

# No Place Like Home Plan to Address Homelessness for People with Serious Mental Illness

Prepared by San Mateo County  
Behavioral Health and Recovery Services

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SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)  
PLAN TO ADDRESS HOMELESSNESS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS

Addendum to *Ending Homelessness in San Mateo County – July 2016*

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## A. Summary

### 1. Overview of Planning Efforts to Address Homelessness in San Mateo County

In San Mateo County, CA, responsibility for planning to address homelessness is shared collaboratively among a broad group of stakeholders, including County Departments, cities, non-profit agencies, and philanthropic funders. The San Mateo County Human Services Agency (HSA) is the CoC Lead Agency and has taken the lead on coordinating much of this work, including the creation in 2016 of *Ending Homelessness in San Mateo County*. This 2016 plan sets out the community's overall strategy for addressing homelessness among all populations.

San Mateo County Behavioral Health and Recovery Services (BHRS), a division of San Mateo County Health, has partnered with HSA to develop this addendum to the Strategic Plan, which sets out specific goals and strategies to address homelessness among people who have serious mental illness. This plan addendum builds upon the framework developed in *Ending Homelessness in San Mateo County*, which is attached as Appendix A to this document.

The overarching strategy articulated in *Ending Homelessness in San Mateo County* is to create a unified system, invest in best practices, and reorient the current homeless system towards housing crisis response. The plan addresses homelessness as a housing crisis and sets the path to develop a systematic approach targeted at helping people maintain their housing, returning unsheltered homeless people to housing as quickly as possible, and prioritizing existing system capacity for those who face the highest barriers and longest history of homelessness.

### 2. Homeless System Planning Bodies

San Mateo County has two main planning bodies that share responsibility for overseeing efforts to address homelessness. These are:

**Continuum of Care (CoC) Steering Committee:** The CoC Steering Committee is the planning and decision-making group that provides local oversight of the community's federal target homeless assistance funding. The Steering Committee is responsible for oversight of the community's annual application for HUD CoC funding, as well as a range of planning and evaluation functions, including establishing performance standards and evaluating project performance, and overseeing the biannual point in time count of homeless people. Membership includes City and County staff, non-profit providers of housing and services for people experiencing homelessness and other stakeholders. The Human Services Agency staffs this committee and serves as the Collaborative Applicant for CoC funding.

**Housing Our Clients:** Housing Our Clients is made up of Department Directors from the main systems of care (Health System, Health Plan of San Mateo, Behavioral Health and Recovery Services, Human Services Agency, Department of Housing, Probation Department, and the Sheriff's Office) to work on inter-departmental coordination to better meet needs of clients who frequently use multiple systems. This group is working to develop strategies to better assist county clients who are facing homelessness.

### 3. Summary of Goals, Strategies and Activities

*Ending Homelessness in San Mateo County* lays out five strategies to reach a functional zero level of homelessness by 2020. In addition, BHRS and HSA have developed additional strategies and solutions that will help refine and enhance our efforts to meet the needs of the NPLH target population – people who are experiencing homelessness and who have mental illness. These goals and strategies are detailed in Section H – Solutions to Homelessness in San Mateo County.

#### **B. Planning Process and Involvement of Community Stakeholders**

This section describes the planning process to develop *Ending Homelessness in San Mateo County* and this addendum, including the stakeholder groups that provided input.

##### 1. Process for Developing *Ending Homelessness in San Mateo County*

The process for developing *Ending Homelessness in San Mateo County* began in July 2015 and the finished plan was published in July 2016. HSA staff coordinated the development of the plan, with technical assistance provided by Focus Strategies, a consulting firm dedicated to helping communities develop data-driven solutions to ending homelessness.

Process steps to develop the plan included:

- *Leadership Team*: To develop the goals and strategies presented in this plan, HSA worked in collaboration with a Leadership Team which included representatives from HSA, Health System (including BHRS), Department of Housing, County Manager’s Office, staff from several members of the Board of Supervisors, as well as the chair of the Continuum of Care (CoC), and a representative from the Core Service Agencies (both representing nonprofit provider agencies).
- *Key Stakeholder Interviews*. Focus Strategies conducted a series of stakeholder interviews by telephone. The 20 interviewees included members of the Board of Supervisors, County Department heads and other executive level staff, City managers, funders and representatives from key housing and service providers. The purpose of these interviews was to learn more about the existing programs and identify opportunities and challenges to creating a system to end homelessness in San Mateo County by 2020.
- *Learning Collaborative*: HSA staff and Focus Strategies facilitated a series of five Learning Collaborative meetings designed to provide information and solicit input from stakeholders about specific strategies for system redesign. Typically, between 30 and 40 individuals were present for each meeting. Participants included non-profit agency staff, City staff, County staff, and other interested individuals.
- *Data Analysis*: Focus Strategies analyzed available data on homelessness in the community and assessed the performance of existing programs and projects designed to serve homeless people. The data analysis work was conducted using the System-Wide Analytics and Projection (SWAP) suite of tools, which Focus Strategies has designed for the National Alliance to End Homelessness to help communities plan and prioritize changes to bring about the greatest possible reduction in homelessness.

## 2. Process for Developing BHRS Plan Addendum

To create this addendum, BHRS implemented a planning process designed to collect input to help develop more specific analysis and recommendations to address the needs of people experiencing homelessness who also have serious mental illness. This additional planning took place between August and December 2018.

- *NPLH Working Group.* An NPLH working group was created including staff from the Behavioral Health and Recovery Services Division, the Department of Housing, and the Human Services Agency. Technical assistance for this working group is provided by Focus Strategies. The objective of this group is to guide the development of this Plan Addendum and coordinate the County's approach to using NPLH funding (both non-competitive and competitive) to meet the housing needs of the target population.
- *Focus Groups.* Under the direction of BHRS, Focus Strategies facilitated four focus groups with stakeholders who have worked with individuals who are experiencing homelessness and have a serious mental illness or have lived experience as part of the same population. The intent of the focus groups was to gather information about how BHRS clients experiencing housing crises access housing assistance, as well as strengths and challenges from the perspective of people who provide support to these clients and their families. The makeup of the groups included consumers who have navigated available homelessness resources, family partners that work with families in which a child has a serious emotional disturbance, peer support workers that work with the target population, and service providers that specialize in providing housing and services to this population. The input provided by each focus group was compiled and incorporated to inform this NPLH plan. Dates and participants are listed in Appendix B.
- *Stakeholder Interviews.* To understand the improvements that can be made to available services, Focus Strategies conducted stakeholder interviews with eight key informants who have a robust understanding of system resources and gaps. A list of questions was designed by Focus Strategies, centered around what informants found most and least successful among what is currently in place to address homelessness for those with serious mental illness. A list of stakeholders interviewed is provided in Appendix B.
- *MHSA Plan.* In developing this Addendum, BHRS has also drawn upon the San Mateo County Mental Health Services Act (MHSA) Three Year Plan (FY 2017-2020). This State-mandated plan update was developed in collaboration with clients and families receiving services, community members, staff, community agencies, and other stakeholders to describe programs and services that will be funded by MHSA and prioritizes any new programs, strategies and/or expansions. The plan is posted at: <https://www.smchealth.org/san-mateo-county-mhsa-prop-63>

## 3. Stakeholder Groups Providing Input

The development of *Ending Homelessness in San Mateo County* and this Addendum incorporated input from all the required stakeholder groups specified in the NPLH guidelines. The participating organizations are listed in the table below. Please see Appendix B for a complete list of all stakeholders.

Stakeholder Groups Required	Representatives Providing Input to Ending Homelessness in San Mateo County (2016) and/or BHRS Addendum (2018)
County Representative – Behavioral Health	Staff from San Mateo County Behavioral Health and Recovery Services, including: Adult System Psychiatric Emergency Response Team (PERT), North County Adult Outpatient Clinic, North East Community Services Area, MHSA Program, and Community Workers.
County Representative – Public Health	Staff from San Mateo County Health System
County Representative – Probation/Criminal Justice	Staff from San Mateo County Sheriff’s Office
County Representative – Social Services	Staff from San Mateo County Human Services Agency (HSA)
County Representative – Housing Department	Staff from San Mateo County Department of Housing (DOH)
CoC Representative	Staff from San Mateo County HSA (CoC lead agency); and chairs of CoC Steering Committee
Cities and Unincorporated Areas Representative	Staff and elected officials from: City of Redwood City, City of East Palo Alto, City of Half Moon Bay, City of South San Francisco, City of San Mateo
Housing and Homeless Service Providers	Staff from Mental Health Association of San Mateo County, Telecare, Caminar, LifeMoves, Abode, and Project WeHope participated in a provider input session in 2018. Many additional housing and homeless service providers participated and provided input into the 2016 Strategic Plan (see Plan appendices for complete list).
County Health Care Providers: County Health Plan	Staff from Health Plan of San Mateo (HPSM)
Health Care Providers: Community Clinics and Health Plan	Staff from San Mateo County Health Care for the Homeless and Farmworker Health (HCH/FH)
Public Housing Authority	Staff from Housing Authority of the County of San Mateo (HACSM)
Representatives of Family Caregivers	Focus Groups with: Lived Experience Academy Members; Family Partners; Peer Support Workers

### **C. Homelessness in San Mateo County**

#### **1. People Experiencing Homelessness**

One important source of information about people experiencing homelessness comes from the 2017 Point-in-Time (PIT) Count. San Mateo County conducts a PIT count every two years, as per HUD requirements. Data from the 2019 count will be available June 2019.

The 2017 San Mateo County PIT Count determined that there were 1,253 homeless people in San Mateo County on the night of January 25, 2017. As compared to the 2015 count, there was a 15% decrease in the overall amount of people experiencing homelessness. This was the result of a reduced number of

unsheltered people counted on the street (an 18% decrease from 2015 to 2017) and an increase in the amount of people in vehicles such as RVs (a 44% increase from 2015 to 2017) and cars (a 25% increase). Sheltered and Unsheltered Status: The 2017 PIT Count revealed that those experiencing homelessness were comprised of 637 unsheltered homeless people (living on streets, in cars, in RVs, in tents/encampments) and 616 sheltered homeless people (in emergency shelters and transitional housing programs).

Household Type: The 1,253 homeless people (including both sheltered and unsheltered) counted comprised 902 households as follows:

- 782 “Adult Only” households, that is without dependent children (86.7 %);
- 116 “Family” households, that is with dependent children (12.9 %);
- 4 “Child Only” households, that is with no adult present (0.4 %).

Families with Children: In 2017, the percentage of households with children versus those without children was very similar to the proportions in 2015. In 2015, 89% of households were either single individuals or couples without children and 11% were households with children. In 2017, this split was 87% adult households and 13% families with children.

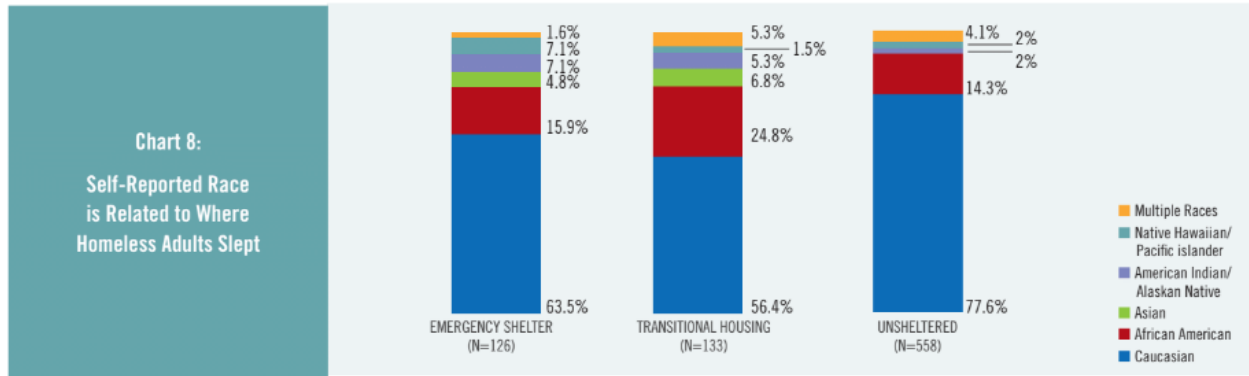
The very low numbers of unsheltered homeless families reflect the County’s ongoing commitment to preventing family homelessness and its investment in programs targeting families with children, such as emergency shelter, interim housing, and homelessness prevention programs operated by the Core Service Agency Network.

The 2017 data on homeless families is consistent with the experience of San Mateo County service providers who observe that homeless families with children rarely live on the streets and are much more likely to reside in shelters or cars. Many families with children also live in places that do not meet the HUD standard of homelessness (i.e. they are living temporarily with friends or families), yet they are precariously housed.

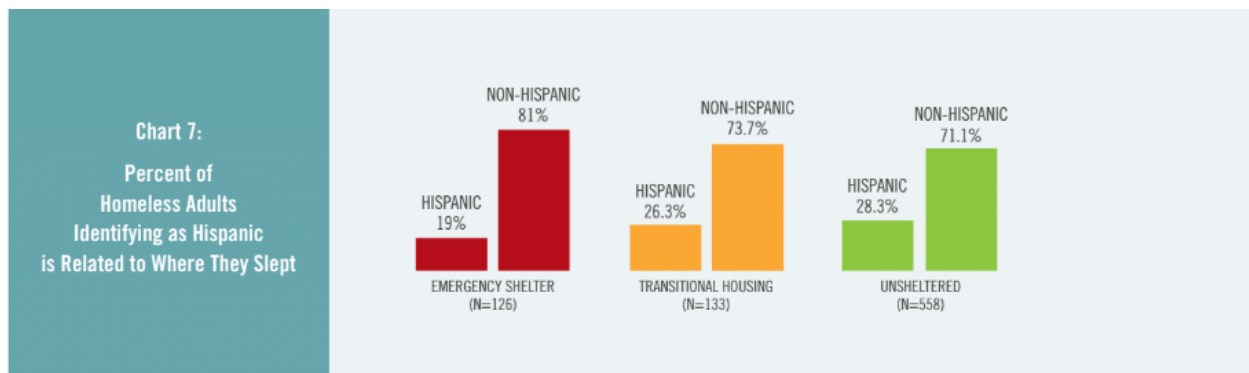
## 2. Demographics

The 2017 One Day Homeless Count and Survey counted 782 households comprised of 817 adults and 116 households comprised of 431 adults and children. A person in an adult only household was most likely to be unsheltered (72%), over 25 years old (96.8%), male (74.2%), non-Hispanic (73.4%), Caucasian (72%), and not experiencing chronic homelessness (71.4%). In contrast, family households were most likely to be in transitional housing (64.7%), have more children than adults (57.8% vs. 40.1% respectively), and be headed by a female (57.8%). People heading family households were also predominantly non-Hispanic (60.8%) and Caucasian (45.5%), however race and ethnicity showed more variation in family households than adult-only households.

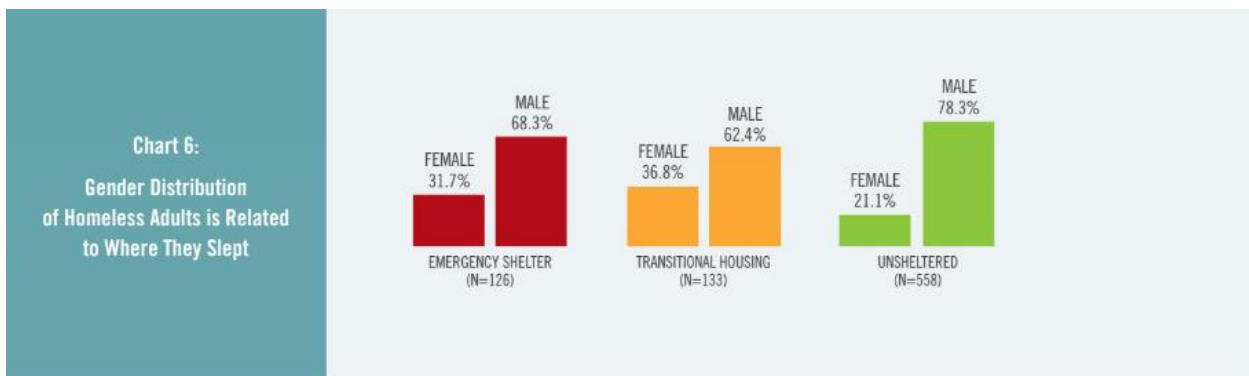
Race: In terms of self-reports of race, the unsheltered population is much more uniform, with over three quarters of unsheltered single adults reporting being Caucasian. The individuals and families accessing shelter and transitional housing on the night of the count were more likely to be of non-white races than those who were unsheltered.



Ethnicity: In terms of ethnicity, the unsheltered population has a greater proportion of those who identify as having a Hispanic origin than either of the sheltered populations.



Gender: The next graph shows that the proportion of females and males is different depending on the subpopulation. Specifically, although males represent the majority of each of the groups, the difference is much larger in the unsheltered population than it is in either of the sheltered populations.



### 3. Homelessness, Mental Illness and Co-Occurring Disabilities

People surveyed in the PIT count were also asked whether they had ongoing health conditions, physical disabilities, used drugs or alcohol, had psychiatric or emotional conditions, or had traumatic brain injury or Post Traumatic Stress Disorder (PTSD). If they responded in the affirmative, a follow-up question asked whether the situation kept them from holding a job or living in stable housing.



Prevalence of Mental Health Disabilities: Questions for the PIT count also gathered information as it relates to subpopulation self-reports of a functional impairment related to the experience of serious mental illness (SMI). Across all unsheltered and sheltered homeless adults, regardless of whether they were part of a family household or were in an adult only household, 23.4% reported a functional impact of SMI and 13.2% of substance use. Of those reporting a SMI for the PIT Count, 18% were staying in shelter, 24% in transitional housing, 58% were unsheltered.

Impact of Housing Instability on Health of Youth: Homelessness and housing instability can lead to increased health symptoms, especially for youth. This can be due to anxiety linked to having unstable housing, stress on parents that impacts youth, disruption in educational learning associated with changing schools or missing school, peer issues related to homelessness, or missing key appointments for needed services. Also, for parents and caregivers of children who have serious emotional disturbance (SED youth), the demands of caretaking youth with significant emotional challenges can increase their risk of homelessness by making it more difficult to maintain stable employment. SED youth often need much help getting to school and other services, and often require parental response to situations at school and after school that require parents to leave work. Many of the parents of the youth typically served in San Mateo County have little flexibility at work and fear losing their jobs in order to care for their children.

#### 4. Geographic Breakdown

The following table summarizes the geographic distribution of the unsheltered homeless people who were counted in the 2017 One Day Homeless Count and Survey. Areas included in each of the unincorporated jurisdictions include: (1) Coastside—El Granada, La Honda, Montara, Princeton, Pescadero, Moss Beach; (2) Central—Highlands/Baywood; (3) North—Broadmoor; and (4) South—North Fair Oaks, Emerald Lake, West Menlo Park.

CITY	UNSHelterED
Airport	3
Atherton	0
Belmont	3
Brisbane	19
Burlingame	21
Colma	1
Daly City	17
East Palo Alto	98
Foster City	6
Half Moon Bay	43
Hillsborough	0
Menlo Park	47
Millbrae	7
Pacifica	112
Portola Valley	1
Redwood City	94
San Bruno	26
San Carlos	28
San Mateo	48
South San Francisco	33
Unincorporated total	30
Coastside unincorporated areas	22
Central County unincorporated areas	0
North County unincorporated areas	3
South County unincorporated areas	5
Woodside	0
<b>TOTAL</b>	<b>637</b>

**Table 4:  
Geographic Distribution  
of Unsheltered  
Homeless People**

### 5. Services Utilized Among Homeless People with Mental Illness

#### Households in HMIS with at Least One Family Member with SMI: July 2017 to June 2018

	HH with Children	HH without Children	Total
<b>Emergency Shelter</b>	43	454	497
<b>Transitional Housing</b>	62	218	280
<b>Rapid Re-Housing</b>	54	19	73
<b>Permanent Supportive Housing</b>	28	326	354
<b>Total</b>	<b>187</b>	<b>1,017</b>	<b>1,204</b>
<b>Total (Unique Counts)</b>	<b>157</b>	<b>872</b>	<b>1,029</b>

\*Total count includes interventions that are accessed more than once by the same household over a period as well as the unique amount of times a household utilized housing interventions.

Data from the San Mateo County Homeless Management Information System (HMIS) system shows that there were 1,029 unique households (comprised of 1,119 unique individuals) that self-identified as having at least one family member with a serious mental illness and that accessed a homeless program in FY 2017-2018. The 1,119 unique individuals included 1,057 adults who self-identified and having a mental illness, and 62 children who were identified by an adult in the household as having a mental illness. Households with adult-only members make up a majority of households that identified with having a SMI, at 85%.

## D. Service and Outreach Challenges

### 1. Challenges for People Experiencing Homelessness

*Ending Homelessness in San Mateo County* identified three key areas where the existing system was not performing effectively and that posed significant challenges for all populations of people experiencing homelessness:

- *Need for Greater Targeting and Prioritization of Unsheltered Individuals and Families.* Most families in the community experiencing housing crises are able to access shelter or transitional housing. However, unsheltered homelessness among single adults continues to be an ongoing challenge in San Mateo County. The plan also identified challenges relating to program access for both adults and families in need of services. Many of these access issues have been addressed through the implementation of the Coordinated Entry System (CES) in 2017 and 2018. However, successfully reducing homelessness will depend on continuing to prioritize those with the highest needs for available units, particularly people who are unsheltered. While shelters and housing programs have made significant progress in reducing barriers to program entry (such as rules related to use of substances or willingness to participate in services) while continuing to maintain safe environments for residents, there is still ongoing work to support program in ensuring that programs have capacity to most effectively serve clients with very high needs.
- *Existing System Is Not Right-Sized to Speed Movement from Homelessness to Housing.* Another key challenge for San Mateo County is that the existing inventory of short-term housing interventions is not “right sized” to help people move from homelessness to housing as rapidly as possible. San Mateo County has many high-quality emergency shelter and transitional housing programs, but additional rapid re-housing (RRH) capacity is needed to ensure that people can exit these short-term programs into a safe and stable housing situation. San Mateo County has been adding additional capacity through the use of Measure K funds, but additional supportive housing capacity is needed, in order to be able to provide housing services to more of the high need households who experience homelessness.
- *Need for Expanded Permanent Supportive Housing Options.* To ensure housing interventions are available to all homeless people who need them, San Mateo County will need to expand access to rapid re-housing and permanent supportive housing (PSH) programs for homeless people. Experience from other communities suggests that this problem can be mitigated through expending system resources on staff who are dedicated to cultivating relationships with landlords and helping clients in searching for and securing housing. While housing locator services are available as part of rapid re-housing and permanent supportive housing programs, the capacity of those housing locator services is not able to meet the needs of all persons seeking affordable housing options.

### 2. Barriers and Challenges Specific to The NPLH Target Population

In developing this addendum to *Ending Homelessness in San Mateo County*, BHRS has identified specific barriers and challenges faced by people who are homeless and also have serious mental illness. These gaps were identified in part through focus groups and interviews with key informants.

- *Lack of Affordable and Permanent Supportive Housing for People with Mental Illness.* San Mateo County, like the rest of the Bay Area, is experiencing rising rents and the displacement of low-income households. This includes, in particular, people who have mental illness, many of whom live on fixed incomes and/or are living with aging parents or other family members. County staff and service providers are experiencing an increase in the numbers of clients who are facing a loss of housing and fear of becoming homeless. At the same time, the supply of affordable housing and permanent supportive housing is not keeping pace with need. There are not enough units that provide the level of affordability and the support that is necessary for sustained recovery. Stakeholders noted the problem of NIMBYism in San Mateo County which makes it difficult to acquire sites and develop projects.
- *Issues with Existing Inventory.* Stakeholders also identified a number of issues relating to the existing inventory of permanent supportive housing and regular affordable housing. Many of these units are inaccessible to people who are undocumented because federally assisted housing may not serve this population. Stakeholder groups also noted a lack of permanent supportive housing units in particular for households in which one or more children has a serious emotional disturbance but the adults are not disabled – these households do not meet criteria for chronic homelessness, which requires an adult in the household to have a qualifying disability. Also, the existing supply of PSH is largely tenant-based subsidies (scattered-site units), which are increasingly difficult for households to use as fewer landlords are willing to take them. Many stakeholders pointed to the need for more dedicated, site-based PSH such as the recently completed Waverly Place development that serves formerly homeless adults with SMI. Some also pointed to a need for more permanent affordable housing for people who have SMI but whose do not need the intensive level of services provided in PSH.
- *Barriers to Accessing and Maintaining Services.* Stakeholders that provided input for this addendum indicated that, in general, people who have mental illness are accessing the homeless crisis response system and that there are clear pathways to do so. The recent implementation of Coordinated Entry has created a clear and streamlined process for people to access both emergency shelter and housing. However, stakeholders also noted that there are still parts of the process to access services that can be more challenging to navigate for those who have SMI. Accessing services through Coordinated Entry requires physically going to a Core Service Agency, making appointments, and participating in assessments. Stakeholders noted that many people who have serious mental illness need substantial help to successfully complete these steps and can get “lost” in the process. Stakeholders also noted that since CES now identifies and prioritizes those households with the greatest vulnerabilities and longest histories of homelessness, people who are more high-functioning and have fewer challenges generally may not be referred to an intensive housing support such as PSH.

Another identified issue was that emergency shelters are challenging places for people to live who are experiencing mental illness and might also have other co-occurring disabilities. Some problems that were raised included: shelter environments “are not suited to help those with SMI,” shelter staff are not adequately equipped and trained to help those experiencing mental health symptoms, and rules are not flexible if a client has an episode while staying at a shelter.

The density of people, and resulting noise and movement, in shelters can also be overwhelming for individuals with SMI. Some single adults choose not to enter shelters for these reasons and there is no other place for them to go. For families with children who have serious emotional disturbance (SED), stakeholders indicated that many do not feel it is worthwhile to go to a Core Service Agency because they do not have the proper documentation needed to qualify for programs, and appointments may take up to one and a half hours to complete.

Another theme was the challenge of consistently receiving mental health services for people who do not have stable housing. Service providers have stressed that clients who do not have reliable housing are more likely to miss mental health appointments and to lose their medications. Clients may not be aware of mechanisms in place to address replacing those medications.

Another identified issue involves people with severe mental illness having behavioral problems causing them not to be eligible for shelters or permanent housing opportunities or causing them to be ineligible from shelter. This makes it difficult for the individual, as a lack of access to shelter puts them at a higher vulnerability for hospitalization or other acute services. Strategies would need to be developed to help these individuals identify a potential housing option.

- *Need for Intensive Case Management and Support.* Feedback from focus group participants and key informants included a recurring theme about the importance of intensive case management and trauma-informed care to help people experiencing homelessness to navigate the complexities of the systems and programs offering shelter and housing. Intensive and practical support was identified as a need, both to help clients make their way through the process of securing housing or shelter. To increase the efficacy of programs, stakeholders also expressed a desire for continued case management support for clients once they successfully secure rental housing with a subsidy, as many are susceptible to returning to homelessness without a robust network of support. Some stakeholders also expressed a strong desire to have more field-based services such as the ones provided by Mateo Lodge, in which staff conduct engagement and provide services to people living in encampments rather having the clients be seen in the clinics.
- *Needs of Transitional Age Youth (TAY).* For clients aged 18 to 24 year of age, stakeholders have identified a unique set of challenges. Currently, while TAY who are experiencing homelessness can access shelter at the youth-focused shelter (Daybreak operated by StarVista) and can access the adult shelters, the only shelter in San Mateo County that is specifically designed for people. Including TAY, with serious mental illness is the Spring Street shelter but beds are extremely limited and service providers have stated there is not enough access which discourages TAY from going there. For those that do not seek shelter services, they may continue to couch surf or remain homeless, as the population in this age bracket usually does not have reliable income or employment and thus has insufficient income to afford housing in the County.
- *Lack of a specific process for identifying people meeting the NPLH definitions of “at risk of chronic homelessness.”* Current CES processes do not have a specific process in place for people who meet the NPLH definition of “at-risk of chronic homelessness,” so processes within CES will be developed to address this population.

## E. County and Community Resources Addressing Homelessness

### 1. Available Interventions for People Experiencing Homelessness

San Mateo County has put in place a broad range of service, shelter, and housing options for homeless people, representing all types of primary interventions typical in most communities. These include programs and projects offering temporary and permanent housing, as well as a variety of services. The goal of the existing system is to assess households experiencing homelessness and connect them to the intervention that will most rapidly solve their housing crisis. In some cases, this can involve moving directly from homelessness to housing; in some cases, households may enter emergency shelter or other short-term program before moving to housing.

- *Outreach and Engagement.* HSA partners with cities and non-profit providers to implement multi-disciplinary Homeless Outreach Teams (HOT). These teams cover the whole county geography, with a focus on areas where there are a large number of unsheltered, chronically homeless adults). The HOT program includes outreach case managers employed by a non-profit service provider, under contract with HSA. The outreach case managers conduct outreach, engage with unsheltered homeless people, assist them with connecting with CES and other services, work to identify their individual service needs, then develop and execute a person-centered housing plans. Multidisciplinary HOT teams meet regularly in communities throughout the county and include key partners such as law enforcement, behavioral health staff from the Health System, Core Service Agencies, and other partners. BHRS's Healthcare for the Homeless team receives referrals from shelters, Core Service Agencies, substance use providers and other community service agencies who work with sheltered and unsheltered homeless individuals with mental illness who are not connected to County services. They assist individuals with navigating the system to apply for benefits and to obtain ongoing treatment and support services, including housing. The BHRS Outreach and Support Team members are assigned to specific shelters to provide additional assistance and case management to the BHRS clients in those shelters. They help clients to acclimate to the shelter environment and rules, act as a liaison between the client and shelter staff when issues arise, assist clients to access the CES for a housing assessment, and provide additional support for community stability.
- *Emergency Shelters and Transitional Housing.* Shelters offer short lengths of stay, connections to a range of services and, assistance developing a plan to secure permanent housing. San Mateo County's emergency shelters for single adults are congregate facilities. Emergency and transitional shelter programs for families with children offer apartment-style accommodations. Providers of shelter in the community include: the Mental Health Association (MHA), LifeMoves, Samaritan House, Project WeHOPE, CORA (Community Overcoming Relationship Abuse), Hope and Home, and StarVista. MHA operates Spring Street, the only homeless shelter specifically designed for people with mental illness. San Mateo County has a relatively large inventory of transitional housing programs for both single adults and families with children. These programs generally operate using a similar model to emergency shelter. All shelter and transitional housing for the general homeless population is accessed through Coordinated Entry. Referrals to the Spring Street shelter may be through CES or directly to MHA.

- *Rapid Re-Housing.* Rapid re-housing is a program type that provides homeless individuals and families with a short-term rental subsidy (usually up to about twelve months) after which they take over responsibility for paying their own rent. Services include help with locating housing, as well as time-limited case management focused on maintaining stability in housing. This program model has been expanded significantly over the past few years, with programs currently operating that are managed by LifeMoves, Abode Services, and Veterans Resource Center (VRC).
- *Permanent Supporting Housing.* Permanent supportive housing (PSH) is housing that is not time-limited, which provide deeply affordable rent and intensive ongoing support services. It is designed for those homeless people with the most acute needs, particularly those who are chronically homeless and/or have significant behavioral disabilities. Much of the San Mateo County PSH inventory consists of tenant-based housing vouchers (scattered site units) operated by the Housing Authority in which tenants rent units in the private market and receive a rent subsidy, and housing locator assistance is provided to people who are searching for housing with a PSH voucher. There are also dedicated units in site-based PSH projects, including units owned and operated by LifeMoves, the Mental Health Association, and others.
- *Homelessness Prevention Programs.* The San Mateo County homeless system also includes an array of homelessness prevention programs, which provide financial assistance to households at risk of losing their housing. Most of the homelessness prevention work is conducted by the Core Service Agencies using various funding sources.

## 2. Behavioral Health Services for People Experiencing Homelessness

In San Mateo County, BHRS provides mental health services to clients that have serious mental illness and are able to access traditional clinic-based services at one of six regional mental health clinics. At the most basic level, clients with serious mental illness are assigned a case manager, psychiatrist, community mental health nurse, therapist, and peer support, as appropriate, to provide direct care and aid them in accessing other adjacent services available in the County or to apply for housing. Adjunctive services may include supported employment or supported education, peer support services, psychosocial rehabilitation services, co-occurring substance use services, transportation, and others.

For individuals with SMI who have more difficulty accessing traditional services and need more field-based services, including people who are experiencing homelessness, services are typically delivered through contracted full-service partnership (FSP) providers. Full Service Partnerships (FSPs) include 24 hours a day, 7 days a week services; peer supports; high staff-to-client ratios for intensive behavioral health treatment including medications; linkage to housing; supported education and employment; treatment for co-occurring disorders; skills-based interventions, among others. The target population for FSPs include high-risk children and youth who would otherwise be placed in a group home; seriously mentally ill and dually diagnosed adults including those eligible for diversion from criminal justice incarceration; incarcerated individuals; persons placed in locked facilities who can succeed in the community with intensive supports; individuals with frequent emergency room visits, hospitalizations, and homelessness; and seriously mentally ill older adults at risk of or currently institutionalized who could live in a community setting with intensive supports. The services of the FSPs have been effective in reducing returns to homelessness, incarceration, and hospitalization.

Through FY 2019-20, the following FSP services will be provided:

- *Children and Youth Full Service Partnerships* – helps highest risk children and youth with serious emotional disorders remain in their communities and with their families or caregivers while attending school and reducing involvement in juvenile justice and child welfare. Provides integrated clinic-based FSP services for all youth clinics, as well as integrated FSP for intensive school-based services, school-based milieu services, and non-public school setting. FSPs for children and youth also serve youth placed in foster care temporarily outside of the County to support and stabilize youth in the foster home, support the foster family, and facilitate the return of the youth to San Mateo County.
- *Transitional-Age Youth (TAY) Full Service Partnerships* - provides intensive community-based supports and services to youth identified as having the “highest needs” who are between the ages of 16-25. Specialized services to TAY with serious emotional disorders are provided to assist them to remain in or return to their communities, support positive emancipation including transition from foster care and juvenile justice, secure, safe, and stable housing and achieve education and employment goals. TAY FSPs helps reduce involuntary hospitalizations, homelessness, and involvement in the juvenile justice system.
- *Youth Transition Assessment Committee (YTAC)* – also known as the BHRS Youth to Adult Transition Program, YTAC provides intensive clinical case management to TAY between the ages of 17-25 years old that meet the criteria for having a SMI and are Medi-Cal eligible. Clients of YTAC are usually referred to the program through the County’s psychiatric emergency services where a case manager will meet a client face-to-face to facilitate care. Case managers work to provide holistic support in care and treatment planning, therapy, targeted case management, treatment linkages, community treatment, and consultation for services including housing. Clients are also connected to clinicians whose caseloads range between 20-25 clients to ensure individualized health services. YTAC’s network of peer support and recreational and social activities further the support that a client receives to maximize wellbeing outside of clinical setting.
- *Support and Advocacy for Young Adults in Transition (SAYAT)* – provides intensive case management and support for young adults with a disability looking to live independently in the community. Targeted towards young adults that do not qualify for other forms of case management or mental health services under other County programs, SAYAT helps build the core skills needed for clients to locate housing, enter school or vocational training programs, or find a job. Working closely with case managers, clients have to be 18-23 years old, meet the definition of homeless by HUD standards, be a resident of the County, and have an identified disability such as SMI.
- *Adult and Older Adult Full Service Partnerships* – provides services specific to maximize social and daily living skills and facilitate use of in-home supportive agencies. Services are provided to the highest-risk adults, highest-risk older adults/medically fragile adults. The overall goal of the adult FSPs is to divert from the criminal justice system and/or acute and long-term institutional levels



of care (locked facilities) seriously mentally ill and dually diagnosed individuals who can succeed in the community with sufficient structure and support. The goal of the FSP is to facilitate or offer “whatever it takes” to ensure that consumers remain in the least restrictive setting possible through the provision of a range of community-based services and supports delivered by a multidisciplinary team. A housing program provides FSP members stable housing by providing additional oversight and support to enable members who might otherwise be at risk of losing their housing to stay consistently housed. This also includes some supplementing of residential care facilities for clients who require this level of supervision and services.

San Mateo’s MHSa-funded Outreach and Engagement program strategy increase access and improves linkages to behavioral health services for underserved communities. This includes:

- *Community outreach collaboratives* - intended to facilitate activities focused on community engagement, including outreach and education efforts aimed at decreasing stigma related to mental illness and substance abuse; increasing awareness of and access to behavioral health services; advocating for the expansion of local resources; gathering input for the development of MHSa-funded services; linking and referring residents to culturally and linguistically competent behavioral health, public health and social services; and providing input into the development of MHSa funded services and other BHRS program initiatives. Other outreach and engagement efforts include:
  - *Pre-crisis response* - provides outreach, engagement, assessment, crisis intervention, case management and support services to individuals who are experiencing severe emotional distress and their families/caretakers.
  - *Primary care outreach* - identifies and engages individuals presenting for healthcare services that have significant needs for behavioral health services.

#### **F. County Efforts to Prevent Criminalization of Homelessness**

Among key partners that perform outreach in the community are the Sheriff’s Office and local police departments; law enforcement partners participate actively in the Field Crisis Collaborative and HOT programs to help ensure that people experiencing unsheltered homelessness are identified and supported to enter shelter, housing, and treatment whenever possible and diverted from the criminal justice system. San Mateo County HSA worked in tandem with law enforcement units to expand existing partnerships including producing an HSA training video for law enforcement officers which explain available safety net and crisis resources for homeless people, such as the Core Service Agencies, and how to connect to them. HSA has also produced information cards that are available to law enforcement units listing contact information for community resources. They have involved the Sheriff and police departments in meetings to plan for HOT, motel voucher program, and other emergency assistance programs. The formation of strong collaborative partnerships between County departments and law enforcement has been positively received as officers are open and willing to engage in getting people into shelter and housing, which in turn has led to better relationships in the community with point-of-contact officers and has promoted the efficacy of outreach efforts overall.

BHRS is also piloting the Psychiatric Emergency Response Team (PERT). The PERT team partners a BHRS mental health clinician with a Sheriff's detective to provide outreach, engagement and time-limited trauma-informed case management support and connection to ongoing services, including referrals to CES for homeless services.

### **G. Partners in Ending Homelessness**

Each of the County Departments has an important role in the work of addressing homelessness in San Mateo County:

- County Manager's Office (CMO): Provides general oversight and direction for all County activities, directs resource allocation and system-wide performance assessment;
- Human Services Agency (HSA): Operates the Center on Homelessness, which leads the development of homeless system planning, acts as the Continuum of Care lead agency, and staffs the Continuum of Care planning bodies and the HOPE Interagency Council (IAC). HSA also ensure its homeless system work is strongly aligned with and supported by other departmental activities, including operation of the CalWORKs program, child welfare, veteran services, and employment services.
- Health System: The Health Systems include a number of departments involved with the work of ending homelessness, including the San Mateo Medical Center, Behavioral Health and Recovery Services (BHRS), Correctional Health, the Health Care for the Homeless/Farmworker Health Program, and the Public Health, Policy and Planning. Key initiatives and programs for homeless people include: permanent supportive housing for households who are clients of BHRS, with services provided by BHRS and housing assistance by DOH (e.g. the Shelter Plus Care Program); participation the Homeless Outreach Teams; using MHSAs housing dollars to create dedicated PSH units.
- Department of Housing (DOH): Oversees the community's mainstream affordable housing resources, including the Moving to Work (MTW) housing choice voucher program (formerly known as Section 8). DOH partners with HSA and the CoC to operate the majority of the community's permanent supportive housing (PSH) units, and with the VA to provide PSH for veterans through the VASH program.
- Sheriff's Office: Participates in the HOT program, along with local police departments. The Sheriff's Office along with the Probation Department participate in the Housing Our Clients group to identify additional opportunities for collaboration and additional support for individuals with criminal justice system involvement who are also in need of housing assistance.
- Independent Service Providers in the Community: There are a number of independent service providers in the community that contract their services to San Mateo County and who specifically serve individuals with serious mental illness who are homeless. Among the service providers in the County's network are the Mental Health Association, Mateo Lodge, Telecare, and Caminar. A number of other providers serve the general population of people who experience homelessness,

including LifeMoves, Samaritan House, Home and Hope, CORA, Project WeHOPE, StarVista, and St. Vincent de Paul.

## **H. Solutions to Homelessness in San Mateo County**

### **1. General Strategy to Address Homelessness**

*Ending Homelessness in San Mateo County* articulates a set of goals and strategies for ending homelessness among all populations:

#### **Goal 1: Create a Housing Crisis Resolution System to End Homelessness in San Mateo County By 2020**

The overarching goal of the plan is to transition from a collection of homeless programs to a system that ends homelessness, in which all people experiencing homelessness in San Mateo County are able to rapidly return to housing.

To accomplish this goal, San Mateo County is implementing several interrelated strategies:

- a. Transforming the existing set of programs into a housing crisis resolution system. Planning and governance bodies are orienting their work to focus on performance, accountability, and continuous quality improvement in the service of reaching a functional end of homelessness by 2020.
- b. Shifting the county-wide system to a Housing First approach in which all people are “housing ready” and the system is charged with identifying a housing solution for each individual or family experiencing homelessness. Providers are receiving training to support learning and capacity building to implement Housing First practices; Housing First is being integrated into County policies.
- c. Developing and implementing a robust shelter diversion program to prevent households from entering shelter who have other housing options and help them move directly to alternative housing. This strategy is designed to decrease the numbers of housed people who enter shelter and ensure there are beds available for people who are unsheltered and have nowhere to go. Diversion is part of the implementation of CES (see below).
- d. Developing and implementing a Coordinated Entry System (CES) providing a clear and standardized entry way into the Housing Crisis Resolution System. The Core Service Agencies are the identified access points into CES. All use a standardized screening, triage, assessment, and prioritization process and tools. The CES process is designed to ensure that households with lower housing barriers and those that are still housed are diverted from entering the homeless system, while those with long histories of homelessness and high barriers are prioritized for shelter and housing assistance. CES reduces the need for clients to go through duplicative assessment processes and ensures a better match between client need and services/housing offered.

- e. Expanding rapid re-housing capacity. Local, state and federal resources are being leveraged to significantly expand the availability of rapid re-housing assistance for single adults and families who have significant needs and challenges with returning to housing. All rapid re-housing programs are aligning to a set of consistent policies and standards based on evidence and best practices.
- f. Maximizing Permanent Supportive Housing programs. Expanded capacity in permanent supportive housing is being created by maximizing existing voucher capacity. Housing locator services and landlord outreach have been expanded. To ensure permanent supportive housing is accessible to chronically homeless people, attention is being given to ensuring the effectiveness of outreach, engagement, case management and ongoing service, and ensuring health and behavioral health funding is aligned with housing resources to maximize tenant access to needed services.
- g. Using Data for Continuous Quality Improvement. Utilizing data on both a program level and a community level to understand trends, needs, outcomes for continuous quality improvement.

## **Goal 2: End Veteran Homelessness**

San Mateo County is focusing on ending veteran homelessness, in keeping with the federal goal of “functional zero” homelessness for veterans. To accomplish this goal, HSA staffs an initiative to coordinate services for homeless veterans, in close coordination with the VA and service providers.

## **Goal 3: End Family Homelessness by 2020**

To align with the goal that no family will be unsheltered in San Mateo County, there is a wide array of homeless prevention services, as well as shelter and other services to assist families who facing homelessness.

## **Goal 4: End Youth Homelessness by 2020**

To ensure that the Housing Crisis Resolution System is responsive to the needs of homeless youth, San Mateo County is prioritizing homeless youth through the Coordinated Entry System. HSA and DOH also collaborate on strategies to fully use existing voucher capacity in the FUP program and support new housing opportunities for youth.

## **Goal 5: Individuals Exiting Institutions Will Not Discharge into Homelessness**

No one in San Mateo County should be discharged from an institution into homelessness. HSA is working collaboratively with system partners (hospitals, jail) to integrate the Housing Crisis Resolution system into discharge policies and protocols so that clients leaving these systems have assistance to identify housing solutions and enter shelter only as a last resort. The goal is that all individuals exiting an institution will have a permanent housing plan prior to discharge.

## 2. Solutions to Homelessness for People with Serious Mental Illness

The strategies and solutions outlined in Ending Homelessness in San Mateo County and described above are all highly relevant for the NPLH target population. The solutions relating to expanding the supply of permanent supportive housing and the collaborative work among County Departments to identify multi-system users and reduce the discharge of people from institutional settings into homelessness are particularly important for meeting the needs of people who have mental illness.

BHRS and HSA have also identified the following additional strategies and solutions that will help refine and enhance our efforts to meet the needs of people who are experiencing homelessness and who have serious mental illness.

- a. *Strengthen Outreach to Unsheltered People with Mental Illness.* To ensure that chronically homeless people with serious mental illness are connected to available resources, BHRS and HSA will work together to strengthen mobile outreach efforts. This will include identifying strategies to coordinate the work of the HOT, PERT, PATH, and other mobile outreach to ensure that all outreach workers can connect clients to homeless system resources as well as mental health system resources. The County will also use its new allocation of Homeless Mentally Ill Outreach and Treatment Program (HMIOT) funds from the State of California to help strengthen outreach to homeless individuals who are mentally ill.
- b. *Provide Additional Support for System Navigation.* In San Mateo County, coordination and collaboration between the homeless system and mental health system is strong. The health and behavioral health systems are active participants in homeless system planning. Feedback from stakeholders suggests that there are areas where this collaboration can be strengthened, in particular by finding ways to support clients to navigate the complexities of both the homeless and mental health systems. People with lived experience of homelessness, family members, and peer support workers all report that clients who have mental illness need additional support and guidance to access homeless services, while homeless system providers indicate that it can be challenging to help clients who appear to have mental illness to access behavioral health services. Moving forward, BHRS and HSA will identify strategies to provide additional navigation support for clients with high needs; possibly through the expanded use of peer support providers.
- c. *Improve Mental Health Support in Emergency Shelters.* As emergency shelters in San Mateo County continue shifting to a Housing First model and referrals for shelter beds are made through Coordinated Entry, they are increasingly serving clients with higher vulnerabilities and longer histories of homelessness, including those who have serious mental illness. Stakeholders indicate that shelter providers could benefit from additional training on meeting the needs of clients with mental illness and/or specialized staff with mental health training, to ensure that they have the capacity to work with these clients, develop rules and policies that accommodate people with disabilities, and create shelter environments that are welcoming and supportive of this population.
- d. *Develop a Range of Housing Options.* As noted above, expanding the supply of permanent supportive housing will be critical to meet the needs of people who are homeless and also have

serious mental illness. There is a particular need for site-specific PSH projects to complement the County’s existing inventory of tenant-based PSH vouchers (scattered site units), which are increasingly challenging to use in the current rental market. Stakeholders providing input for this plan also pointed to a need for a range of different options for this population, including shared or communal housing models for people who prefer to live in the community with others who share the same lived experience. Others suggested the County and cities explore ways to help speed up the pace of housing production, such as inclusionary requirements and expedited permitting processes for affordable projects.

**I. No Place Like Home Data Collection**

In order to collect and report on data from the NPLH initiatives San Mateo County BHRS will enter into an MOU with each NPLH Development Sponsor that requires data collection and reporting on the NPLH development project consistent with State requirements. The MOU will require the Development Sponsor to provide the following information to DOH, HSA, and BHRS.

- Annual audit as required by NPLH Program Guidelines in Section 214;
- Annual compliance reports with information as required in 25 CCR Section 7300, et. seq.;
- Data elements as delineated in Section 214 (e) anticipated to be collected described in the chart below.

Because the NPLH data elements delineated in Section 214(e) exceed what is typically collected in affordable housing or PSH developments, data will be collected from a variety of sources. Many elements will be collected through the Homeless Management Information System (HMIS) and Development Sponsors will be required to enter information into HMIS on an ongoing basis. Other elements will be collected by property management, the lead services provider, or directly through the County. The following chart delineates the anticipated source for each required data element.

Items from Section 214	Source
1. Project location, services, and amenities 2. Number of NPLH assisted units (AU), other AU and non-AU 3. Project occupancy restrictions	Regulatory Agreement: Requested information is not anticipated to change from the regulatory agreement project description
4. Number of individuals and households served 5. <i>Homeless status, veteran status, mental health status</i> 6. Average project vacancy 7. Average vacancy for NPLH units 8. <i>Head of household gender, race, ethnicity, age</i> 9. <i>Income levels of NPLH tenants</i> 10. <i>Length of stay in NPLH development for NPLH tenants</i> 11. <i>Homeless status of NPLH tenants at entry</i> 12. <i>Active duty veteran status of NPLH tenants</i> 13. Referral source of NPLH tenants (CES or County)	Property Manager/Development Sponsor collects from tenant records and enters italicized elements into HMIS

Items from Section 214	Source
14. <i>Exit destination tenants leaving, if known</i> 15. <i>Tenant deaths</i>	
16. The number of NPLH tenants with mental health condition 17. <i>Changes in tenant income</i>	Lead Service Provider collects and enters italicized elements into HMIS
18. Homeless status of tenants referred by CES 19. Number of tenants referred by CES 20. Place of habitation for homeless referrals	Specialized reports from HMIS
21. At-risk status of tenants referred by County 22. Number of tenants referred by behavioral health 23. Disability of tenant at referral	Behavioral Health and Recovery Services

Data elements requested in Section 214 (g) present additional challenges, because there is no single data base or data collection system for the items requested and because of HIPAA challenges to sharing individual information. Medical information may require participant agreement to disclose information to the collecting entity.

Health Information. There is no single data base to collect information from multiple hospitals/managed care, psychiatric facilities on inpatient days. To the extent a tenant is participating in the Whole Person Care program or is in a County facility, this information may be available but would be ad-hoc and would not be complete information.

Criminal Justice. Specialized pulls from the jail data system on ongoing basis may be possible but would require County staff dedicated to this purpose and there is no ongoing funding source identified.

BHRS would be interested in learning from other communities who are able to collect the information requested in 214(G) to understand how this data could be more readily available.

## **J. Coordinated Entry System**

### **1. Coordinated Entry System Description**

San Mateo County’s CES has been fully implemented since January 2018. The following entities have responsibilities relating to the design and implementation of the San Mateo County CES:

- Human Services Agency (HSA): As the CoC Lead Agency, HSA holds responsibility for the overall design and implementation of coordinated entry and is the primary funder of the CES activities.
- Continuum of Care Steering Committee: As the CoC Governing Body, the committee advises HSA on design and implementation of Coordinated Entry and approves the overall CES approach and design, as documented in the CoC policies and standards.

- Samaritan House: Contracted Diversion and Coordinated Entry provider. Via a Request for Proposals process, Samaritan House has been identified by HSA as the CES and Diversion provider. Samaritan House is responsible for implementing the CES and Diversion policies developed by HSA and aligned with the CoC policies and standards.
- Core Service Agencies: The eight Core Service Agencies serve as the front door to safety net services and will serve as “access points” into the CES.
- Homeless Outreach Teams (HOT): Funded by HSA and leveraging other funding sources, HOT is the County’s primary street outreach program specifically targeting people experiencing unsheltered homelessness. HOT has specific procedures established with the CES provider to serve any household living outdoors who is not able to or not interested in going to a Core Service Agency.

The objective of CES is to ensure streamlined access to San Mateo County’s homeless response system for people experiencing homelessness and to ensure they are matched to the appropriate intervention to end their homelessness, based on their vulnerability and housing barriers. CES was adopted as part of the County’s strategic plan to end homelessness to serve as the “front door” of the homeless crisis response system and a critical element of the overall system infrastructure.

The design of San Mateo County’s CES is aligned with federal requirements set forth by HUD and is informed by local experience and expertise.

The system incorporates the following key elements:

1. Access and initial screening – The eight Core Service Agencies and the Homeless Outreach Team (HOT) are the designated access points for CES. Any household presenting to any access point with a housing crisis receives an initial screening to determine whether they are experiencing homelessness, are at imminent risk of homelessness, or have other housing needs. Households determined to be homeless or at imminent risk receive assistance from a trained Diversion Specialist; all others receive referrals to the mainstream resources available through the Core Service Agencies and mainstream systems.
2. Diversion – All households who are determined to be homeless or at imminent risk have a diversion conversation with a trained Diversion Specialist. The goal of diversion is to identify a solution that will resolve the household’s housing crisis and prevent entry into homelessness. Households that are not able to identify a housing solution through the diversion conversation receive an assessment for housing assistance (see #3, below).
3. Assessment – All households who were not able to identify an alternative housing plan are assessed using a standardized assessment tool developed by HSA. The purpose of the assessment is to identify household need, as indicated by factors related to barriers to returning to housing. Those with higher needs are prioritized for shelter and/or a housing intervention. Assessments are conducted by Diversion Specialists.



4. Prioritization and Referrals to Interim and Permanent Housing Interventions – Based on the results of the assessment, households are prioritized for available interim beds (emergency shelter and transitional housing). Criteria for shelter prioritization emphasize the acuity of the household’s immediate need for shelter). The results of the assessment are also used to develop a prioritized list of households who have significant barriers to housing, to be matched to the existing housing interventions – either rapid re-housing, permanent supportive housing, or other permanent housing that participates in the CES, based on program eligibility and availability of resources. Due to the limited supply of rapid re-housing and permanent supportive housing, most households are not matched to a housing program, but most are offered a shelter bed that includes shelter-based case management to develop a housing plan.
  
5. Acceptance into Interim and Permanent Housing Programs – All programs participating in CES (shelter, transitional, RRH, PSH, other permanent housing) are expected to accept any household referred through CES provided they meet all funder-required eligibility criteria. Programs do not perform additional screening or assessment beyond what is needed to ensure eligibility criteria are met.

The general design of CES is the same for all populations (families with children, adults, transition-aged youth). All Access Points are all useable by all people experiencing homelessness and the same assessment approach is used at all Access Points for all populations. There are some variations in tools and process steps for families with children, single adults and youth.

## 2. Plan to Refer Eligible People to NPLH-Funded Units

All referrals for persons experiencing homelessness will come from the Coordinated Entry System administered by the San Mateo County Human Services Agency, based on existing policies and procedures:

- Persons who are chronically homeless: The existing CES already has systems and procedures in place to conduct prioritization, matching and referral of people who are chronically homeless to permanent supportive housing, and takes into consideration the specific eligibility criteria for each PSH program or project. To fill the NPLH units, BHRS and the NPLH developer partner will identify all project eligibility criteria. When units are available, HSA will identify people in the existing priority pool who appear to meet the NPLH and project criteria based. Further screening will be conducted by the project sponsor (or the Housing Authority, if project-based vouchers are involved) to verify that households meet the criteria.
  
- Persons who are at-risk of chronic homelessness. BHRS and HSA are developing some additional assessment tools and processes that will be used to identify people who meet the definition of at-risk of chronic homelessness. These tools and procedures will be built into the CES.

**Appendix A – Ending Homelessness in San Mateo County**

San Mateo County's 2016 Strategic Plan called *Ending Homelessness in San Mateo County* was published in July 2016 and is attached as separate document.

## Appendix B – List of Stakeholders

The following is a list of stakeholders that helped inform the San Mateo County NPLH plan through community focus groups or individualized interviews between October through December 2018. This list supplements the existing list of stakeholders that provided community input to form the San Mateo County Strategic Plan in 2016. The full list of stakeholders who provided input in 2016 can be found in the Strategic Plan, *Ending Homelessness in San Mateo County*, on page 27.

### Focus Groups:

Date	Focus Group	Location
10/1/2018	Family Partners	2000 Alameda de las Pulgas, Suite 209 San Mateo, CA 94403
10/5/2018	Consumer/Lived Experience	2000 Alameda de las Pulgas, Suite 200 San Mateo, CA 94403
10/11/2018	Service Providers	2000 Alameda de las Pulgas, Suite 200, #201 San Mateo, CA 94403
11/19/2018	Peer Support	1950 Alameda de las Pulgas, Ste. B-9, San Mateo, CA 94403

### Individual Interviews:

Date	Name	Organization	Title
12/13/18	Jennifer Basler	Psychiatric Emergency Response Team (PERT) - San Mateo County BHRS	Program Specialist
12/12/18	Chummy Sevilla	BHRS North County Adult Outpatient - San Mateo County	Supervising Mental Health Clinician
12/12/18	Kevin Jones	Telecare Supported Housing Program	Administrator
12/20/18	Ian Adamson	Mateo Lodge	Executive Administrator
12/12/18	Melissa Platte	Mental Health Association of San Mateo County	Executive Director
12/13/18	Doris Estremera	Behavioral Health and Recovery Services Division - San Mateo County	MHSA Manager
12/10/18	Douglas Fong	Behavioral Health and Recovery Services Division - San Mateo County	NE Community Service Manager
12/6/18	Lee Harrison	Behavioral Health and Recovery Services Division - San Mateo County	Community Worker