



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

CIBHS August 2020

HOUSING PLACEMENT & RETENTION IMPROVEMENT PLAN

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VCBH Housing Manager

Relationship of VCBH to Housing

- VCBH co-develops and coordinates appropriate housing for people living with mentally illness;
- VCBH partners with builders, property management companies, landlords & service providers;
- VCBH utilizes a variety of different funding sources to provide housing resources;
- VCBH employs “housing first” model;
- VCBH delivers evidence based services to clients.

Barriers to Housing for Homeless & Mentally Ill

- Rent is too high
 - Average monthly rent in Ventura County in 2020 is \$2037*
- Lack of housing stock (vacancy rate currently less than 4%)
- Lack of supportive housing (NIMBYs, cost, politics)
- Lack of variety of housing (Board & Care / RCFEs)
- Mental illness makes finding & keeping a home challenging
- Stigma & unrealistic expectations of homeless & mentally ill
 - changing the meaning of success

* CA Housing Partnership 2020 Affordable Housing Needs Report

Ventura County Area Median Income (AMI)

Effective April 1, 2020 – The AMI for Ventura County for Single Household is \$79,100

1 Person –

30% Median (Extremely Low Income)- \$23,700
50% Median (Very Low Income) - \$39,550
80% Median (Low Income) - \$63,250

2 Person –

30% Median (Extremely Low Income)- \$27,100
50% Median (Very Low Income) - \$45,200
80% Median (Low Income) - \$72,300

3 Person –

30% Median (Extremely Low Income)- \$30,500
50% Median (Very Low Income) - \$50,850
80% Median (Low Income) - \$81,350

4 Person –

30% Median (Extremely Low Income)- \$33,850
50% Median (Very Low Income) - \$56,450
80% Median (Low Income) - \$90,350

Sample Salaries for Ventura County (salary.com)

Dental Hygienist:	\$80,000 per year
High School Teacher:	\$71,000 per year
Social Worker:	\$70,000 per year
Police Officer:	\$60,000 per year
Park Ranger:	\$41,000 per year
Auto Mechanic:	\$18.30 per hour

According to CA Housing Partnership 2020 Report on Housing for Ventura County, a household must have an income if \$39.17 per hour or \$81,473.60 annually in order to afford the average monthly rent of \$2,037.

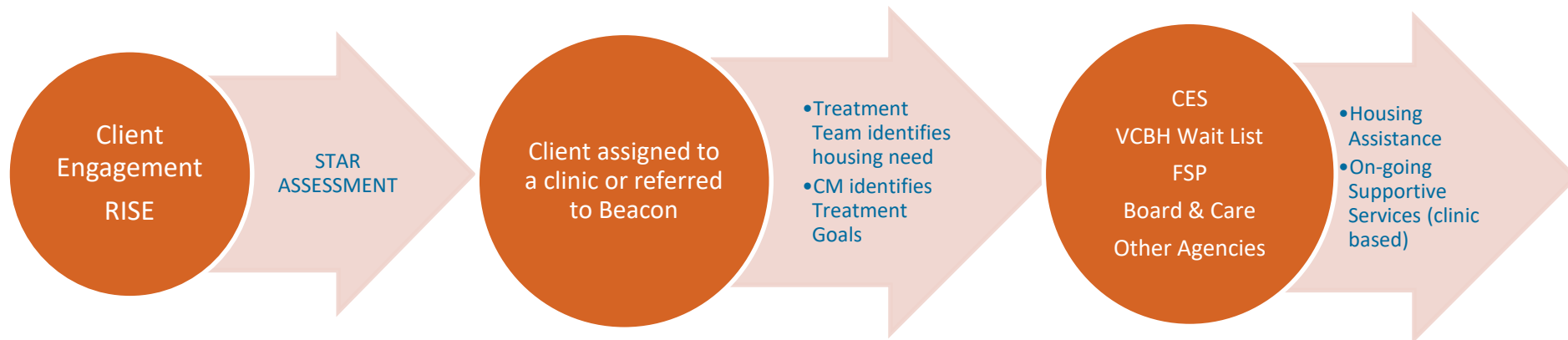
Problem Defined

The behaviors and histories of VCBH clients coupled with the tremendous scarcity and high cost of housing in Ventura County create many challenges to successfully placing clients into appropriate housing and then keeping them there.

- 14 community based and governmental organizations in Ventura County providing a variety permanent supportive housing (PSH) options. Each has their own wait list, eligibility & application.
- VCBH manages about 250 units of PSH, including project based, tenant based & adult residential care. Some but not all of the PSH projects managed by VCBH require a referral from the County's Coordinated Entry System (CES).
- All new funding for housing requires CES.
- Current wait list for non-CES VCBH housing is 10 years.
- VCBH clients are eligible to apply to the other 14 organizations for housing.

Client Access to VCBH Housing Resources

Clients engage with VCBH clinics for mental health treatment. All housing resources are accessed through the clinics via the treatment teams and the case manager.



HUD Definition of Coordinated Entry System (CES):

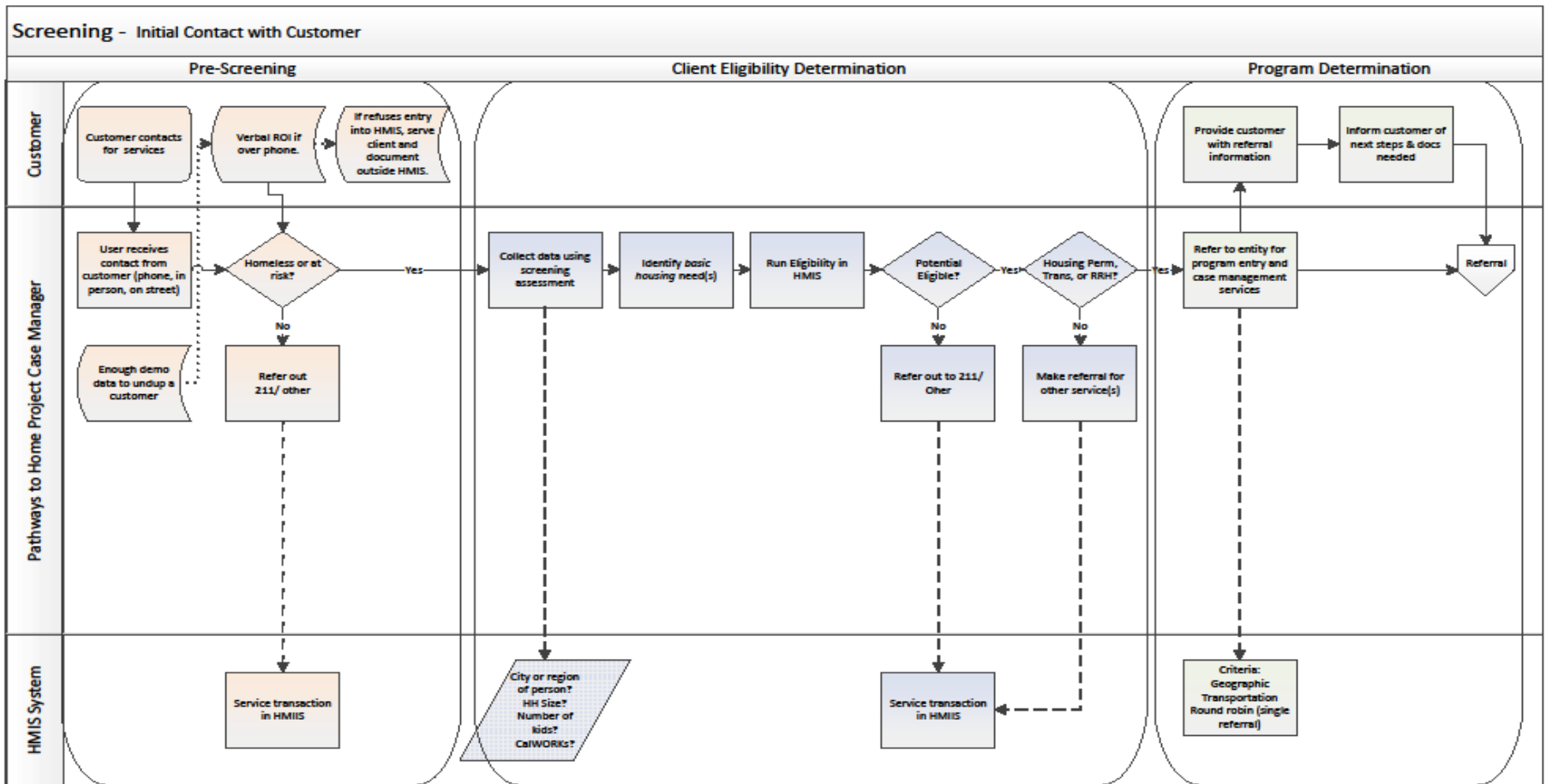
“Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known.”

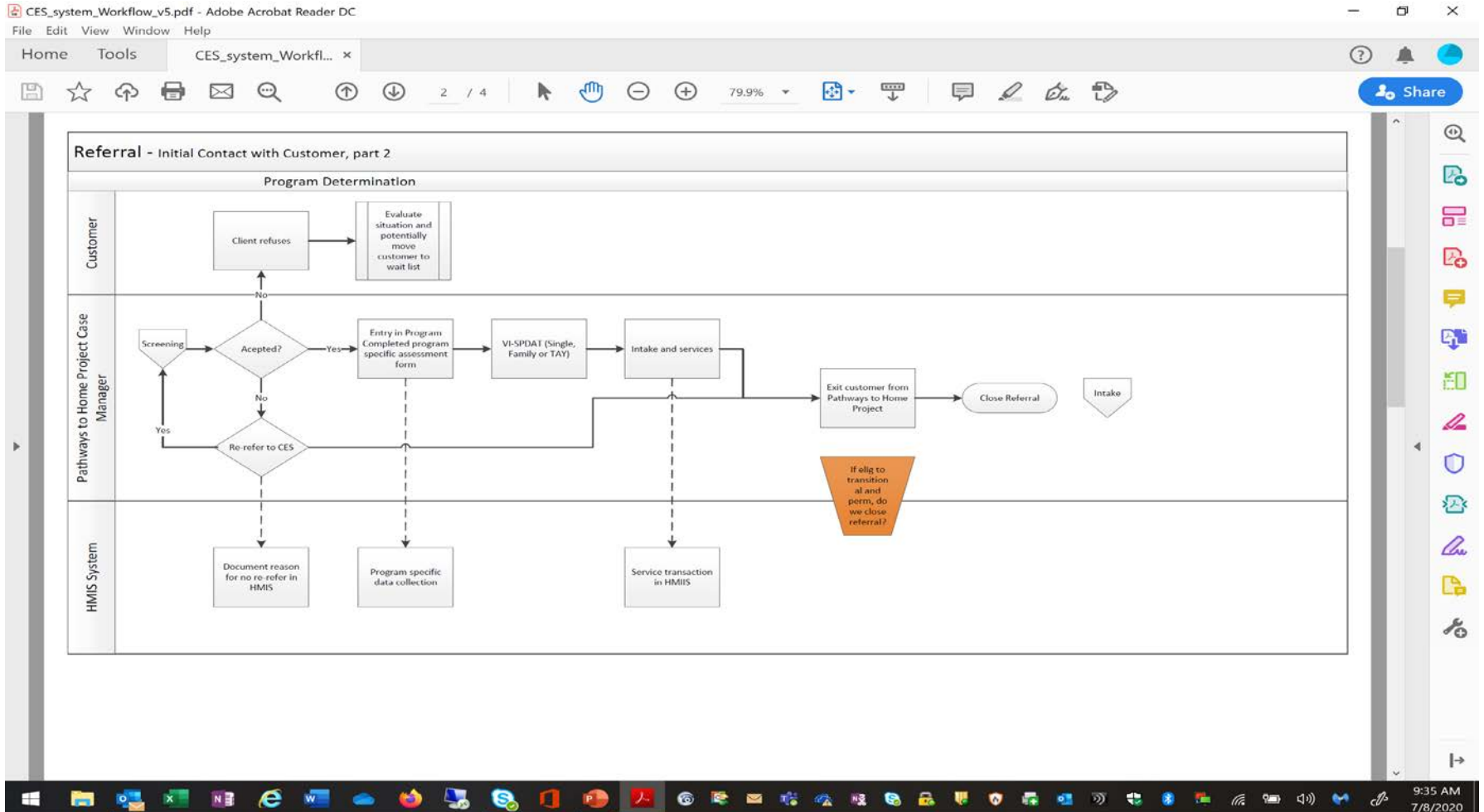
How to Apply for Supportive Housing in Ventura County:



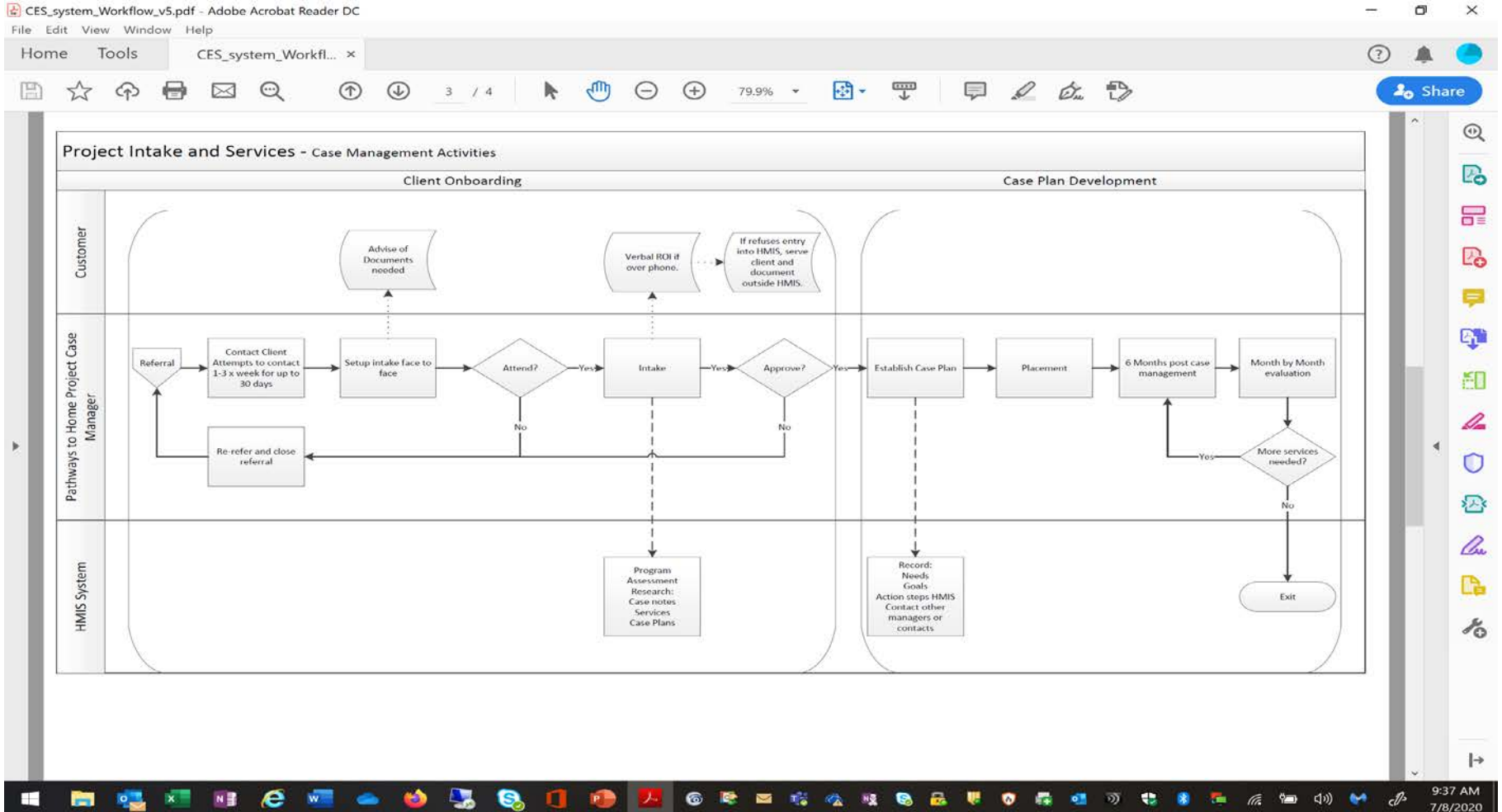
Ventura County CES:



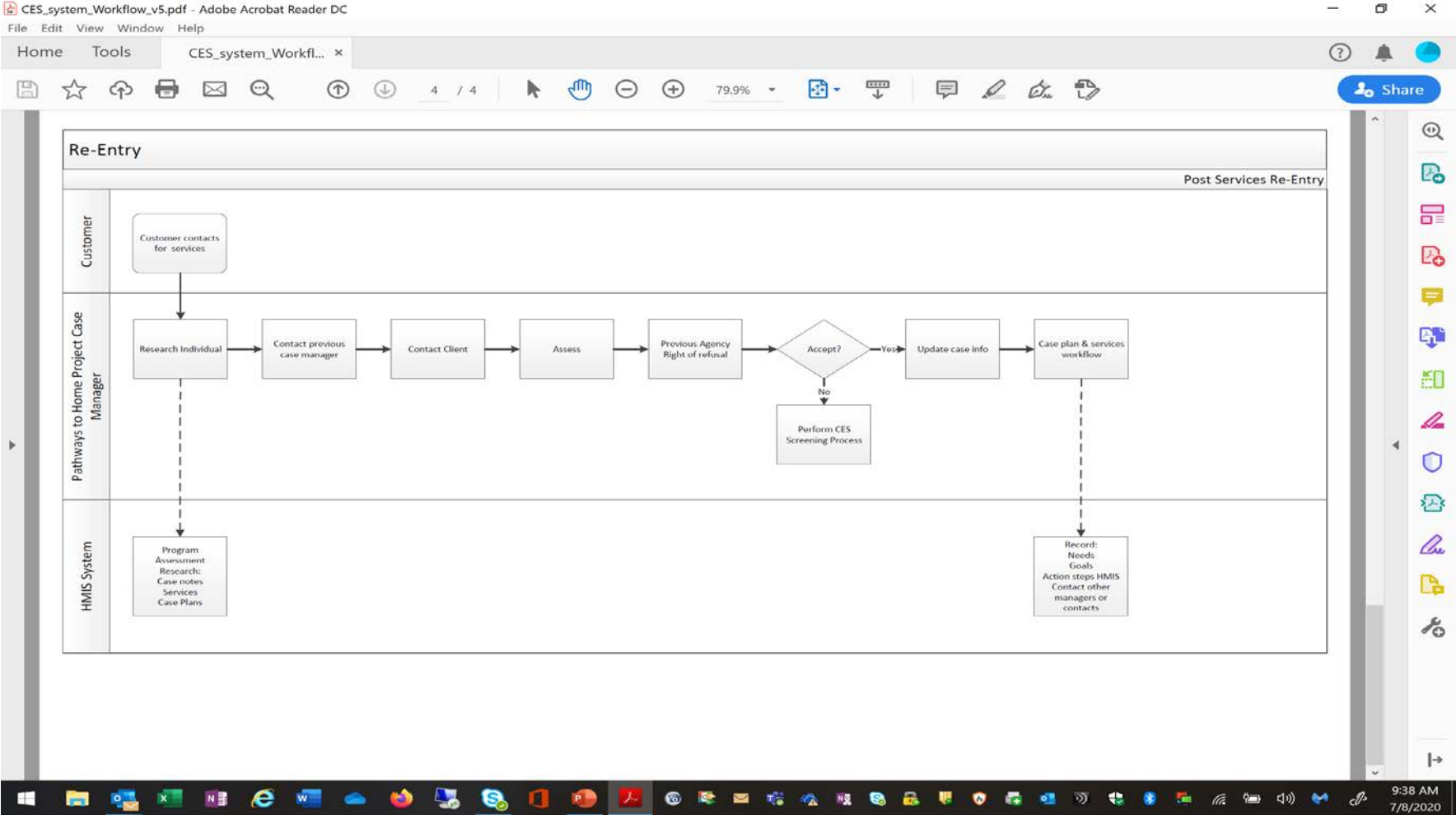
And then...



Wait! There is more...



And finally...

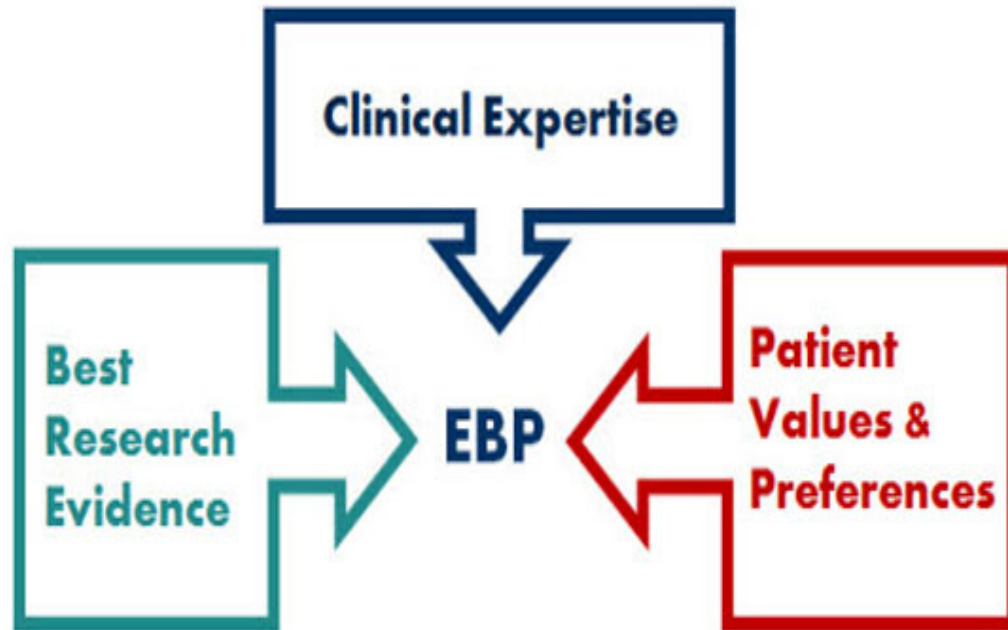


Ventura County CES:



- Participant agency must pay into HMIS;
- Pathways to Home case conferencing;
- **All about the match;**
- No supportive services plan;
- VISPDT can be manipulated;
- Not always timely;
- No landlord engagement;
- No follow-up required.

New Method – Evidence Based Practice



The Evidence Based 5 Phase Improvement Plan:

Successfully housing someone with mental illness begins with appropriate placement.

Phase I has 4 steps as follows:

- 1) Entry into HMIS. A score of 10 or more on VISPDPT = referral to CES;
- 2) Completion of a Housing First Checklist;
- 3) Completion of evidence based assessment Milestones of Recovery Scale (MORS) to determine appropriate level of care;
- 4) Once housing is identified, Case Manager reviews SAMHSA's evidence based "Tools for Tenants" with client.

Evidence Based Housing First Checklist

Compliance with Housing First principles as defined by the United States Interagency Council on Homelessness:

<https://www.usich.gov/tools-for-action/housing-first-checklist/>

- 1) Are applicants allowed to enter the program without income?
- 2) Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?
- 3) Are applicants allowed to enter the program even if they have criminal justice system involvement?
- 4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Milestones of Recovery Scale (MORS)

The MORS is evidence based practice that determines a consumer's:

- LEVEL OF RISK (likelihood of harmful behavior & co-occurring disorders)
- LEVEL OF ENGAGEMENT (connection w/VCBH treatment team)
- LEVEL OF SKILLS & SUPPORTS (level of support needed to live safely in the community)

A score of 6 & above indicates client readiness for PSH.

A score of less than 6 results in a referral to treatment and/or Adult Residential Facility.

*There is a different MORS for older adults.

SAMHSA's Evidence Based Tool Kit for PSH

<https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509>

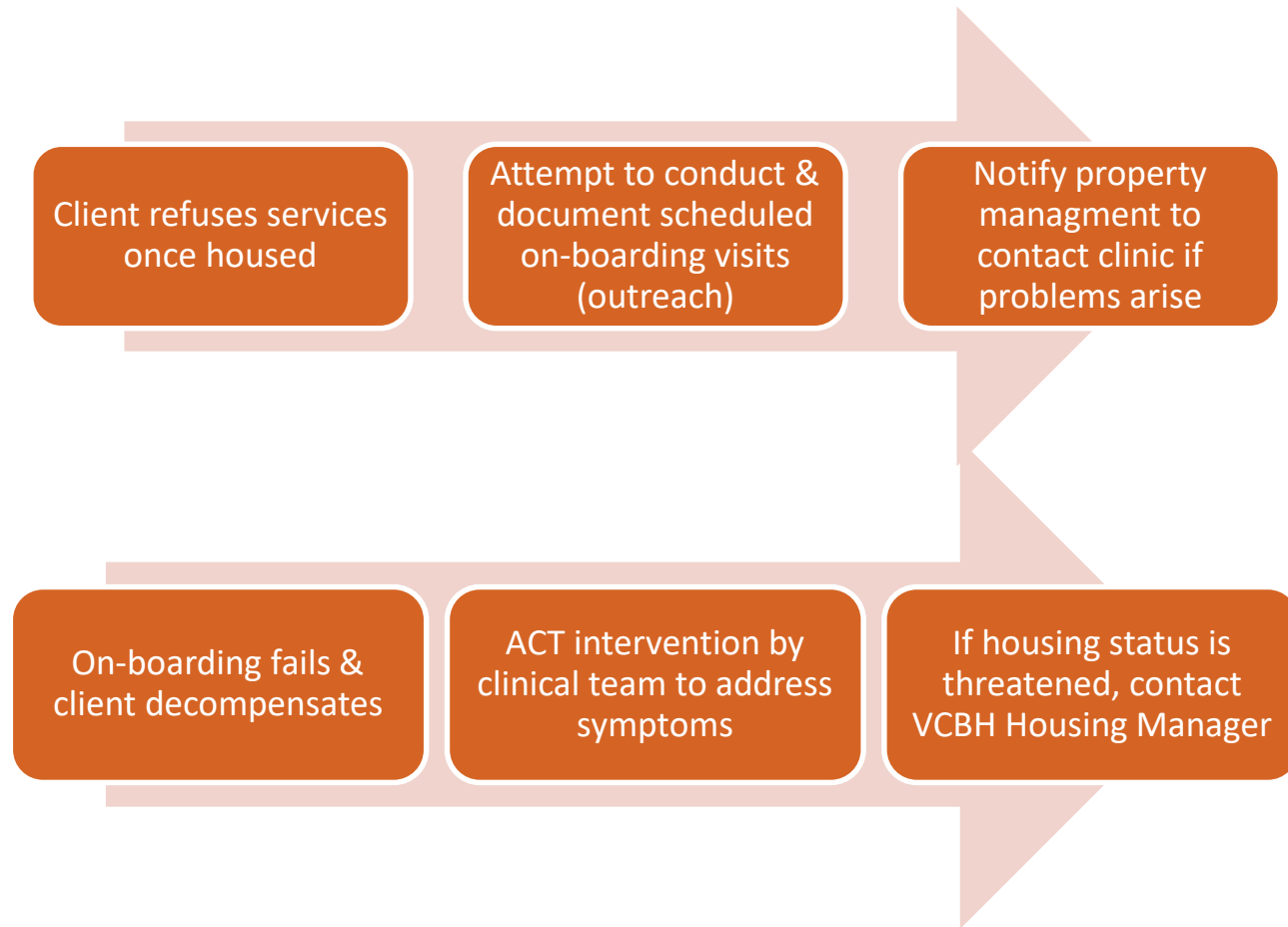


Phase II: Successfully On-Boarding Takes Time

During the first month of being housed, the Case Manager will check in with clients at their new home once per week to review at minimum the following:

WK1	WK2	WK3	WK4	New Tenant On-Boarding Weekly Review
				Phone #s for assistance with unit, CM, RISE
				Property rules – what is not allowed
				Phone #s for CM, clinic and RISE
				Transportation resources
				Life skills (cleaning, hygiene, budgeting, shopping, cooking, etc...)
				Participation in community events
				Assistance with benefits (EBT, SSI, Medi-Cal, etc...)
				Disaster preparedness and emergency exit information
				Substance use treatment or other health needs
				Ask client if they have questions or concerns

Supportive services & treatment are voluntary.



Assertive Community Treatment (ACT)

ACT programs rely on multidisciplinary teams of professionals with expertise in psychiatry, nursing, social work and substance abuse treatment, and employment counseling. A small staff-to-patient ratio allows for individualized and comprehensive care.

What would Rhonda do?

Phase III: On-Going Supportive Services

- Encourages regular interaction w/CM
- Supports client's social ties to community
- Fosters sense of belonging
- Promotes peer support activities
- Creates opportunities for modeling positive norms
- **ACTIVELY COMBATS ISOLATION**

Phase IV: Landlord & Property Management Engagement

Establishing rapport with property managers & landlords is crucial to successful housing retention. Building a relationship will ensure:

- VCBH is notified right away if there is a problem
- Creates opportunity to educate about Housing First
- Supports consistency with issuing lease violations
- Provides opportunity for other PSH tenants
- On-going clarification of roles and responsibilities
- Allows for discussions around reasonable accommodation

Phase V: Evaluation

Some of the things we look at when measuring outcomes for evidence based practices in PSH:

- Time in PSH ***measured in months***
- Symptom relief & over-all well being ***measured by an improved MORS score***
- Socialization & integration into the community ***as measured by none or reduced lease violations/complaints***
- Satisfactory personal care & independent living skills **as measured by observation & reduced need or frequency of services.**

Phase V: Evaluation

Measurement	Focus Area
Pathways to Home Screening Assessment	Client Demographics
Vulnerability Index-Service Prioritization Decision	History of housing, risks, etc.
Time in PSH	# of individuals housed & time housed
Socialization & integration	Less violations/complaints, etc.
Personal & independent living	Observation & reduced frequency of services
MORS*	Level of recovery
Behavior and Symptoms Identification Scale-24 *	Behavior & symptoms
Treatment Perception Survey*	Treatment satisfaction

**VCBH Outcome Assessments*

THANK YOU!

QUESTIONS?