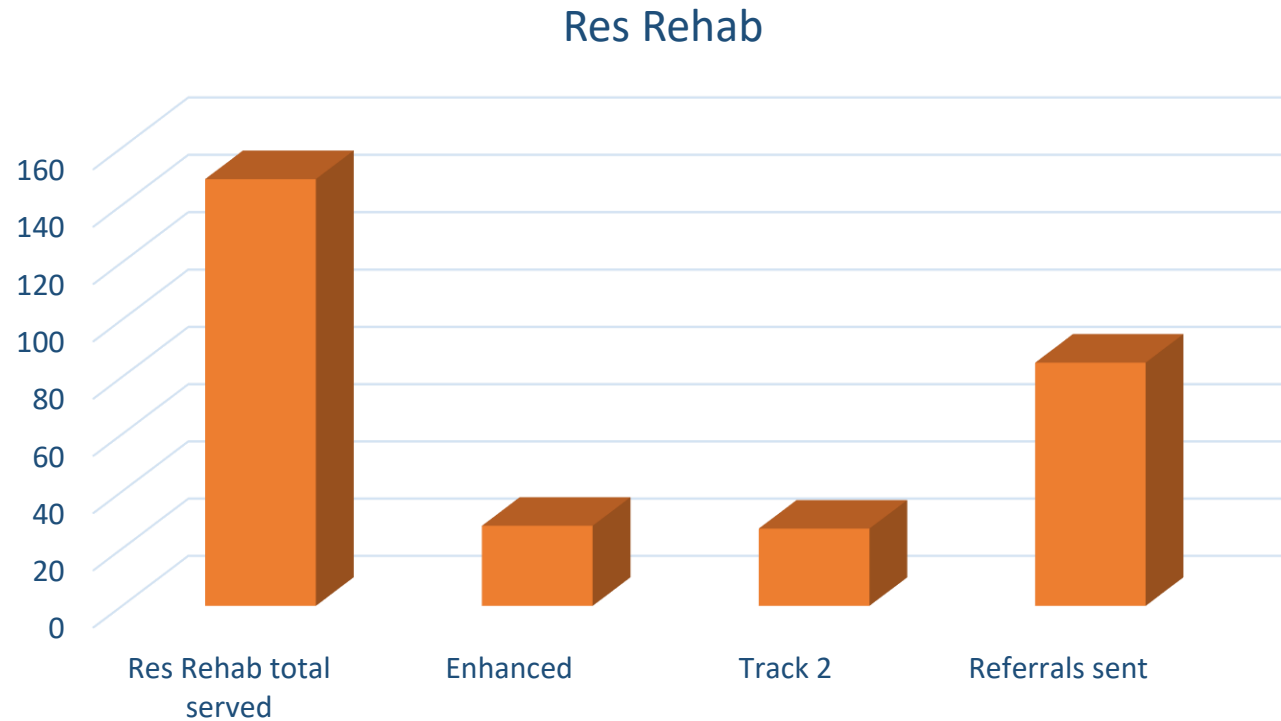
- Year-Round Shelter Total beds: 21
 - Total Served: 43
- Referrals sent: 55
- Average LOS: 46 days

Bridge Housing/ BHBH



- Homeless Bridge Housing beds: 76 beds
 - Total Served: 225
- Behavioral Health Bridge Housing: 122 beds
 - BHBH Total Served: 283

Residential Rehabilitation



- Total Res Rehab beds: 132
 - Total Served: 149
- Total Enhanced Track 1: 21
 - Total Served: 28
- Total Enhanced Track 2: 30
 - Total Served: 27
- Total Referrals Sent: 85