SAN DIEGO
HOUSING
COMMISSION

SDHC

We're About People

Permanent Supportive Housing Toolkit
Preparing a High Quality Application

September 2019

How to Use This Toolkit

The San Diego Housing Commission (SDHC) has surpassed its ambitious goal to create 3,000 housing opportunities in three years for individuals and families experiencing homelessness. This is a critical component of one of the agency's three major goals—to increase the supply of housing that is accessible and affordable to low-income households, including those experiencing homelessness. SDHC's programs to help achieve this goal include providing capital funds and federal housing vouchers to developers and service providers to partner on the development of Permanent Supporting Housing (PSH).

Purpose

This toolkit provides guidance on how to prepare high-quality PSH applications that showcase how development teams—developers, property management and supportive service provider(s)—will collaborate to develop and operate housing that meets the needs of individuals and families who are experiencing literal and chronic homelessness. Specifically, this toolkit covers how to complete the supportive services sections of the application with an emphasis on highlighting how the development team will ensure the provision of best practices in PSH, respond to the needs of the target population(s), and provide a supportive environment that enables households to achieve housing stability and an overall improved quality of life.

Target Audience

This toolkit is designed for developers who are responsible for both the accuracy of the PSH application and the development and operation of the project, including the creation and use of replacement and operating reserves. Developers are encouraged to share the toolkit with property management and supportive service provider partners so that they can provide the information necessary to prepare a high-quality application.

Toolkit Contents

In the toolkit, you will find a brief overview of PSH and best practices, the SDHC PSH application evaluation and scoring standards, and guidance on how to prepare a successful PSH application that demonstrates the organizational strengths and experience of the development team with a focus on the supportive services components of the application. This includes meeting SDHC's minimum threshold requirements and project quality and readiness standards so that the application can advance to the final phase of the evaluation and selection process.

 As you read through the toolkit, look for the *checklist icon* for reminders about the information you will need to provide to complete your application.

The *information icon* alerts you to examples and additional resources you may want to reference when preparing your application.

More Information

Developers who want additional information about the topics outlined in the toolkit should refer to Appendix A for Additional Resources.

This page intentionally left blank.

Contents

About the San Diego Housing Commission

Mission: Provide affordable, safe, and quality homes for low- and moderate-income families and individuals in the City of San Diego and provide opportunities to improve the quality of life for the families that SDHC serves.

Established in 1979, SDHC has earned a national reputation as a model public housing agency, creating innovative programs that provide housing opportunities for individuals and families in the City of San Diego who are low income and/or experiencing homelessness. As the local public housing authority, SDHC performs five major program functions:

- Provides federal rental assistance to more than 15,000 households

- Owns and/or manages 3,732 affordable rental housing units

- Provides financing for the creation and preservation of affordable rental housing units (more than 11,000 affordable units created or preserved since January 1, 2008).

- Addresses homelessness through HOUSING FIRST - SAN DIEGO, its homelessness action plan, and administering homeless shelters and services for the City of San Diego.

- Advocates for housing policies

HOUSING FIRST – SAN DIEGO: 2018-2020 directs $79.7 million in federal, City of San Diego, and SDHC resources over three fiscal years into six programs that have created permanent housing opportunities for more than 3,000 individuals and families at risk of or experiencing homelessness in the City of San Diego. Rooted in the national Housing First model of addressing homelessness, this action plan provides individuals and families experiencing homelessness with housing as quickly as possible, with the provision of supportive services based on the needs of each household.

What Is Permanent Supportive Housing?

PSH is an intensive, best practice intervention for addressing homelessness that combines permanent, subsidized housing with voluntary, wraparound supportive services, including case management for populations with disabilities and the most significant needs.

Target Population

SDHC PSH projects are targeted to individuals and families who are experiencing chronic homelessness or literal homelessness as prioritized by the region's Coordinated Entry System (CES) and who need both rental assistance and supportive services for an indefinite period of time to remain housed. People experiencing chronic homelessness are prioritized for PSH because they have the highest level of service needs.

The U.S. Department of Housing and Urban Development (HUD) defines *chronic homelessness* as being literally homeless with a documented disability and having experienced homelessness for 12 consecutive months or on multiple occasions totaling 12 months in the last three years broken up by periods of at least seven nights in a place meant for human habitation. Families meet the definition of being chronically homeless based on the status of the head of the household.

In 2018, approximately one-quarter of the population experiencing homelessness nationwide was chronically homeless.[1] In San Diego, 27 percent of individuals living unsheltered experienced chronic homelessness.[2]

Individuals who are *literally homeless* have a current, primary nighttime residence in a place not meant for human habitation, safe haven, or emergency shelter or who are returning to such residence after less than 90 days in an institution.[3, 4]

The following conditions qualify as disabilities for HUD projects: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, chronic physical illness or disability, or the co-occurrence of two or more of the listed conditions.

---

[1] U.S. Department of Housing and Urban Development. (2018.) HUD Annual Homelessness Assessment Report: 2018 National Estimates of Homelessness in the United States. Retrieved from https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

[2] Regional Task Force on the Homeless (2018.) 2018 We All Count Annual Report: San Diego County. Retrieved from https://www.rtfhsd.org/wp-content/uploads/2017/06/2018-WPoint-in-Time-Count-Annual-Report.pdf/

[3] *Federal Register. (December 4, 2015). Department of Housing and Urban Development Rules and Regulations, 24 CFR Parts 91 and 578. Retrieved from* https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

[4] *U.S Department of Housing and Urban Development. (January 2012). Homeless Definition: Criteria for Defining Homelessness and Recordkeeping Requirements. Retrieved from* https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Housing First Orientation

SDHC uses the evidence-based Housing First approach in all its programs designed to address homelessness, including PSH. The *Housing First approach* views housing as the first step to addressing homelessness with supportive services provided, as needed. Programs and projects that use a Housing First approach connect people experiencing homelessness to safe, secure, and permanent housing without any preconditions or barriers to entry as quickly as possible. Once in a home, individuals and families who need additional support are offered flexible and voluntary services focused on housing stabilization and improved quality of life.

The Housing First approach, composed of the following five core principles, has been adopted in federal, state, regional, and local law:

  i.   All people can achieve housing stability in permanent housing if they are provided the right supports.
  ii. Everyone is "housing ready."
  iii. Housing serves as the foundation for improved quality of life, health and mental health, as well as employment.
  iv. All people have the right to self-determination, dignity and respect.
  v.   Housing and services should be configured to meet individual needs and preferences. [5, 6, 7]

More than 20 years of research underscores that Housing First is the most effective solution to prevent homelessness and, when it does occur, to ensure that it is rare, brief and non-recurring. As a result, federal, state, regional and local policies prioritize a Housing First approach, and a Housing First approach is one of SDHC's minimum threshold requirements for a PSH application to be considered for funding.

Permanent, Affordable Housing

PSH is designed to enable tenants to live as independently as possible within the community, and is a critical component of homeless crisis response systems nationwide. High-quality developments are located in safe neighborhoods that meet tenants' needs and ideally are located in close proximity to a grocery store, medical clinic, and library or other public community space, as well as public transportation. Properties must also meet HUD Housing Quality Standards for safety and decency.

Tenants sign a renewable lease that complies with local landlord/tenant laws and have the same rights as other local renters. As part of the lease agreement, tenants pay a predetermined

---

[5] U.S. Department of Housing and Urban Development. (July 2014). Housing First in Permanent Supportive Housing.
[6] U.S. Department of Housing and Urban Development. (June 2014). HUD and USICH: Core Principles of Housing First and Rapid Re-Housing Webinar. Retrieved from https://www.hudexchange.info/trainings/courses/hud-and-usich-core-principles-of-housing-first-and-rapid-re-housing-webinar/
[7] U.S. Interagency Council on Homelessness. (September 2016). Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

portion of their income toward rent. In San Diego, the tenant's portion of rent is determined by using the applicable minimum rent or a calculated amount based on their income level and household composition, whichever is higher. The remainder is federally subsidized up to a gross rent level approved by SDHC.

Flexible, Voluntary Supportive Services

In PSH developments, case management and services are distinct from property management. Supportive service providers encourage tenants to engage in services by building relationships and trust, but tenants are not required to participate as a condition of their lease. However, tenants must comply with the rules of their lease, and service providers help support them in remaining housed. Service providers may be encouraged or required to use best practice service models such as Assertive Community Treatment (ACT) or engagement strategies such as Motivational Interviewing.[8] Once engaged, tenants drive the development of their treatment plans, selecting from a flexible menu of service options. Service providers offer person-centered, solutions-focused support to help tenants achieve housing stability and other goals.

Benefits of PSH

Recognized as a national best practice, PSH reduces homelessness, increases housing stability, promotes greater health and well-being, and enables households to increase or maintain their income, according to research. PSH also reduces the high cost of public services, enhances community safety, and stabilizes or increases property values.

Most important, PSH has been proved effective for people with high levels of need, including those who are experiencing chronic homelessness and who are frequent users of emergency services.

---

[8] Case Western Reserve University Center for Evidence-Based Practices. (ND). *Assertive Community Treatment.* Retrieved from https://www.centerforebp.case.edu/practices/act.

Development Team Partners

To obtain financing, development teams composed of the developer, property management, and supportive service provider(s) must effectively collaborate to develop the project concept, demonstrate its feasibility, and offer services that support tenants' housing stability while simultaneously protecting their rights and confidentiality. Key responsibilities of the project team include:

1. The **developer** is the entity responsible for real estate development from project concept through entitlement, financing and construction. Developers are also responsible for aligning project goals with the organizations' mission and strategic plan and for ensuring the legal and financial integrity of the project, including the creation and use of replacement and operating reserves.

   In addition to having experience in developing supportive housing, developers should be able to demonstrate their experience collaborating with diverse teams, managing long-term relationships with key stakeholders, supervising the work of experts and contractors, and monitoring project performance and tenant satisfaction.

2. **Property management** oversees the safe and efficient day-to-day operation of the property. This includes leasing up the property, collecting rents, filling vacancies, handling maintenance and repair issues, and responding to tenant complaints. Property management entities experienced in working with supportive housing providers can be a significant asset to the development team because they understand the tenant population and costs associated with property upkeep and maintenance. Some even have specialized training in receiving and responding to tenant feedback that allows them to effectively partner with supportive service providers to reduce instances of lease violations and evictions.

3. **Supportive service providers** specialize in developing and delivering the right mix of flexible, voluntary services that use best practice approaches to support tenants' housing stability and improve the health and well-being of the tenants. Service providers should have experience working with the project's target population and may also coordinate with other organizations to deliver services.

   In the predevelopment phase, developers should work with service providers to determine how to fund a portion of PSH services through operating rents, subsidies and capitalized operating subsidy reserves. The supportive service provider can also assist the developer by identifying and securing additional funding and/or partners to meet tenants' specific service needs. In the implementation and operations phase, supportive service providers oversee effective coordination with the homeless crisis response system and ensure that housing and services comply with federal, state and community standards for serving the needs of individuals and families experiencing homelessness.

Application Evaluation and Scoring Guidelines

SDHC uses a three-phase review process, in which development teams must meet minimum threshold requirements and project quality and readiness standards to be considered for a project award allocation.

Phase 1: Minimum Threshold Requirements

Projects must meet *all minimum threshold requirements,* which are divided into the following six categories:

1. ***Nonprofit Status.*** Documentation of nonprofit status for any applicants that qualify as tax-exempt organizations under IRS Section 501(c)(3) and by the State of California.

2. ***System Coordination.*** Commitment to participating in the Coordinated Entry System (CES) by using the Homeless Management Information System (HMIS) and to listing the project in the 2-1-1 San Diego Resource Directory, as well as documented letters of support from all partner organizations.

3. ***Program Fidelity.*** Commitment to using a Housing First approach, serving individuals and families who meet HUD's definition of chronically homeless or literally homeless, participating in the Coordinated Entry System (CES), and following the Regional Task Force on the Homeless (RTFH) Community Standards. RTFH serves as the federally funded Continuum of Care (CoC), which has responsibility for planning and coordinating a system of housing and supportive services for households experiencing homelessness across the County of San Diego and 18 incorporated cities.

4. ***Development Standards.*** Maintaining the project's affordability restrictions for 55 years.

5. ***Fiscal Considerations.*** Commitment to use SDHC funds as gap funding and other demonstrations of compliance with federal and SDHC financial standards and regulations.

6. ***Required Documents.*** Submission of all requested documents along with the completed application.

7. **PSH Voucher Applications Only – Verification of Proposed Population Need.** As part of the application, developers/applicants submit verification from RTFH to support the need to serve the proposed target population(s) based on the number of vouchers requested to serve that population(s). As part of the threshold review, SDHC will deny applications in which the number of vouchers requested is greater than or equal to the number of households within the proposed population as verified by RTFH.

To reduce the time the evaluation committee needs to determine whether or not your application is complete, please use all the required forms provided in the application workbook. Applications that do not include all the required forms and attachments will be considered incomplete and may not be forwarded to the second phase of review.

 ☐ Use the SDHC PSH Application checklist to help you prepare, label, organize and upload all the submittal items and attachments.

- Coordinated Entry System (CES): A federally mandated process of assessments and referrals implemented by a Continuum of Care under the [Code of Federal Regulations (CFR) part 578 title 24](#) to ensure that all people experiencing homelessness have fair and equal access to housing and services.[9, 10]

- Homeless Management Information System (HMIS): A local Information Technology system designed to comply with federal HUD data standards for managing information on people experiencing homelessness, as well as the provision of housing and services, and monitoring performance data.[11]

Phase 2: Project Quality and Readiness

Development teams can submit applications requesting only capital funds or federal rental housing vouchers or a combination of both. Capital funds may be used to acquire, construct or rehabilitate PSH, including converting transitional housing to PSH, with a preference for projects of 25 or more units. Specifically, funds may be used for "hard" costs associated with construction or "soft" costs associated with feasibility analysis, entitlement, and financing. Depending on a development's funding sources and requirements, AMI levels could be further restricted.

Project applications that meet the threshold requirements can earn a maximum of 200 project quality and readiness points if they are requesting only capital funds or federal housing vouchers and 300 points for a combination of both project types. Each of the following point categories allows for a maximum of 100 points:

- *Supportive Services.* Applicants are evaluated on the supportive service provider(s) experience and capacity, description of services, service delivery method and staffing, detailed budget with projected costs, service provider partnerships, and service sustainability.

- *Capital Funds.* Applicants are evaluated on the project location, project readiness, development team experience and capacity, and commitments to leverage non-SDHC sources of financing.

- *Rental Housing Vouchers.* Applicants are evaluated on experience, demonstrated commitment to serving the target population, project location, rapid voucher utilization, and provision of required supportive services documentation, including staff-to-tenant ratios and services budgets.

---

[9] Regional Task Force on the Homeless (September 2019). Coordinated Entry System FAQs: General Public (NEW) retrieved from https://www.rtfhsd.org/wp-content/uploads/2019/09/Coordinated-Entry-System-FAQ-09102019.pdf

[10] HUD Exchange. (ND). Coordinated Entry and Homeless Management Information Systems retrieved from https://files.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf

[11] HUD Exchange. (ND). Homeless Management Information System retrieved from https://www.hudexchange.info/programs/hmis/

The following chart shows which point categories apply to the different project types, as well as the minimum and maximum points allowed for each project type. Applications must score above the minimum allowable points to advance to the project award allocation and determination phase.

Project Type	Point Categories	Min.	Max.
Capital Funds	Capital Funds + Supportive Services	140	200
Federal Housing Vouchers	Rental Assistance Vouchers + Supportive Services	140	200
Capital Funds Plus Vouchers	Supportive Services + Capital Funds + Rental Assistance Vouchers	210	300

Phase 3: Project Award Allocation and Determination

Applications that advance to the project award allocation phase are scored on financial feasibility, the proposed project plan, the applicant and project merits, and the supportive services plan.

Minimum Scoring Thresholds

The minimum threshold requirements for the PSH NOFA application can be broken down into seven categories: nonprofit organization status, system coordination, program fidelity, development standards, fiscal considerations, required documents and PSH voucher applications only – verification of proposed population need.

Nonprofit Organization Status

Developers and service providers that qualify as tax-exempt organizations must show documentation that they have been a nonprofit for at least two years under IRS Section 501(c)(3) and the State of California Revenue and Taxation Code.

- [ ] Provide certification of nonprofit tax-exempt status by submitting a copy of the organization's IRS determination letter, which can also be retrieved by calling the IRS at 1-877-829-5500.

- [ ] Submit a Board of Directors roster listing at least four members, which cannot include the executive director or staff as voting members. Indicate which are voting and non-voting members

- [ ] Provide minutes of the past three consecutive Board meetings showing a quorum of at least 75 percent of Board members.

- [ ] Include one year of annual financial statements, including an accountant's compilation report.

- [ ] Audited financial statements must be submitted prior to loan funding.

System Coordination

Development teams must demonstrate their commitment to collaborating with the broader homeless crisis response system and making effective use of available resources within the supportive services plan section of the application and/or through letters of support from partners.

Coordinated Entry System (CES) Participation

SDHC requires participation in CES, which is a national best practice and HUD-required activity that connects individuals and families with housing resources that best meet their needs. CES ensures that individuals and families can access homelessness assistance resources by using a standardized assessment process to prioritize and make referrals to appropriate housing resources based on a determination of needs. Specifically, CES allows communities to prioritize limited housing resources, such as PSH, for those with the greatest need rather than on a first-come, first-served basis. In San Diego, RTFH is responsible for the oversight and coordination of San Diego County's CES. CES referrals will be used during lease-up and when filling vacancies.

- Review the [RTFH CES Policies and Procedures](#) to understand the requirements for agency participation.

Utilization of the Homeless Management Information System (HMIS)

Supportive services providers are required to document services provided to individuals and families and report on program performance on a monthly basis using HMIS.

In San Diego, RTFH is responsible for managing HMIS, training organizations to use it, and monitoring systems- and program-level performance data. RTFH uses Clarity software for HMIS to gather and report on data related to homeless service utilization, performance and outcomes.

- Review the [RTFH HMIS web page](#) to learn how service providers can access and use HMIS.

☐ Complete the HMIS Agency Participation Agreement

☐ Contact the HMIS Support Team to join the HMIS Trust Network

☐ Pay the HMIS license fee

☐ Complete New User Training before accessing HMIS

2-1-1 San Diego Participation

PSH applicants must agree to list the property in the 2-1-1 San Diego online directory of housing and services. 2-1-1 serves people countywide by providing online resources and an information and referral service for people seeking access to support in the areas of housing, health, education, economic stability and more.

- Review the 2-1-1 San Diego Inclusion/Exclusion policy to understand the criteria for inclusion the [2-1-1 San Diego directory](#).

☐ Complete the [online form for New Agency or Service](#) to become a partner and add the project listing to the database.

Letters of Support

PSH applicants must obtain letters of support from the primary services provider, as well as other partners identified in the application.

☐ Develop a list of letters of support to include with your application. In addition to a letter from the lead supportive service provider for the development, consider obtaining letters from other partners such as RTFH, 2-1-1 San Diego, a healthcare provider such as a Federally Qualified Health Center, behavioral healthcare partners, legal services providers, and other social services organizations and agencies serving people experiencing homelessness that may collaborate on providing services to tenants in the development.

☐ Draft each letter of support to match the portions of the narrative and budget relevant to that partner. Each letter of support should be on letterhead from the prospective partner agency and should include:

- Proposed services to be provided

- Staff necessary to provide those services

- Proposed budget and funding sources

☐ Send the draft letters to your partners to place on letterhead and obtain signature.

Program Fidelity

PSH is targeted to people who are experiencing homelessness and unable to maintain housing stability without supportive services. To qualify for PSH funding, the project must commit to using a Housing First approach as outlined by HUD and in compliance with RTFH Community Standards.

Target Population

To meet the needs of people with extended histories of homelessness and the highest level of service needs, SDHC provides PSH funding for individuals and families who meet HUD's definition of chronically homeless or literally homeless and are prioritized for housing through CES. Development teams need to identify the target population(s) and obtain verification of their need for PSH and articulate how they will ensure that the project will meet the needs of people who are literally or chronically homeless as part of their supportive services plans.

☐ Describe how you will use CES and HMIS to receive referrals for individuals with a documented disability who are prioritized for tenancy. Applicants will not be required to verify documentation of a disability.

Commitment to Housing First Principles

SDHC has adopted the Housing First principles outlined by HUD, the State of California and RTFH (see pg. 3). These principles approach housing as a basic human need, distinct from the need for mental health and/or substance abuse treatment. Supportive services descriptions should address the following four components that put Housing First principles into practice:

✓ **Housing Focused.** Describe providers' focus on quickly connecting households to safe, clean, affordable permanent housing. Services are intended to support housing stabilization.

✓ **Person Centered.** Highlight how providers treat individuals with dignity and respect with the right to make decisions about their lives, including their housing and service plan goals. Describe how case management focuses on helping tenants understand and follow tenancy rules to increase housing stability and minimize any impact on other residents and the building, as well as how providers employ best practices such as Motivational Interviewing and Trauma-Informed Care.

✓ **Low Barrier.** Affirm that program participation is not contingent upon minimum income, sobriety or participation in services. Explain how providers offer and engage tenants in services without making it a condition of tenancy.

✓ **Harm Reduction.** Harm Reduction is a public health approach that aims to reduce negative consequences with certain behaviors, most commonly substance use. Service providers recognize that substance use and addiction are part of some people's lives and use a nonjudgmental approach to educate individuals about drug and alcohol use and how to engage in safer practices if individuals are not willing to be abstinent. Harm Reduction can also apply to addressing mental health symptoms, and again uses practical strategies to limit the negative impact of behaviors on both housing and quality of life.

☐ In the supportive services description, also describe how the project's supportive services will incorporate all four components of the Housing First approach.

Community Standards

Development teams must commit to community standards set forth by the RTFH, San Diego's CoC lead organization. These standards address service provision for PSH, as well as overall systems-level standards such as using a Housing First Model, CES, HMIS, and best practices such as Motivational Interviewing and Trauma-Informed Care.

• Review the [RTFH Community Standards](#) for PSH, which provide additional guidance on eligibility criteria, target populations, program standards, and performance benchmarks. Where applicable, incorporate language from the CoC Prioritization Policy and CES Prioritization guidelines.

Development Standards

In alignment with state requirements, SDHC requires PSH projects to guarantee their affordability for 55 years, or in the case of a ground lease, for 65 years. Development team budgets should also reflect rents within the project to be at least 10 percent below market for the neighborhood, as evidenced by a list of comparable properties. SDHC funding cannot be used for commercial/retail space.

SDHC also awards capital funding points to projects that are located in Transit-Oriented Developments, in Census tracts where less than 41 percent of the population is low-income, and within a half-mile walking distance of a grocery store, medical clinic, and library or other public community space.

In addition, development teams must demonstrate that they have site control over the project and that the project meets property, zoning and land use requirements or will acquire the necessary permits and documentation.

☐ Provide documentation of site control in the form of a deed, purchase and sale agreement, or other acceptable documentation.

☐ Provide documentation that the proposed project meets zoning requirements or that any discretionary approvals can be granted within a maximum of 180 days of application submission.

Fiscal Considerations

SDHC funding is intended as gap funding. Applicants must demonstrate owner equity and/or secure other funding, such as bank loans, low-income housing tax credits, Multifamily Housing Revenue Bond funding, state and federal funding, and grants and donations. Development teams must also demonstrate that the project complies with federal standards and all SDHC regulations and that recent projects have not resulted in a financial loss.

☐ Within the compliance narrative required by SDHC, affirm that the development team has demonstrated compliance with all SDHC funding award rules and regulations and that no projects in the last 5 years has resulted in a financial loss.

Required Documents

PSH supportive service applications require the submission of multiple attachments, including staff resumes and job descriptions, a sample individual service plan, supportive services performance data for similar projects in HMIS, and a detailed supportive services budget consistent with the project pro forma.

☐ Use the PSH NOFA checklist provided by SDHC to prepare, label, organize and upload all the submittal items and attachments.

Target Population and Supportive Services Information

A strong supportive services plan should operate at multiple levels to ensure tenants' housing stability and improve the health of the tenants, the neighborhood and the broader community. To achieve this goal, joint planning among core members of the development team—developer, property management and supportive service provider—should start at the project concept and feasibility stage. At the initial meeting, the team should focus on how they will effectively communicate with each other to develop and operate a project that focuses on meeting tenants' needs for housing stability while balancing each partners' individual priorities. During the project concept and feasibility stage, the team might collaborate on the building layout, amenities and services to achieve maximum impact toward PSH goals.

At the financing stage, development partners should work together to develop budgets for capital expenditures, operating costs, and supportive services. Close collaboration during this phase offers an opportunity to minimize unintended consequences by fostering greater understanding of how decisions in one sphere of responsibility may impact partners in another area. During the construction phase, the team can begin planning for lease-up and operations.

The supportive services section of the PSH application provides the applicant the opportunity to identify the target population; outline the service provider(s) experience with PSH, the target population and relevant performance outcomes for similar projects; identify and describe in detail each of the services that will be provided, as well as how those services will be delivered. SDHC recommends that the service provider(s) complete the supportive services sections of the application.

Target Population and Subpopulation

SDHC targets PSH funding toward individuals and families who are chronically homeless and/or literally homeless as prioritized by the region's Coordinated Entry System. Projects may serve one or more listed subpopulations or designate "other" if the proposed subpopulation is not listed. Listed subpopulations include individuals who are veterans, elderly, or transition-age youth, individuals involved with the criminal justice system, and individuals with disabilities such as serious mental illness, substance use disorder, physical or developmental disabilities, or HIV/AIDS.

- [ ] For each target population and subpopulation the project will serve, applicants will be asked to provide:
    - Number of units and vouchers requested
    - Name of the service provider(s)
    - Number of dedicated staff
    - If caseload ratios are greater than 1:15, applicants must explain how staffing and service delivery will be sufficient to address tenant needs.

Service Provider Experience and Capacity

Applicants should explain why PSH is the right intervention for the proposed target population and highlight the service provider's experience achieving successful outcomes with the identified subpopulations.

Population Alignment with PSH Eligibility Criteria

Describe the needs of the tenants the project proposes to serve, information on similar projects managed by the supportive service provider, as well as best practice research on the population. As part of the application, developers/applicants submit verification from RTFH to support the need to serve the proposed target population(s) based on the number of vouchers requested to serve that population(s). As part of the threshold review, SDHC will deny applications in which the number of vouchers requested is greater than or equal to the number of households within the proposed population as verified by RTFH.

In the event that the total requests for vouchers submitted by applications for this NOFA exceeds the number of vouchers that are available, and in the case that more than one application receives an identical score, and to determine which application will receive vouchers, then the applications will be subject to a tie breaker. Refer to Section 5.4 of the NOFA.

The data could address housing and service needs, use of healthcare or other high-cost systems, and the need for mental health and substance use disorder services, education or job training, or employment services, and should demonstrate a gap in PSH that meets the needs of the target population.

☐ Submit verification from RTFH of the proposed target population's need for PSH

- Understand the definitions of literally and chronically homeless provided by the U.S. Department of Housing and Urban Development.
- Example: Project A targets individuals who are experiencing chronic homelessness, have a serious mental illness, and have an income at or below 30 percent of the area median income (AMI). According to RTFH data, XX households experiencing homelessness meet this description.

Service Provider Experience with the Target Population

Describe the provider's experience working on projects and services for this population. Specific information should include how many years the provider has worked with the population, the type and number of projects in which the provider currently serves or has served the population, the number of tenants served, and the resources and services offered through each project.

Service Provider Experience with PSH

Describe the provider's experience with PSH, including years' experience, the types and sizes of each project, the number of tenants served in each project. In cases in which the application

is requesting sponsor-based subsidies only, the application may describe the service provider's experiences with scattered-site PSH.

In addition, service providers should address how they will deploy existing capacity or build their capacity to support tenant needs, and how they have previously worked with developers and property management on other PSH projects.

☐ Where applicable, reference [RTFH Community Standards](#) for Permanent Supportive Housing program standards.

Performance Outcomes

Applicants should describe the service provider's success and performance outcomes with PSH programs in the previous year, including for any program operated and managed during FY2019 (July 1, 2018-June 30, 2019). Where possible, service providers should include the performance outcomes tracked in HMIS:

- Percent of participants who remain permanently housed for 12 months

- Percent of participants who exit PSH programs to a permanent housing destination

- Percent of participants who increase/maintain income

- Percent of participants that obtain cash benefits within one year

- Percent of participants that obtain noncash benefits within one year

- Determine what steps your project will need to take to achieve the minimum performance benchmarks for PSH projects as outlined in the [RTFH Community Standards](#).

Service Description and Delivery Method

The supportive service plan describes the types of services that will be made available to the target population as well as how those services will be delivered. In the supportive services sections of the application, it is critical for the applicant to demonstrate that the services that will be made available are appropriate and sufficient to serve the target population.

The supportive service descriptions must demonstrate that the services that will be made available meet the needs of the target population and are aligned with the Housing First approach.

Types of Services

PSH applicants are asked to identify which types of services will be provided to the target population and how they are relevant, appropriate and sufficient to the needs of the population. The below chart provides examples of the types of services that could be provided as well as a high-level description of each. The application allows for the applicant to include other services that may not be listed here.

Service Type	Service Description
Case Management	A person-centered, relational process of assessing, planning, goal setting, and coordinating services and creating service linkages that can assist individuals with maintaining stable housing and improving their overall quality of life.
Mental Health Services	Services that focus on an individual's social-emotional and psychological well-being with services ranging from therapy and behavioral interventions to medication-based treatments. Services may be provided in inpatient, outpatient, and residential settings.
Substance Use Disorder Services	Services that provide education, prevention and treatment to support an individual's goals that may include abstinence as well as minimizing the impact of drug and/or alcohol use on an individual's health, safety and ability to engage in activities of daily living.
Healthcare Services	Access to primary care services through an appropriate preventative care setting, as well as other specialized services to address physical health and wellness.
Life Skills	Programs support individuals in learning how to manage the activities of daily living so that they can live as independently as possible. Services are tailored to an individual's needs and strengths and typically cover topics such as self-care and self-advocacy, money management, meal planning, and navigating the transportation system.
Education Services	Assessments and courses that enable people to obtain their high school diploma or GED or attend and graduate from college
Employment Services	Support with vocational assessments and job search, placement, and retention. Services may also include on-the-job training, apprenticeships, job-specific training and volunteering.
HIV Services	Education and prevention services, antiretroviral treatment, symptom management, and case management.

Service Description, Delivery Method, and Staff Qualifications

The applicant must describe how tenants will be engaged in services and what steps they will take to ensure that all services are voluntary, person-centered, and flexible. They should also explain how they will deliver or partner with other providers to coordinate and deliver integrated supportive services specific to the needs of the target population. Providers should include brief descriptions of the approaches and service models they will use, including how they will use best practices including but not limited to Trauma-Informed Care, Harm Reduction and Motivational Interviewing. Applicants should also address how services will be provided with the frequency, intensity, and fidelity to models of care to support housing stability and improved health and well-being outcomes. If off-site services will be provided, providers should explain why, in addition to how, they will ensure tenants are able to access transportation to the site.

Applicants must also provide information on the staffing configuration of the supportive service team, including the education and experience necessary to deliver each service according to the described model of care. The narrative must also address how the service provider, case

management staff, and property manager will build a sense of community and keep each other informed about tenant needs.

- The paragraphs in italics below offer sample responses to a two-part question asking development teams to describe their approach to providing supportive services to tenants.

  1. The anticipated needs of tenants

     Project A will provide housing for 35 individuals who are experiencing chronic homelessness and who have a documented serious mental illness and a history of being high users of emergency services and mental health services in units funded with PSH project-based vouchers. Tenants are expected to have a range of needs, including other co-occurring disabilities such as substance use disorder or a chronic physical condition.

     To promote tenants' housing stability, the PSH PBV vouchers pair permanent housing subsidies with wraparound case management, and healthcare, mental health and substance use treatment services, as well as in-home life skills services.

  2. A description of each type of service that will be made available to the tenants. This description of the lead supportive service provider's approach to providing services includes the following information:

     - On- or off-site service delivery

     - Frequency of service delivery

     - Identification of the service provider

     - Description of how tenants will be engaged in supportive services

     - Description of specific strategies for working with tenants to maintain housing stability

     - Qualifications of staff to deliver services, including trainings and certifications

     Service Provider A, operating as the lead supportive service provider, will have offices on site to provide an average of two hours a week or more per tenant of intensive case management services using the Assertive Community Treatment (ACT). Widely recognized as an evidence-based practice, ACT uses a team-based approach to build relationships with tenants and deliver person-centered, integrated services in the tenants' natural environment with a focus on helping tenants live in the community and achieve their housing and personal goals. Service Provider A also offers voluntary life skills classes once a week on topics such as time management, money management, self-care, nutrition, and maintaining an apartment. As part of this approach, Service Provider A works closely with property

management to ensure that tenants are able to meet the requirements of their lease and remain housed.

Services will be provided by master's level case managers and peer support specialists with either an associate's or bachelor's degree at a 1:10 staff-to-tenant ratio. The ACT team meets daily to discuss how tenants are doing so that they can quickly respond to tenant needs as they arise with the goal of anticipating and reducing crises. A staff psychiatrist and two psychiatric nurses, estimated at .33 FTE and .66 FTE respectively for this project, oversee tenants' medical needs and coordinate treatment with healthcare providers. Service Provider A also provides 24/7 on-call crisis services.

All Service Provider A staff receive training in the Housing First approach and best practice strategies such as Trauma-Informed Care and Motivational Interviewing to ensure that services remain housing-focused, person-centered, low-barrier and focused on harm reduction. Motivational Interviewing encourages tenants' participation in flexible, voluntary services and helps them minimize the risk of self-harm and maintain housing stability by identifying and overcoming barriers to changing unhealthy behaviors. Trauma-Informed Care acknowledges the impact of trauma on a person's life and uses five guiding principles to create an environment of safety, choice, collaboration, trustworthiness, and empowerment.

Service Provider A has established partnerships with Service Providers B and C to provide specialty mental health and substance use disorder services, such as detox centers and long-term residential care, as needed. Service Provider A also will partner with Service Provider D to provide on-site healthcare services to tenants twice a month via a mobile health clinic. Finally, Service Provider A will partner with Service Provider E to support tenants' employment goals, as applicable, by offering employment assessments, planning, skills development, and connections with prospective employers.

Property Management

In a PSH project, property management works in partnership with the supportive service team to support tenants in remaining housed. Property management teams that understand the needs of the tenant population and focus on providing good customer service are crucial to a PSH project's success.

Ensuring Housing Stability

Early in the project planning process, property management and supportive service providers should meet to determine how they will work together to ensure tenants' housing stability. These discussions should be grounded in a Housing First approach with an emphasis on creating a housing-focused, person-centered, low-barrier environment. In these planning meetings, the partners should define their roles and responsibilities, identify areas of joint decision making, determine how they will communicate with one another to address clients' needs, and establish mutual expectations of tenants. Specific situations that benefit from joint decision making and ongoing communication include the following:

- Developing and updating policies and procedures related to emergencies, visitors, nuisance violations, and tenant grievance procedures;

- Creating release forms that tenants can sign, enabling service providers and property management to share information about tenants' needs and goals;

- Leasing up and filling vacant units;

- Conducting tenant orientation sessions; and,

- Providing guidance to tenants about how to request support from building maintenance.[12]

Before the development team begins leasing up the units, property management should familiarize themselves with CES, which is used to match and refer households experiencing homelessness to permanent housing options following the completion of a common assessment tool. This referral system prioritizes households for supportive housing based on standard eligibility criteria related to the intensity of their service needs and according to the Service Entry Priorities outlined in the RTFH Community Standards, as well as project contract requirements.[13]

Property management may also benefit from learning best practices for engaging tenants, such as Motivational Interviewing. In some cases, supportive service providers can provide this type of training.

Reducing Evictions

Some property management companies work collaboratively with supportive service providers to identify and assist tenants who may be struggling and need extra support to remain housed and achieve long-term housing stability. In some cases, property management staff participate

---

[12] U.S. Substance Abuse and Mental Health Services Administration. ((2008). Building Your Program: Assertive Community Treatment. Retrieved from
https://store.samhsa.gov/system/files/buildingyourprogram-act.pdf
[13] Regional Task Force on the Homeless. (January 2018). Coordinated Entry System Policies and Procedures. Retrieved from https://www.rtfhsd.org/wp-content/uploads/2017/06/CES-PP-2018.pdf

in case conferencing meetings. These types of collaborative practices help to ensure that PSH development teams remain aligned and focused on achieving successful outcomes for tenants.

Applicant Support

If the applicant has questions or requires assistance from SDHC, contact the SDHC Procurement Team (Kevin Lam, Procurement and Contracts Analyst at kevinl@sdhc.org or (619) 578-7539).

Appendix A: Additional Resources

California Legislative Information (ND). SB-1380 Homeless Coordinating and Financing Council. Retrieved from
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB1380

City of San Diego City Council. (October 2018). A Resolution of the Council of the City of San Diego Supporting Additional Permanent Supportive Housing Units in the City. Retrieved from
https://docs.sandiego.gov/council_reso_ordinance/rao2018/R-312019.pdf

City of San Diego City Council. (May 2018). Comprehensive Policy on Homelessness. Retrieved from https://docs.sandiego.gov/councilpolicies/cpd_000-51.pdf

Federal Register. (December 4, 2015). Department of Housing and Urban Development Rules and Regulations, 24 CFR Parts 91 and 578. Retrieved from
https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

HUD Exchange. (April 2016). What are the main differences between the previous definition of "chronically homeless" and the definition included in the final rule? Retrieved from
https://www.hudexchange.info/faqs/2750/what-are-the-main-differences-between-the-previous-definition-of/

San Diego Housing Commission. (July 2017). HOUSING FIRST – SAN DIEGO: 2018-2020, SDHC's Homelessness Action Plan. Retrieved from https://www.sdhc.org/homelessness-solutions/housing-first-san-diego/

San Diego Regional Task Force on the Homeless. (January 2018). Regional Task Force on the Homeless Community Standards. Retrieved from https://www.rtfhsd.org/wp-content/uploads/2018/01/SD-CoC-System-Standards-May-2017-with-Emergency-Plan-Update-Jan-2018.pdf

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. (October 2008). Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT. Retrieved from https://store.samhsa.gov/system/files/buildingyourprogram-act.pdf

U.S Department of Housing and Urban Development. (January 2012). Homeless Definition: Criteria for Defining Homelessness and Recordkeeping Requirements. Retrieved from
https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

U.S. Department of Housing and Urban Development Office of Community Planning and Development. (January 2015). Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless" Final Rule. Retrieved from
https://files.hudexchange.info/course-content/defining-chronically-homeless-final-rule-webinar/Defining-Chronically-Homeless-Final-Rule-Webinar-Slides-2015-01-05.pdf

U.S. Department of Housing and Urban Development. (June 2014). HUD and USICH: Core Principles of Housing First and Rapid Re-Housing Webinar. Retrieved from

https://www.hudexchange.info/trainings/courses/hud-and-usich-core-principles-of-housing-first-and-rapid-re-housing-webinar/

U.S. Interagency Council on Homelessness. (September 2016). Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf