AHF 9.0 TA SESSION

JULY 8, 2021, 1PM
AGENDA

I. INTRODUCTIONS & HOUSEKEEPING
II. NOFA OVERVIEW + Q&A OF NOFA PROCESS
III. HOUSING FOR A HEALTHY CA INTRODUCTION + Q&A
IV. MENTAL HEALTH SERVICES ACT INTRODUCTION + Q&A
V. ONLINE APPLICATION IN CDS
VI. APPLICANT Q&A
I. INTRODUCTIONS
I. HOUSE-KEEPING ZOOM OVERVIEW

- Raise Hand Feature
- Post Questions in Q&A
- Verbal Comment
## II. NOFA OVERVIEW

### FUNDING AVAILABILITY

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASURE K</td>
<td>Approx. $30M</td>
</tr>
<tr>
<td>HHC FUNDS FROM STATE FUNDING AWARD</td>
<td>Approx. $16M</td>
</tr>
<tr>
<td>MHSA</td>
<td>$5M, pending MHSA commission approval</td>
</tr>
<tr>
<td>LHTF FROM STATE FUNDING AWARD</td>
<td>$4.75M, pending award</td>
</tr>
<tr>
<td>PLHA</td>
<td>Approx. $1.4M</td>
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</tbody>
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II. NOFA OVERVIEW

IMPORTANT DATES

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TARGET DATE</th>
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<tbody>
<tr>
<td>NOFA Published</td>
<td>June 28, 2021</td>
</tr>
<tr>
<td>Final Date for Applicant Questions re NOFA</td>
<td>July 16, 2021 4pm</td>
</tr>
<tr>
<td>Application Submission Due Date</td>
<td>July 23, 2021, 4pm</td>
</tr>
<tr>
<td>HCDC Public Hearing</td>
<td>September 16, 2021, 1pm</td>
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<tr>
<td>Board of Sups for Funding Allocation</td>
<td>September 28, 2021, 9am</td>
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II. NOFA OVERVIEW

IMPORTANT UPDATES

NEW FUNDING PRIORITY [Sec. II, Sec. V(D)(1)(d)]
At least half and up to the total amount of funding available in AHF 9.0 will be awarded to projects that designate at least 20% of units to homeless households.

NEW OFF-CYCLE AWARD PROCESS [Sec. III(F), Sec. V(E)]
- Applies to funds awarded through AHF 9.0 NOFA that are recaptured by DOH as a result of award conditions and/or project cost savings; and, AHF funds that are made available through AHF 9.0 NOFA but are not awarded to projects
- Funds will be made available to a limited pool of applicants outside of the annual AHF NOFA cycle
- If there are funds to allocate, they will be available beginning around October 2021

9% TCAC PROJECTS [not explicit in NOFA]
9% TCAC pool for San Mateo County has been undersubscribed for last few rounds
DOH encourages applicants to think about how their project could qualify as a 9% deal and include 9% proposal in application

SEE REDLINE NOFA FOR ADDITIONAL UPDATES FROM AHF 8.0
Available at https://housing.smcgov.org/ahf9-nofa
II. NOFA OVERVIEW

ADDITIONAL INFORMATION

• PRE-APPLICATION MEETING WITH DOH
• Q&A PROCESS MOVING FORWARD
HHC INTRODUCTION

COUNTY HEALTH SYSTEM + DOH
COUNTY SUPPORTIVE HOUSING GOALS

County – Build permanent supportive housing to serve and house persons with the highest barriers and service needs

Health System (Health) – Provide a spectrum of support, treatment and recovery services to keep tenants stably housed

Department of Housing (DOH) – Leverage Measure K funds with federal, state, and local resources to expand the County’s affordable housing pipeline, including units for homeless, disabled, and high-cost health users
Approved through 2017 Housing Package, Housing for a Healthy California (HHC) program was created (AB 74)

- Article I (NHTF Allocation) → Developers
- Article II (SB2 Allocation) → Counties

Goal of HHC: ”to reduce the financial burden on local and state resources due to the overutilization of emergency departments, inpatient care, nursing home stays, and use of corrections systems and law enforcement resources as the point of health care provision for people who are experiencing chronic homelessness or experiencing homelessness and a high-cost health user”
COUNTY HHC AWARD

Awarded $19,995,225 of $60 million available from HHC Article II allocation

Eligible Activities: New Construction, COSR

Target Population: Individuals who are recipients of or eligible for Medi-Cal, and either experiencing chronic homelessness or experiencing homelessness and a high-cost health user → Whole Person Care Pilot Program
WHOLE PERSON CARE

• Part of the 2020 Medi-Cal 1115 Waiver
• Seeks to support clients with complex needs to improve their health care and quality of life
• Provides comprehensive care coordination to assist persons to navigate a complicated health care system
Whole Person Care

Target Populations

• High utilizers of emergency health services
• Persons with behavioral health challenges
• Persons who experience homelessness
• Persons with multiple chronic health conditions
PERMANENT SUPPORTIVE HOUSING PRINCIPLES

Housing First – Prioritizes obtaining and maintaining housing without pre-conditions

Harm Reduction – Practical strategies that reduce the negative consequences of substance use or mental health challenges that threaten housing retention and achievement of life goals

Supports – Tenants need in-field and other supports to maintain their housing and manage health conditions. This is a partnership with County Health, contracted providers, as well as the project’s resident services staff
| **TRAUMA-INFORMED DESIGN** | Creation of physical spaces that promote safety, well-being and healing  
| | Awareness that the physical environment can affect identity, worth and dignity and promotes empowerment |
| **ACCESSIBILITY** | San Mateo County has an aging population, many persons experiencing homelessness are in the 60-80’s and require ADA accommodations |
| **BUILDING MIX** | Allows for development of an inclusive environment  
| | Creates efficiencies for on-site support services |
COORDINATED ENTRY SYSTEM (CES) through the Human Services Agency (HSA)

- Potential tenants connect to the CES through a Core Service Agency
- Core Service Agency provides an assessment, prioritization and placement on a referral list for specific housing types
- Whole Person Care will work with HSA to develop a strategy that identifies WPC clients for referral to an appropriate HHC unit
PROPERTY MANAGEMENT

- Focus should be on screening in versus screening out
- Focus on factors related to tenancy
- Incorporating reasonable accommodations when necessary
WHOLE PERSON CARE SUPPORT SERVICES

Whole Person Care tenant supports:

- Support for the life of the tenancy
- Level and intensity of service is based upon tenant need
- Services are person-centered and voluntary

- Service planning
- Care Management
- Linkage to behavioral health care
- Linkage to primary and specialty care
- Basic housing retention
- Linkage to other needed services (legal, food, clothing etc.)
TENANT RETENTION FRAMEWORK

Goal: all partners support early, consistent intervention in order to promote the health, safety, and improved quality of life for all residents

• Early Intervention
  • Those out of compliance with their lease
  • Those with behaviors that jeopardize their ability to live in the environment

• Avoid Evictions
  • Partners work together to find resolutions that avoid eviction and ensure tenants are great tenants

• Strong Relationships
  • Strategies exist to enhance communications and build relationships between property management and service providers
FINAL NOTES

MOU BETWEEN HEALTH AND DEVELOPER

IF AWARDED, DRAW FUNDS BY MARCH 2024

IF INTERESTED, CONSULT WITH DOH STAFF BEFORE APPLICATION SUBMITTAL
MHSA INTRODUCTION

BHRS + DOH
COUNTY SUPPORTIVE HOUSING GOALS

County – Build permanent supportive housing to serve and house persons with the highest barriers and service needs

Behavior Health and Recovery Services (BHRS) – To provide on-site and community-based services that include but are not limited to skill development, treatment, and recovery services that enable individuals with a serious mental illness who are homeless or at risk of homeless to maintain stable housing.

Department of Housing (DOH) – Leverage Measure K funds with federal, state, and local resources to expand the County’s affordable housing pipeline, including units for homeless, disabled, and high-cost health users.
• The Mental Health Services Act (MHSA) passed as Proposition 63 in 2004, established the Mental Health Services Fund (MHSF).
• Revenue generated from a 1% tax on personal income in excess of $1 million is deposited into the MHSF.
• California Code of Regulations 3630.05 defines the allowable use of MHSA funds for Project-Based Housing to create housing stability for our individuals living with severe mental illness and experiencing homelessness.

A goal of the MHSA is: "To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.”
MHSA FOR AHF 9.0

$5,000,000 of $10 million total one-time MHSA allocation to supportive housing development is provided in this AHF

Eligible activities: acquisition, pre-development, soft and hard costs associated with new construction and renovation (rehab./resyndication) affordable housing

Target Population: persons who are seriously mentally ill and homeless or at risk of homelessness
PERMANENT SUPPORTIVE HOUSING PRINCIPLES

Housing First – Prioritizes obtaining and maintaining housing without pre-conditions

Harm Reduction – Practical strategies that reduce the negative consequences of substance use or mental health challenges that threaten housing retention and achievement of life goals

Supports – Tenants need in-field and other supports to maintain their housing and manage health conditions. This is a partnership with County Health, contracted providers, as well as the project’s resident services staff
• BHRS has developed a universal tenant referral and certification process and maintains a referral wait list of eligible clients.

• Once a prospective tenant is referred by BHRS for an available unit, BHRS agrees that the owner, property manager, and the primary service provider will conduct the resident screening and selection for the MHSA-restricted units.
MOU BETWEEN BHRS AND DEVELOPER

IF INTERESTED, CONSULT WITH DOH AND BHRS STAFF BEFORE APPLICATION SUBMITTAL
APPLICANT Q&A
Thank You!

Contact housing@smchousing.org for questions related to the NOFA
Contact citydataservices@yahoo.com for questions related to the online application