Behavioral Health Housing Principles

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Expanding safe and affordable housing is a key priority for the undersigned behavioral health providers and advocates. County behavioral health departments, community based providers, family members and mental health service consumers are essential partners in any effort to reduce and prevent homelessness when mental illness and/or substance use are key contributing factors. A safe place to call home is essential for personal recovery and wellness, and behavioral health services are critical in preventing homelessness. Based on our experiences, we strongly believe the following principles must be considered in designing new efforts and targeting new investments:

1. Utilize the Public Behavioral Health Target Population Definition for Homelessness Prevention and Reduction Efforts

In public behavioral health, Mental Health Services Act (MHSA) funded supportive housing is targeted for people who are low-income and who are homeless or at risk of being homeless. A person who lives on the streets or lacks a fixed and regular night time residence is considered homeless. The target population is further defined as adults, older adults, transition-age youth with serious mental illness, children with severe emotional disorders and their families, who at the time of assessment for housing services meet the criteria for MHSA programming. Use of MHSA funding must be consistent with the voter mandate.

2. Utilize Strategies That Prevent Homelessness

Often, individuals living with serious mental illness cycle through the criminal justice system without an appropriate behavioral health diagnosis or treatment. Re-entry planning should include behavioral health services, as well as supportive housing, in order to prevent homelessness. Additionally, for individuals who receive behavioral health treatment in hospitals, discharge planning should include ensuring a stable place to live in addition to linkages to behavioral health services. Partnerships between social service providers, behavioral health providers, law enforcement, family members, and consumers are important to prevent homelessness in the target population.

3. Utilize Proven Models To Respond to Homelessness

Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – while providing supportive services. This approach posits that having a roof over one's head is an essential step in reducing homelessness while acknowledging the many mental health and substance use challenges that prevent the homeless from accepting assistance. Rapid Re-housing rapidly connects families and individuals experiencing homelessness to permanent housing. Efforts should also be made to ensure that individuals in temporary and bridge housing are targeted for permanent, supportive housing (i.e., not just those individuals who are homeless). Programs should also support housing provided by caregivers to

individuals living with mental illness. A variety of proven strategies should be considered in any investment to end homelessness.

4. Invest in Supportive Services and Break the Cycle of Long-Term Homelessness

Supportive services, for people with behavioral health challenges, are essential to housing stability and to maximizing each individual's ability to live independently. County Behavioral health departments are uniquely positioned to identify and intervene - in collaboration with community partners, family members, and consumers - to address the dual, interwoven, public health crises of substance use and mental illness that complicate homelessness. A successful strategy to combat homelessness will build on local and statewide collaborations and include essential mental health and substance use services.

5. Fund Construction, Operating Subsidies, and Supportive Services

Construction is only one of the *three* major costs to permanent supportive housing. Equally important is funding to make up the difference between what it costs to operate the housing – such as paying for maintenance, property management and other employees, or a new roof -- and what residents can afford to pay. Most homeless individuals lack income beyond a monthly check provided under federal Social Security programs for people with disabilities and could not afford the rent of an apartment without a subsidy. Therefore, in order to maintain appropriate living standards in the housing units, and to make the units affordable for the tenants, the units must be subsidized through a capitalized operating reserve or some other form of subsidy. And finally – supportive services including mental health and substance use are essential.

6. Ensure Residents of All Counties Can Benefit from Additional Housing Investments

Homelessness impacts all counties. Therefore, any MHSA funds set aside for the purpose of expanding housing capacity should be available, through a noncompetitive process, to all counties to invest in additional housing and supportive services. Stakeholder involvement is a key tenet of the MHSA, and counties investing in additional housing and supportive services will maintain robust stakeholder processes in the planning of any new programs. Any additional investments should be accompanied by evaluation measures and funding to support outcome-based evaluations.

7. Balance Investment

Counties and providers are working diligently to achieve the goals of the MHSA which calls for more expansive, inclusive, effective, innovative, and an accountable mental health system. Every dollar devoted to a statewide approach to housing is a dollar that will not be spent providing direct mental health and substance use services at a time of overwhelming need. There needs to be a balance between investing in affordable housing and investing in other critical mental health and substance use services.

8. Consider MHSA Revenue Volatility

MHSA funding allocations are not consistent each year. The annual amount of MHSA funding diverted for housing needs to be adjusted and matched with the volatility of the revenue source and each county should be able to determine what funding is used to pay back any bond debt (e.g. Prevention and Early Intervention (PEI), Innovation, Community Services and Supports (CSS), funds at risk of reversion or new funding). In addition, there needs to be a consideration given to fund services *in the long term* to people living in permanent supportive housing created by any statewide program as well as funding for long term operating costs of maintaining housing.

9. Ensure Flexibility to Address Local Needs

There is not a "one size fits all" approach to housing across the State; there are a number of housing models for supportive housing. The housing setting can vary and is based on a range of factors including the resident's preference, the type of housing available, affordability, and the history of a local community's real estate market. For example, in cities, large apartment buildings are typical while in suburban and rural communities; single-family homes are more common. Programs need flexibility with regard to the utilization of housing such as options for Master Lease agreements and housing rehabilitation, in addition to capital investments. Additionally, California is a diverse state and programs must be culturally appropriate and able to meet the needs of each community.

10. Address "Not in My Backyard" (NIMBY) and Siting Challenges

Organizations that provide housing and supportive services to people with mental health and substance use disorders have tremendous challenges including identifying housing sites, obtaining necessary funding, arranging for services, navigating complex administrative systems, and securing scarce funding sources even when neighbors and local government support the project. The process becomes far more difficult when neighbors protest about housing "those people" in "our" neighborhood. Any statewide housing initiative should support efforts to reduce stigma and housing discrimination against people with mental health and substance use challenges.

11. Leverage and Increase the Impact of Existing and Emerging State Housing and Services

The MHSA Housing Program developed in August 2007 set aside $400 million in funds to provide capital development loans and critical funding for long term operating subsidies for the development of affordable rental housing for MHSA individuals. Each county's Department of Mental Health provides MHSA residents with an *individualized array of supportive services* needed for recovery and the opportunity to become fully functioning community members. These program funds are administered for counties by the California Housing Finance Agency (CalHFA) and the California Department of Health Care Services (DHCS). The funds from the MHSA Housing Program will ultimately house approximately 2,600 MHSA residents. Several counties plan to continue the partnership and assign additional MHSA dollars to CalHFA to administer under a new statewide program. Additionally, as authorized under the Affordable Care Act, States can create "Health Homes" to serve individuals with chronic conditions including mental health and substance use. One of the primary goals of the Health Home Program in California is to link individuals to housing and services. This is another opportunity to address the needs of the homeless. Aligning with initiatives such as these is imperative.