Health Home Program (HHP) Housing Training

Supportive Housing and Coordinated Entry Systems January 10, 2020





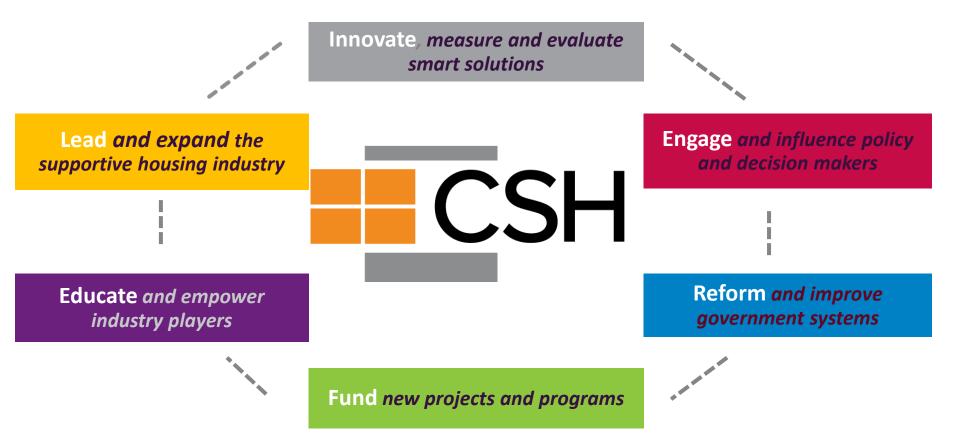
Advancing Housing Solutions That



Improve lives of vulnerable people

Maximize public resources Build strong, healthy communities

How We Drive Impact



CSH Health Homes Program Capacity-Building Team



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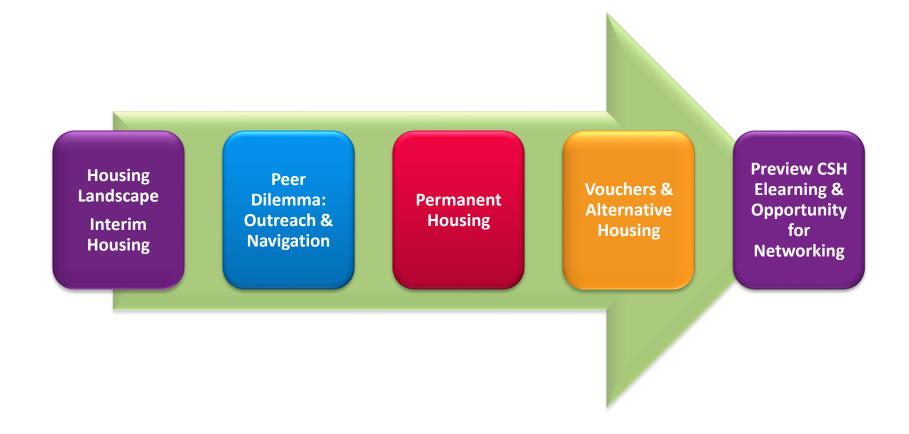


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Today's Agenda





Housing Landscape Panel

Outreach and Housing Navigation



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Range of Interim and Permanent Housing Options

	Interim Housing				Permanent Housing		Medically Fragile
Housing Type	Recuperative Care	Emergency Shelter	Transitional Housing	DV Shelters	Rapid Rehousing	PSH	SNF, B&C
Agreement	Medical oversight	House rules	Program agreement	House rules	Lease or sub-lease	Lease or sub-lease	Program agreement
Living Arrangements	Shared rooms	Congregate living	Congregate living or single site	Congre- gate living	Scattered site	Single or scattered site	Shared rooms/ group living
Time Limit	Short-Term	Short-Term	Time Limited - 24 months	Time Limited	Short-Term	Permanent	Long-term basis
Typical Service Delivery	Intensive medical services	Limited access to services, bridge to permanent housing	Directed, required, intensive services	Access to services	Tailored, tapered services	Tailored, compre- hensive service package	Skilled nursing and supportive care
Operations	Nonprofit Provider serves as service and property manager	Nonprofit Provider service and property manager	Nonprofit Provider service and property manager	Nonprofit Provider service and property manager	Private Landlords with services delivered by provider	Property Managers/ Owners and Nonprofit Service Providers	SNF/B&C Provider service and property manager



Interim Housing

Respite and Recuperative Care Emergency and Temporary Shelters Bridge Housing or Transitional Housing (low barrier) Domestic Violence Shelters



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Respite and Recuperative Care Interfaith Community Services- 32 bed recuperative care facility in Escondido

- 250 N Ash St, Escondido, CA 92027
- (760) 294-2025

Eligibility Requirements:

- Homeless individuals and homeless veterans 18 years and older being discharged from the hospital with a recuperative need.
- Must be referred by a social worker at either the VA Hospital, Palomar Hospital, or Tri City Hospital. A veteran can be referred from any hospital.
- Referral must be accepted and client is to come straight from the hospital.



Emergency and Temporary Shelters





Interfaith Community Services' Veterans' Transitional & Bridge housing

- Address: 1617 Mission Ave., Oceanside, CA 92058
- Intake Hours: Monday-Friday, from 9:00 a.m. 3:00 p.m.
- Phone Number: (760) 529-9979

VVSD – Bridge housing

- Address: 4141 Pacific Highway, San Diego, CA 92110
- Phone Number: (619) 393-2000

PATH – Connections Housing

- Address: 1250 6th Ave, San Diego, CA 92101
- Phone: (619) 810-8600



Bridge Housing or Transitional Housing (low barrier)

Domestic Violence Shelters

Center for Community Solutions

• (888) 385-4657

YWCA's Battered Women's Services

• (619) 239-2341

San Diego County Domestic Violence 24 hour hotline at 1-888-DVLINKS.

 All services are 24-hour hotlines that are staffed with persons who can evaluate situations and make referrals for counseling, legal assistance, shelters, support groups, etc.





Peer Dilemma

Outreach and Housing Navigation Case



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Peer Dilemma: Protocol

Presentation of Dilemma 4 minutes

Description of dilemma including the context, the dilemma you face, and some options you are considering. If possible include some data about the dilemma you are presenting.

> Clarification Questions 3 minutes These questions are meant to provide a broader understanding of the dilemma. Interpretative questions cannot be asked at this point.

Breakout Groups— 20 minutes

•Break into 5 small groups of 5-6 to discuss dilemma and provide feedback.

- •Designate one person to present feedback in the feedback portion of this session and one note-taker (CSH staff). Presenters split up, but should not participate in the small group discussions.
- •Feedback should include both "reflective" feedback—what group members heard that seems like a good idea or a good solution to what is presented and "constructive" feedback—where they propose some new approaches to the problem.

Feedback—15 minutes Each small group takes 3 minutes.

Response from the Presenting Team 3 minutes

The presenting group talks about what they heard that could be especially helpful in resolving the dilemma and potential followup steps.



Dilemma #1:

/ Client distrust / does not want housing

"Popeye," a 53 year old man with hypertension, asthma, depression, and severe alcoholism is eligible for care coordination through HHP.

He's a frequent user of the local hospital, due to his alcohol use and other health problems. He is about to be discharged from the hospital emergency department.

- He is very suspicious of 'authorities.'
- He has been homeless for the last 15 years mostly under nearby freeway embankments.
- He has been promised housing before, and it has always come with strings attached (i.e., no alcohol).







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Dilemma #2:

Tenancy Support Services

"Kay," a 50 year-old HHP tenant who is formerly homeless, is having difficulty staying in housing.

She moved in two months ago, and she has been bringing several of her friends to the unit and allowing some to 'couch surf,' which is against the terms of the lease.

She is also being preyed on by these friends, who are "borrowing" money from her regularly.



Permanent Housing Interventions

Rapid Re-Housing (RRH)

Permanent Supportive Housing (PSH)



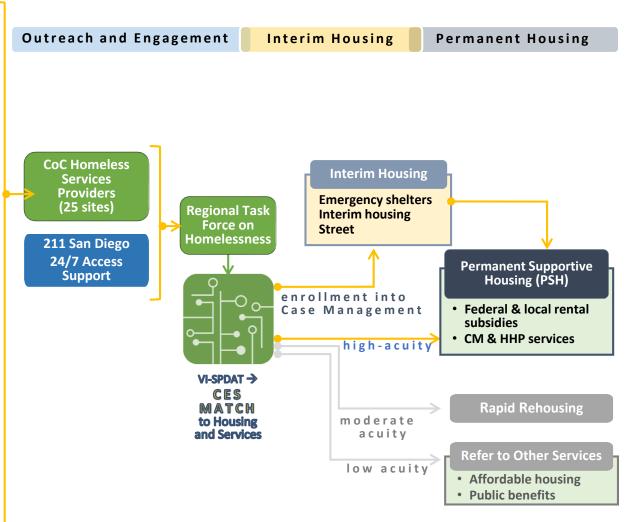
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San Diego County CoC Coordinated Entry System (CES)

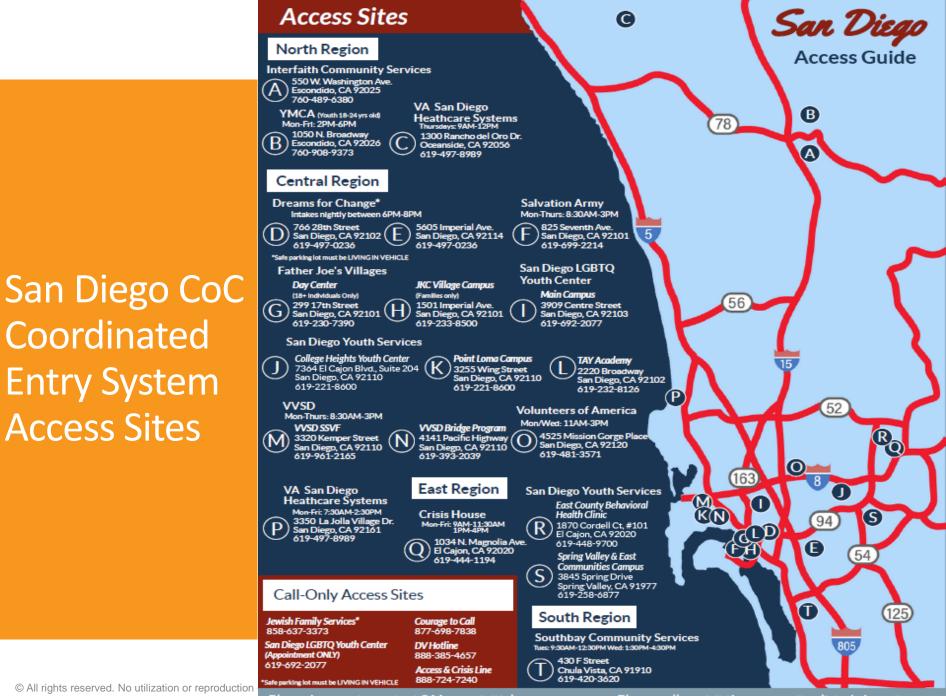
CoC Access Sites

- **Central Region**
- 1. Dreams for Change (Safe parking lot) 619-497-0236
- 2. Dreams for Change (Safe parking lot) 619-497-0236
- 3. Father Joe's Villages Day Center (18+) 619-230-7390
- 4. Father Joe's Villages JKC Village (Families only) 619-233-8500
- 5. Salvation Army 619-699-2214
- 6. San Diego Youth Services College Heights Youth Center 619-221-8600
- 7. San Diego Youth Services Point Loma 619-221-8600
- 8. San Diego Youth Services TAY Academy 619-232-8126
- 9. San Diego LGBTQ Youth Center -Main Campus 619-692-2077
- 10. VA San Diego 619-497-8989
- 11. VVSD SSVF 619-961-2165
- 12. VVSD Bridge Program 619-393-2039
- 13. Volunteers of America 619-481-3571
- East Region
- 1. Crisis House 619-444-1194
- 2. San Diego Youth Services East County BH Clinic 619-448-9700
- 3. San Diego Youth Services Spring Valley & East Communities 619-258-6877
- North Region
- 1. Interfaith Community Services 760-489-6380
- 2. VA San Diego Oceanside 619-497-8989
- 3. YMCA 760-908-9373
- South Region
- 1. Southbay Community Services 619-420-3620
- Call-Only Access Sites
- 1. Access & Crisis Line 888-724-7240
- 2. Courage to Call 877-698-7838
- 3. Jewish Family Services (Safe parking lot) 858-637-3373
- 4. San Diego LGBTQ Youth Center (Appointment ONLY) 619-692-2077
- 5. DV Hotline 888-385-4657









Please be sure to contact 211 as an initial access resource. Please call or visit the access sites listed above to continue the conversation, and initiate homeless resolution strategies.

HUD Definition of Homeless

1. An individual who lacks a fixed, regular, and adequate nighttime residence, meaning:

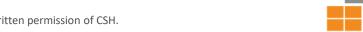
- primary nighttime residence that is a **public or private place not designed for regular sleeping accommodation**, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- a shelter (including congregate shelters, transitional housing, and hotels and motels); or
- exiting an institution where he/she/they resided for 90 days or less and was experiencing homelessness immediately before entering that institution;

2. An individual who **will imminently lose their primary nighttime residence within 14 days**; AND

• has **no other residence** and **lacks the resources or support networks**, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing

3. An individual who **is fleeing domestic violence**, dating violence, sexual assault, or stalking; AND

• has **no other residence** and **lacks the resources or support networks**, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing



RRH Core Components

Tenam Housing identification Approved Moving Tip - number 11 Make friends BEFORE you move. Rent and move-in financial • assistance



Case management and • services

Permanent Supportive Housing and HHP

1. An individual has been homeless for at least twelve months or on at least four separate occasions in the last three years where those occasions cumulatively total at least twelve months; AND

- is diagnosed with one or more of the following conditions:
 - substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

2. An individual who has been residing in an **institutional care facility** for fewer than 90 days AND

- was chronically homeless before entering that facility;
- institutional care facility can be a jail, substance abuse or mental health treatment facility

3. A family with a head of household experiencing chronic homelessness.

4. [AB 361] An individual who has been in **supportive housing for less than two years** AND

• was chronically homeless prior to move-in



Quality supportive housing...

Tenants have a lease identical to those of tenants who are not in supportive housing.

Services are voluntary and consumerdriven. They focus on ensuring that tenants can obtain and thrive in stable housing, regardless of barriers they may face.

The housing and its tenants are good neighbors, contributing to meeting community needs and goals whenever possible.

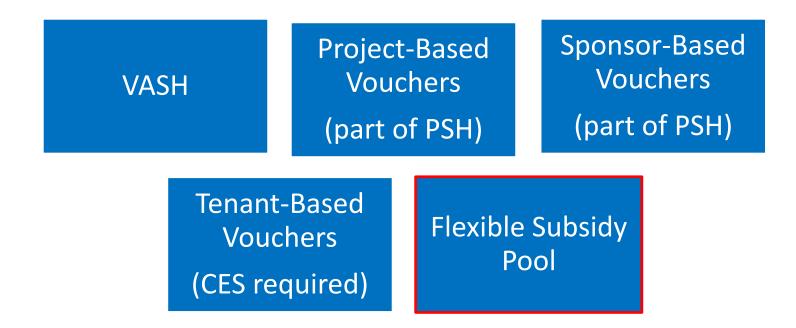


MHSA/SNHP/No Place Like Home-PSH



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Vouchers



Alternative Housing Options

Unsubsidized

- Affordable or market rate
- Informal shared housing
- ADUs Granny Flats
- Independent Living Association <u>www.ILAsd.org</u>

Partially Subsidized

- Recovery Residence Association –
- non-subsidized/ slightly subsidized through Drug MediCal

www.RRAsd.org

CSH E-learning Training



Understanding supportive housing, coordinated entry and your role as a housing navigator.







THANK YOU!



Emergency Shelter/Crisis Housing: Temporary shelter and/or a bridge to permanent housing.

Recuperative Care: Short-term care and medical oversight to homeless individuals who are recovering from acute illness or injury or have conditions that would be exacerbated by living on the street or in shelters. For medically and psychiatrically stable patients.

Sober Transitional Housing: Abstinence-based, peer-supported housing that combines a subsidy for recovery residences with concurrent treatment in outpatient, opioid treatment, or outpatient withdrawal management.

PSH: Long-term, community-based housing that has supportive services for homeless persons with disabilities. Enables tenants to live independently in a permanent setting. Permanent housing can be at one site or in multiple structures at scattered sites. RRH: Uses a combination of case management, Housing Navigation, and short- to medium-term financial assistance to assist mid-range acuity homeless households.

> **B&C:** Group living for people with functional or cognitive impairments who cannot live on their own, but do not require a nursing level of care. Non-medical facilities and assistance with activities of daily living, transportation, incontinency care and special dietary requirements.

SNF: Health facility that provides skilled nursing and supportive care on an extended basis. Licensed by CA DPH. Medi-Cal pays for nursing home costs.*

Housing **Sober Housing Permanent Supportive Housing Rapid Re-Housing**

Emergency Shelter

Medically vulnerable:

Recuperative Care

Medically fragile – cannot live independently: **Board and Care or Assisted Living Facility** Skilled Nursing Facility (approved by MCO)

B & C **SNF**

Interim

Housing

Interim

PSH

RRH

*Medicare Part A covers first 20 days in a nursing home after a qualifying hospital stay. Individuals must pay a co-pay for days 21-100. After day 100, the full cost is the responsibility of the individual. Medi-Cal will cover the cost for individuals who are financially and physically eligible.





OUTREACH CHECKLIST

I would like to do a quick assessment with you.

This will help us see what needs you may have right now, what you may need to access housing and other services, and how I may be able to help you with that.

Basic Needs / Activities of Daily Living				
How can we stay in contact with you?	□ Yes □	∃ No	Phone Number: Are there places you spend your time that it is OK to look for you?	
			Are there other names you prefer? Are there other names you are known by?	
Do you have a mailing address?	□ Yes □	∃ No	Mailing Address:	
Are their alternative people we can contact to find you?	□ Yes □	⊐ No	Contact 1 Name: Phone Number: Relationship: Contact 2 Name: Phone Number: Relationship:	
Do you have regular access to hygiene/clothing resources?	□ Yes □	∃ No		
Do you have regular access to food?	□ Yes □	∃ No		
Do you have regular access to transportation?	□ Yes □	∃ No		
Do you feel physically and emotionally safe in your life right now?	□ Yes □		Do you feel safe where you are sleeping right now? In your relationships right now? Are there some immediate things we can do to help you feel safer while we work on connecting you to housing and other services?	
Do you have any health conditions or special health needs?	□ Yes □	∃ No	 Mental Health Substance/Alcohol Use HIV / AIDS Physical Health Developmental Disability Are their ways that these disabilities prevent you from meeting your daily needs? 	



OUTREACH
CHECKLIST

Social Supports				
Are there people you consider to be part of your support network (friends, family, church, etc.)?	□ Yes □ No	Name:		
Income, Insurance	e, & ID/Pa	perwork		
Do you have a California ID?	🗆 Yes 🗆 No	If no, were you born in California? Yes No If you were not born in California, do you have a copy of your birth certificate? Yes No		
Do you have a Social Security card?	🗆 Yes 🗆 No			
Have you completed a Coordinated Entry Assessment before (if applicable)?	□ Yes □ No	If yes, do you know who you completed it with?		
Do you receive any type of public benefits income?	□ Yes □ No	□ General Assistance □ CalWORKS □ CalFRESH (Food Stamps) □ Social Security (SSI, SSDI, SSA) <i>Total Monthly Amount:</i> \$		
Do you have any employment or other type of income (recycling, child support, pension, etc.)?	□ Yes □ No			
Do you have health insurance?	🗆 Yes 🗆 No	Medi-Cal IMedicare Private Insurance:		



OUTREACH CHECKLIST

Care Connections				
Do you have a place you	🗆 Yes 🗆 No	Name of Place you receive healthcare:		
regularly access medical		Location:		
care?				
Disability Verification	🗆 Yes 🗆 No			
Have you ever served in the	🗆 Yes 🗆 No	If yes, do you know your discharge status?		
armed forces?				
Do you have any legal	🗆 Yes 🗆 No	□ Criminal □ Family □ Traffic □ Immigration		
needs?		Please provide details:		

Are there any professional helpers you are currently working with? 🗆 No □ Yes

If yes, who are they and what do they help you with?

Would it be OK with you for					
me to talk with these other					
people helping you to see if					
there is a way we can help					
you better together?					
🗆 Yes 🗆 No					

If yes, you will need to sign a form called a Release of Information that allows me to talk with them. You can identify what information you are OK with us sharing with each other.

Name and Contact of Helping Professional	Type of Help They Are Providing	ROI on File?	Notes
Name: Phone: Email:	 Mental health Income Housing Employment Other: 	□ Yes □ No	
Name: Phone: Email:	 Mental health Physical Health Income Housing Employment Uther: 	□ Yes □ No	
Name: Phone: Email:	 Mental health Physical Health Income Housing Employment Legal Other: 	□ Yes □ No	



Best Practices in Housing Navigation



SCREENING, ENGAGEMENT

- Building trust
- Warm hand-offs face-to-face
- Meeting clients "where they are"
- Housing First, harm reduction



INDIVIDUALIZED HOUSING PLANS

- Building trust and momentum
- Relationships with interim housing and CES providers
- Prioritizing action steps according to needs of client, using Motivational Interviewing



CES, HOUSING SEARCH and MOVE-IN

- Working partnerships with CES providers
- Enrolling HHP members in CES, through CES providers
- Helping with furniture and security deposits as members move in

Best Practices in Tenancy Sustaining Services



ROLES of TENANT/ LANDLORD

• Build relationships with landlords and

property managers



EARLY INTERVENTION & DISPUTE RESOLUTION

• Understand and prevent lease violations



EVICTION PREVENTION

- Crisis resolution and de-escalation
- Rent repayment



HOUSEHOLD MANAGEMENT

- Financial management and budgeting
 - Grocery shopping, cooking, cleaning

CHECKLIST: Housing Navigation and Tenancy Sustaining Services (page 1 of 5)

Outreach and Engagement

- Provide primarily field-based rather than office-based outreach for clients that may move among various programs and locations.
- Respond to client's priority felt basic needs or emergency situations – food, health, income, transportation, etc.
- Link clients with interim or bridge housing resources as desired and available.

Partnership Development

- Develop rapport and build an ongoing relationship with clients via regular and consistent contact.
- Establish communication links with and for clients phone/cell phone, mailing address, e-mail, meeting locations, social support contacts.
- Help clients link with *clinical care management* and other service resources as needed and desired.
- Provide psychological/emotional preparation and support for clients around obtaining housing - realistic expectations of wait times, realistic expectations of housing options within budget, benefits and challenges of living with others, remaining hopeful, addressing fears/ambivalence of being housed, addressing unhealthy coping skills/street behavior that could disrupt housing, tenant obligations, conflict resolution preparation.

Core Housing Preparation Work

- Assess and begin to address client housing histories and barriers – positive references, credit history, rental history and prior evictions, criminal history, registered sex offender status, outstanding debts, outstanding warrants. Use housing history to inform preparation work, complete early to avoid surprises.
- Get to know members or potential members of the client's household including pets and companion animals.
- Assess for potential to reconnect with family/friends for housing.
- Assess eligibility for permanent housing resources deposit/move-in financial assistance, rapid re-housing, affordable housing, and permanent supportive housing.
- Assess the client's financial and resource situation and potential budget for housing – help with income and benefits acquisition, develop plan to help fund move-in costs.
- Help clients create tenant resumes key information to use on housing applications.
- Help clients gather and store the documents they need for public benefits, employment, and housing opportunities

CHECKLIST: Housing Navigation and Tenancy Sustaining Services (page 2 of 5)

Getting Housing

- Apply for permanent supportive housing (coordinated entry) if eligible and affordable housing in a structured, organized fashion; stay in touch and check-in on status to show interest on quarterly basis; update information on waitlist/interest lists when information changes
- Help consumers identify and pursue other potential housing opportunities besides permanent supportive and affordable housing – sharing with others, independent living, market rent rentals, etc.
- Help consumers tour neighborhoods and properties address rejections as part of reality testing – "at least look at the place, you don't have to take it"; provide options and discuss trade-offs.
- Help consumers complete and submit required housing applications and other materials, including housing navigator and/or other support person(s) on applications as a contact. Include release of information. Include advocacy/support letters with initial applications.
- Help consumers complete housing program or sitespecific paperwork to obtain particular units or subsidies.
- Assist consumers with obtaining the resources necessary to apply for and move-in to housing (application fees, security deposits, first month rent, moving service, furnishings, bedding, etc.).
- Support consumers in preparing for housing interviews

or other meetings that impact their ability to obtain permanent housing.

- Assist consumers in responding to rejections; help request reasonable accommodations or appeals when appropriate.
- Utilize information and housing specialist(s) when available to find property owners that will accept housing subsidies for consumers approved for voucher or tenant-based housing subsidy programs.
- Assist consumers with move-in to new unit and with transitioning support to permanent supportive housing service provider(s) and/or other resources.

CHECKLIST: Housing Navigation and Tenancy Sustaining Services (page 3 of 5)

Moving-In and Transitioning (average of 6 months of support)

- Complete unit inspection and document any damage or issues prior to move-in.
- Review key elements of rental agreement and expectations to ensure understanding. Review any subsidy agreement as well, if needed.
- Establish utilities for the housing unit. Apply for lowincome assistance utility programs. (See Resource Guide)
- □ Assist with obtaining furniture, fixtures, and other move-in needs (*See First Apartment Checklist*).
- Update address with key agencies and contacts including the post office, health insurance, public benefits, and service providers.
- Establish method for ensuring rent payments made on time.
- Develop a housing crisis response plan outlining plans if challenges arise that may jeopardize housing stability including key emergency contacts for service and housing-related issues (*Examples – WRAP plan or Housing Advance Directive*). Possible housing challenges include – mental health/substance use relapse, health and cognitive issues impacting ADLs/IADLs, non-payment of rent, conflicts with neighbors or landlord, IADLs/ADLs, unauthorized guests, hoarding/cluttering, smoking and fire hazards, plumbing/flooding issues.

- Review ability of consumers to manage activities of daily living (ADLs) and instrumental activities of daily living (IADLs). (See ADLs/IADLs checklist).
- Help address any challenges with independent living.
 Consider need for In-Home Supportive Services (IHSS).
 Support IHSS application and worker selection process if needed.
- Help develop skills relevant to living with others in residential community – conflict resolution, communication skills, raising concerns with neighbors and landlords, etc.
- Assist with helping individuals create a sense of home personalization, inviting guests, art work, etc.
- Conduct regular home visits to identify and areas of concern related to housing stability
- Transition ongoing supports to appropriate service providers and natural supports, if appropriate for your role

CHECKLIST: Housing Navigation and Tenancy Sustaining Services (page 4 of 5)

Coordination and Communication with Property Management or On-Site Services for Housing Retention

- Obtain permission from consumer to have on-site services or property management staff contact you if housing-related challenges arise;
- Provide owner/manager/on-site service provider with your work hours, contact information, and information about how much help you can provide if issues/concerns arise;
- Provide owner/manager/on-site service provider with information on identifying signs of *relapse or symptom exacerbation* that could jeopardize housing. Share the minimum amount of information needed for coordination;
- Establish a regular communication check-in time and place with property management/owner/on-site services and consumer depending on their needs and preferences. Make sure to include home visits as part of the planning;
- Support tenants to respond to property management related needs or issues in ways that engender positive relationships with owners/managers;
- Support tenants to document tenant specific needs or requests when necessary, e.g., copies of rent payment, formal requests for repairs, etc.
- Ensure tenants appropriately notify owner/manager of any changes to their status that may impact their

housing, e.g., desire to change household members, income changes, returning to school, etc.

- As applicable, initiate tenant-specific meetings with Management representatives to address tenant behavioral issues in an effort to mediate behavioral problems and arrive at mutually acceptable solutions. Efforts should focus on avoiding formal complaints and unnecessary delays in resolution.
- Work with residents in imminent danger of being evicted to avoid finalization of the eviction process through voluntary departure. As applicable, provide specific support to tenants who are settling an eviction action through a stipulated settlement, when all parties agree that support will enable the tenant to remediate the behavior that led to the eviction. Services may be called upon to monitor the tenant's participation in Services and report non-performance to Management, and shall comply with Management in enforcing stipulated settlements of this nature.
- If eviction or voluntary departure occurs, help residents to find alternative accommodations.

CHECKLIST: Housing Navigation and Tenancy Sustaining Services (page 5 of 5)

Tenant-Specific and Community Building Supportive Services – Focus of Services on Personal Goals, Improved Health Status, Increasing Personal Assets, and Supporting Movement to Better Housing Over Time

- Provide general services including outreach, goal planning, information and referral, living skills assistance, coordination of services, conflict resolution
- Offer Benefits/money management assistance including assistance applying for public benefit programs, referrals for payee services, credit counseling referrals, assistance with budgeting and establishing bank accounts.
- Provide health/medical coordination and referrals or direct services for primary care medical services, health education, HIV/AIDS care and referrals.
- Provide behavioral (mental health and substance use) health coordination and referrals or direct services including individual assessment and counseling, group counseling, residential care, peer support, psychiatric care and referrals, referrals and advocacy.
- Provide employment/vocational/educational training coordination and referrals, on and off-site training, educational opportunities, financial assistance for work training at education, and work opportunities connected with the services program.
- Support community building/social activities and social inclusion activities for tenants including peer support,

community meetings, outings and field trips, organizing/political activities, consumer/tenant involvement opportunities and support such as tenant councils.

Homelessness in California CoCs Implementing HHP

We are in a housing crisis

Across California, homelessness is rising rapidly. In the 12 Health Homes Program (HHP) counties, Point-In-Time (PIT) Homeless Counts increased by 17% between 2018 and 2019. There are now almost 115,000 individuals experiencing homelessness in the HHP counties, including 90,000 individuals in the six counties CSH is working with.

The prolonged housing affordability crisis is driving homelessness in California. The inflow into homelessness in Los Angeles in 2018 was 55,000, higher than the outflow (49,000). According to the Los Angeles Homeless Services Authority (LAHSA), a quarter of people on the street today became homeless for the first time in their lives in the past year, and half cite economic hardship as the primary cause. A resident would need to earn \$47 an hour to afford the median monthly rent, according to LAHSA's 2019 Homeless Count.

HHP county / CoC	2018 HUD Homeless PIT Data	Increase 2018 to 2019	2019 HUD Homeless PIT Data
San Francisco	6,858	17%	8,011
Riverside	2,406	17%	2,811
San Bernardino	2,118	23%	2,607
Alameda	5,629	43%	8,022
Sacramento	3,665	52%	5,570
Santa Clara	7,394	31%	9,706
Tulare	853	25%	1,069
Kern	810	64%	1,330
Los Angeles	52,765	12%	58,963
Orange	4,792	43%	6,860
San Diego	9,160	-12%	8,102
Imperial	1,154	22%	1,413
12 HHP Counties	97,604	17%	114,464

Los Angeles 2019 Homeless Count – a deeper look

We housed more people than ever, yet our housing affordability crisis drove a net rise in homelessness





San Diego County CoC Coordinated Entry System (CES)

CoC: Regional Task Force on Homelessness Contacts: Tamera Kohler, CEO, <u>tamera.kohler@rtfhsd.org</u> Kat Durant, Operations Coordinator, <u>kathryn.durant@rtfhsd.org</u>

CoC Organizations in HMIS

- 1. 2-1-1 San Diego
- 2. Affirmed Housing
- 3. Alpha Project for the Homeless

Regional Task Force

on the Homeless

- 4. Bread of Life
- 5. Bridge Housing Corporation
- 6. Catholic Charities
- 7. City of Oceanside
- 8. City of San Diego Homeless Outreach Team
- 9. Cloudburst
- 10. Community Catalysts of California/Veteran Community Services
- 11. Community Housing Works
- 12. Community Resource Center
- 13. Community Research Foundation
- 14. ConAm Management
- 15. County of San Diego Health and Human Services Agency
- 16. Crisis House
- 17. Department of Housing and Urban Development and its contractors
- 18. Downtown San Diego Partnership
- 19. East County Transitional Living Center
- 20. Episcopal Community Services
- 21. Escondido Education COMPACT*

- 22. Family Health Centers of San Diego
- 23. F.P.I. Management
- 24. Generate Hope
- 25. Home Start, Inc.
- 26. Housing Development Partners of San Diego
- 27. Housing Innovation Partners
- 28. Hyder Co.
- 29. Impact Lab
- 30. Institute for Public Health, San Diego
- 31. State University
- 32. Interfaith Community Services
- 33. Interfaith Shelter Network
- 34. Lutheran Social Services
- 35. McAlister Institute
- 36. Mental Health Systems, Inc.
- 37. Operation Hope
- 38. NAMI San Diego
- 39. North County Solutions for Change
- 40. People Assisting the Homeless
- 41. Pathfinders of San Diego, Inc.
- 42. Pathways Catalyst
- 43. Presbyterian Urban Ministries
- 44. Public Consulting Group
- 45. ResCare
- 46. Royal Property Management

- 47. Second Chance
- 48. South Bay Community Services
- 49. San Diego Housing Commission
- 50. San Diego Rescue Mission, Inc.
- 51. San Diego Youth Services

52. Serving Seniors

- 53. Solari Enterprises
- 54. St. Paul's PACE
- 55. St. Vincent de Paul Village
- 56. Telecare Corporation
- 57. Think Dignity
- 58. Travelers Aid Society of San Diego
- 59. The Salvation Army
- 60. The San Diego LGBT Community Center
- 61. Townspeople
- 62. Union of Pan Asian Communities
- 63. Vista Hill*
- 64. Volunteers of America Southwest
- 65. Veterans Administration San Diego
- 66. Veterans Village of San Diego
- 67. Wakeland Housing and Development Corp.
- 68. Women's Resource Center
- 69. YMCA of San Diego County
- 70. YWCA of San Diego County