



SAN DIEGO
HOUSING
COMMISSION

INFORMATIONAL REPORT

DATE ISSUED: February 27, 2020

REPORT NO: HCR20-030

ATTENTION: Chair and Members of the San Diego Housing Commission
For the Agenda of March 6, 2020

SUBJECT: January 2020 Reporting Update for City of San Diego's Housing Navigation Center

NO ACTION IS REQUIRED ON THE PART OF THE HOUSING COMMISSION

SUMMARY

The Housing Authority of the City of San Diego (Housing Authority) and San Diego City Council (City Council) require the San Diego Housing Commission (Housing Commission) to provide "regular reports on the performance of the Housing Navigation Center" (Housing Authority Resolution HA-1793), which will be provided in a monthly Informational Report at regularly scheduled Housing Commission Board meetings.

BACKGROUND

As part of the City of San Diego's (City) comprehensive approach to addressing homelessness and the Mayor's vision to increase the resources within the City's Homeless Crisis Response System and support regional efforts to ensure instances of homelessness are rare, brief and non-recurring, the City's Housing Navigation Center (HNC) was envisioned to serve as an entry point for the Coordinated Entry System (CES), provide core services to address housing crises, and help participants access a range of mainstream services that impact housing stability.

The Housing Authority approved an agreement between the Housing Commission (Housing Commission) and Family Health Centers of San Diego on November 13, 2018, via Housing Authority Resolution Number HA-1793, to operate the City's Housing Navigation Center at 1401 Imperial Avenue, San Diego, California 92113. The agreement was fully executed for an initial term of February 1, 2019, through January 31, 2020, with the option to extend the term for four additional one-year terms.

Tenant improvements to the building acquired by the City to house the HNC program began on September 16, 2019. Improvements were completed in November 2019, and the HNC opened its doors and began serving clients on December 3, 2019.

As the HNC operator, Family Health Centers of San Diego provides on-site intake, assessment, triage and referrals for permanent and longer-term housing opportunities. They assist individuals experiencing homelessness to identify immediate housing solutions, provide crisis management, access mainstream benefits important to addressing issues impacting housing stability, and work with partnering agencies to link individuals to permanent housing and supportive service programs.

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On January 14, 2020, the Housing Authority approved Resolution HA-1849 to extend the initial contract term of the operating agreement with Family Health Centers of San Diego to June 30, 2020, to align the contract term with the Housing Commission's and City of San Diego's Fiscal Year. The resolution also authorized the first option to extend the term of the agreement with Family Health Centers of San Diego for a six-month term, from July 1, 2020, through December 31, 2020, to provide a continuation of services under the agreement and allow for the completion of an evaluation by a third-party consultant, contingent on the City making funds available for such purpose during the City of San Diego Fiscal Year 2021 budgeting process and approval.

MONTHLY REPORTING SUMMARY – JANUARY 2020

The information below provides an overview of data reported by Family Health Centers of San Diego to the Housing Commission and captured in both the San Diego Regional Continuum of Care's Homeless Management Information System (HMIS) and Family Health Centers' internal database applications. Data included in this report summarizes services delivered on-site and in the field via street outreach efforts. It also provides both a longer-term picture of the population served since operations began and a summary of activities specifically conducted during the reporting month of January 2020.

The HNC on-site program opened on December 3, 2019. Months in advance of the physical site's opening, the HNC's team of Navigators began conducting street outreach efforts to engage unsheltered individuals in the field, starting in April 2019. Tables one through five below include demographics and other data that describe the population served through all program services as of January 31, 2020, including services delivered via outreach efforts since they began in April 2019 and services delivered on-site in the first several months of the on-site program's operations.

A total of 695 individuals have accessed on-site or outreach services through the HNC program as of January 31, 2020. Total new enrollments in HNC services per month have increased significantly with the opening of the on-site program. Average new persons enrolled in services increased from an average of 46 new persons enrolled through outreach per month between April and November 2019 to an average of 163 per month based on the first two months that both on-site and outreach services have been offered. The total number of new persons enrolled in services overall also increased between December 2019 (150 total persons newly enrolled) to January 2020 (176 total persons newly enrolled).

Tables one and two include additional demographics of the population served through all program services as of January 31, 2020.

Table One: Age Distribution of All Persons Served by HNC Outreach (April 1, 2019 – January 31, 2020) and HNC On-Site Services (December 3, 2019 – January 31, 2020)

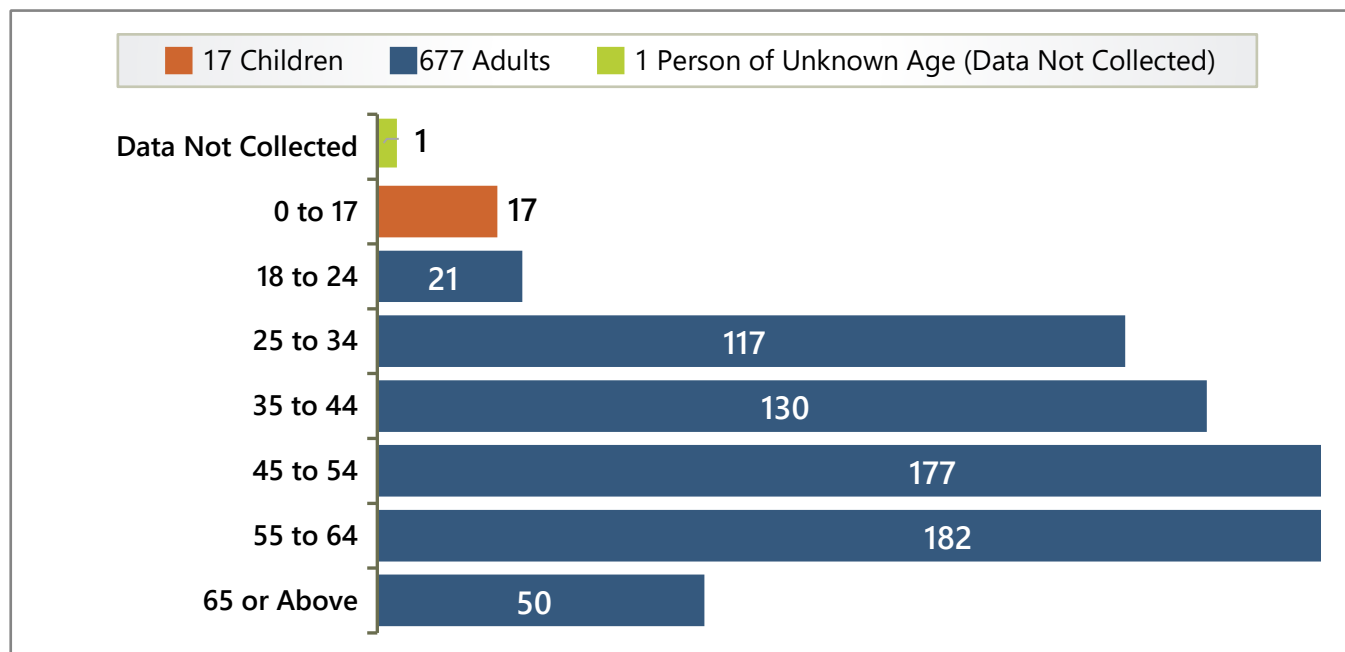
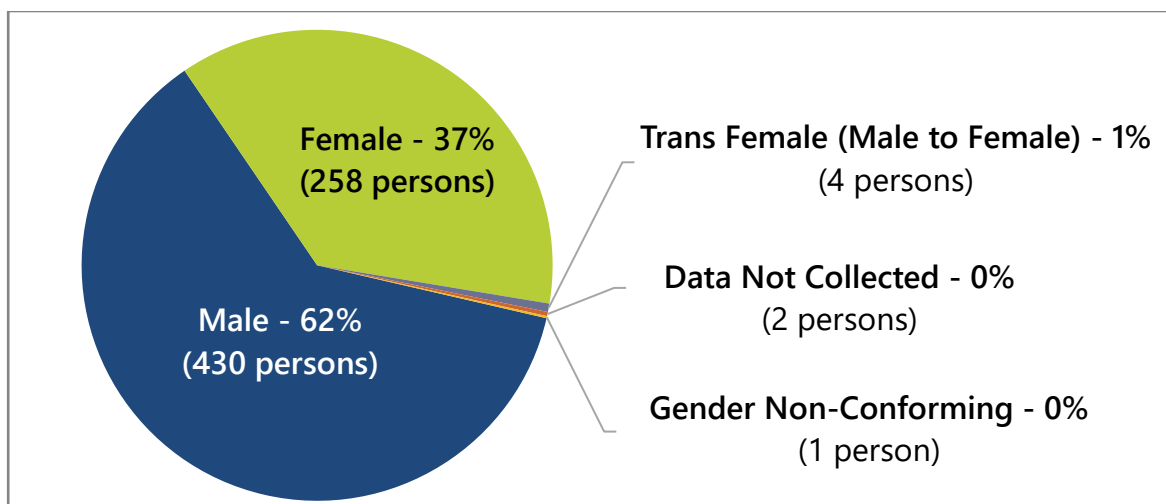


Table Two: Gender of All Persons Served by HNC Outreach (April 1, 2019 – January 31, 2020) and HNC On-Site Services (December 3, 2019 – January 31, 2020)



Tables three and four summarize information on the race and ethnicity of persons who accessed the HNC’s outreach and on-site services. This information was collected through two questions required as part of data collection in HMIS, which asks respondents to report their race from a list of five standardized responses and their ethnicity from a list of two standardized responses. The table below summarizes responses to both of those questions for persons served by the HNC.

Table Three: Racial Demographics of All Persons Served by HNC Outreach (April 1, 2019 – January 31, 2020) and HNC On-Site Services (December 3, 2019 – January 31, 2020)

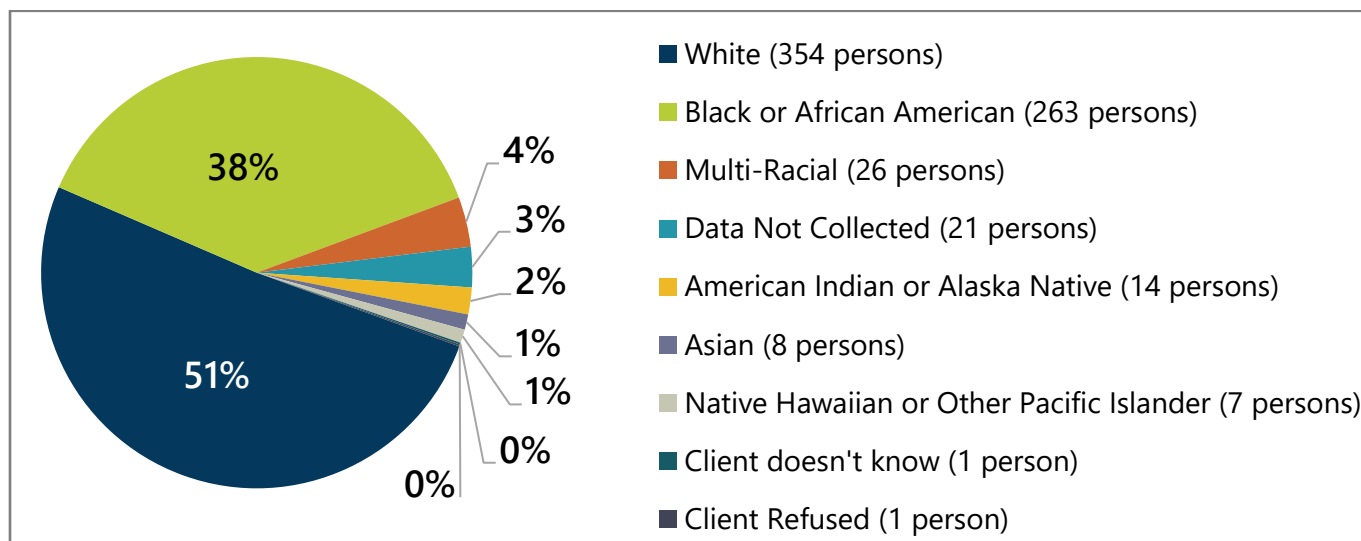


Table Four: Ethnic Demographics of All Persons Served by HNC Outreach (April 1, 2019 – January 31, 2020) and HNC On-Site Services (December 3, 2019 – January 31, 2020)

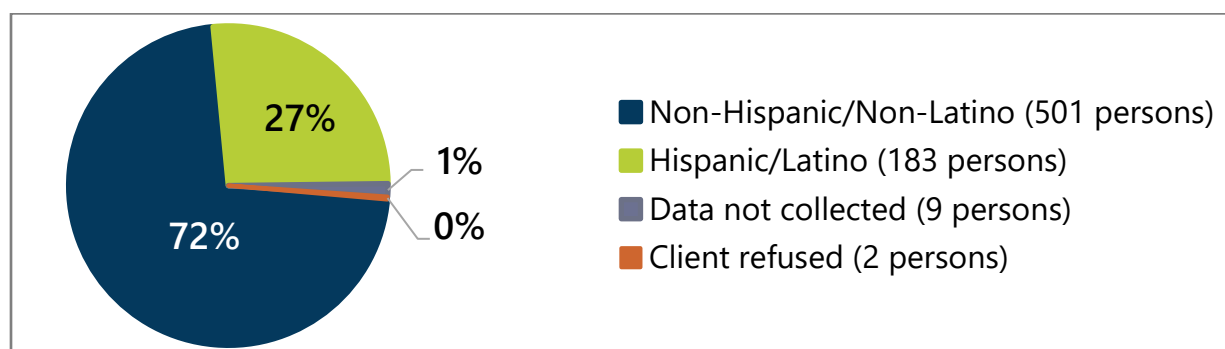
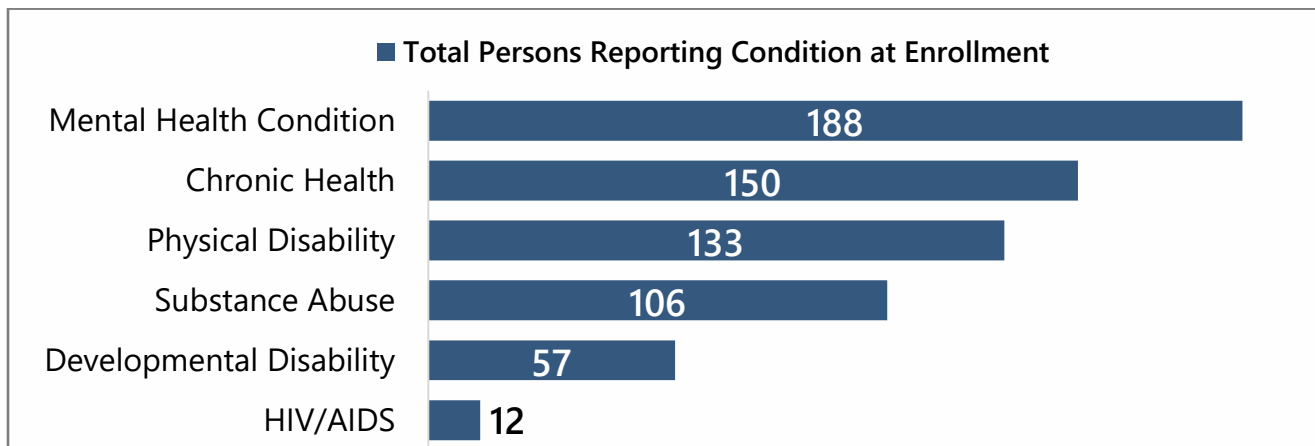


Table five describes the disabilities and health conditions that persons served on-site and via outreach reported upon enrollment. This data is based only on self-reported responses to a standard set of questions required as part of enrollment in HMIS, which includes six questions that ask participants to identify whether they experience specific disabilities and health conditions. Responses are not representative of the diagnosed conditions of all persons served by the HNC, given the specific set of potential responses and the self-reported nature of the information.

A total of 314 individuals, or 45 percent of all persons served, reported one or more current disabilities or health conditions. Of those who reported a disability or health condition, 192 persons expected one or more of those conditions to be of “long-continuing or indefinite duration” and reported that they “substantially impair their ability to live independently¹”. A total of 123 individuals (or 18 percent of all persons served by HNC on-site or outreach services as of January 31, 2020) met the criteria to be considered chronically homeless (based on available HMIS data history).

¹ This language is included among HMIS intake questions regarding disabilities and health conditions and references this sample intake form provided by BitFocus (the vendor that distributes Clarity, San Diego’s HMIS software) and found here: <https://bitfocus.app.box.com/v/CoC-Intake-HMIS-2020>

Table Five: Disabilities and Health Conditions Reported by All Persons Served by HNC Outreach (April 1, 2019 – January 31, 2020) and HNC On-Site Services (December 3, 2019 – January 31, 2020)



Summary of HNC On-Site Services and Activities

The HNC began serving clients on-site on December 3, 2019. The site is open Monday through Friday from 7 a.m. to 7 p.m. and Saturday and Sunday from 8 a.m. to 12 p.m.

In January 2020, its second month of operations, the HNC served 301 total persons. Approximately 78 percent of persons served on-site (235 individuals) were connected to a Housing Navigator, and 66 persons (22 percent) accessed the site to learn more about services provided, seek information about specific partners or referrals available, or inquire about other basic services provided but have not yet engaged with a Housing Navigator. The intention of the program is to continue to engage persons accessing the site until they are willing to engage in Housing Navigation and Case Management services.

Table six summarizes data on services provided during the second month of on-site operations.

Table Six: Summary of Services Provided On-Site at the HNC during January 2020

Summary of Services Provided On-Site at the HNC (1/1/2020 – 1/31/2020)	
Total Persons Served	301
Participants connected to a Housing Navigator	235
Number of Participants not yet connected to a Housing Navigator	66
Number of Participants Placed into Permanent or Longer Term Housing	0
Average Time to Permanent Housing Placement for Participants	N/A ²
Number of Resource Referrals Provided to Participants	654

² *This metric is not available this month due to the fact that there were no exits to permanent housing by participants served on-site Housing Navigation Center.

Number of Referrals to Community Support Services	176
Number of Participants who Received On-site Medical Triage Services ³	27
Number of Participants who Received On-site Public Health and Public Benefits Enrollment Assistance Services	47
Number of Participants who Received On-site Mental Health Services	11
Number of Participants who Received On-site Substance Use Disorder Services	0
Number of Participants who Received On-site Life Skills Classes	0
Number of Participants who Received Mail Services	22
Number of Participants who Received Telephone and Messaging Services	33
Number of Participants who Accessed Computers	15
Number of Participants who Received Transportation Assistance (bus passes or transport to off-site services by HNC shuttle driver)	37
Number of participants who Attended On-site Group Sessions	6

In its second month of on-site operations, the HNC increased the volume of services offered on-site significantly. The number of persons served through on-site medical and public benefit enrollment assistance services, on-site mental health services and on-site medical services all more than doubled in comparison with the number of persons served in December 2019.

Mental health services, which are offered twice a week on-site, were also expanded in January, with a second therapist added to the schedule to increase access to services. Therapists' efforts focus on building rapport with clients and may involve on-site sessions at the HNC or referrals to the most appropriate off-site care depending on each individual's needs. Eleven persons received mental health services on-site, attending 15 total sessions (including psychological evaluations and brief emotional/behavioral assessments). An additional seven persons were seen off-site for mental health therapy, and three persons were seen by an off-site Substance Use Disorder services counselor and/or attended Substance Use Disorder treatment groups.

Computer lab services were accessed by 15 total persons in January, for reasons such as looking up benefits applications, searching for and applying for job postings, searching for housing, and contacting family/friends via email or social media.

HNC telephone services were used by 33 persons in January to make a total of 48 calls. Use of telephone services allowed clients to connect with family/friends, pay bills over the phone, and contact benefits agencies to pursue or resume access to mainstream benefits programs.

³ The Family Health Center's mobile medical clinician met health-related needs of participants on the site, providing a tailored suite of healthcare related services due to restrictions posed by pending clinic licensure, which included basic health education, medication refills assessment of medical needs for purposes of referral to care and transports to urgent care, clinic sites or emergency care to meet identified needs.

HNC transportation services were provided to 37 total persons, who took 81 total trips in January. HNC clients accessed transportation services to travel to service providers, shelter and housing drop-off locations, off-site medical care, Senior Centers, public benefits offices, employment opportunities and the Housing Commission. Additionally, 41 bus passes were provided for HNC clients with confirmed off-site appointments, employment and housing- or shelter-related needs.

The HNC's on-site medical clinic officially started providing triage medical care on January 17, 2020. In the last two weeks of January, the clinic provider served 27 unique persons, who attended 32 total medical visits.

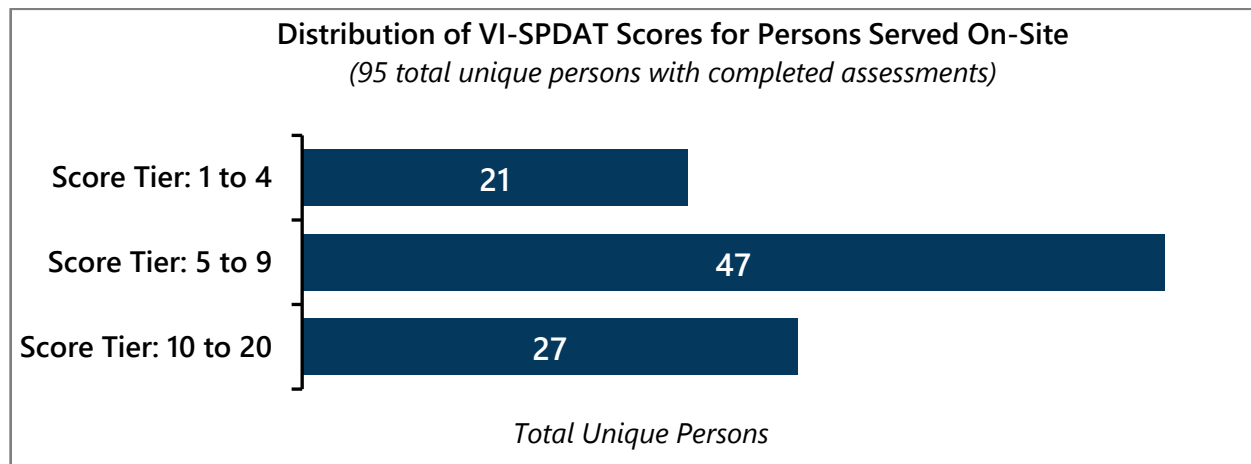
Among the core services provided at the HNC are those provided by the team of HNC Navigators, who complete intake, assess needs, develop case plans and identify services that a client may be interested in as part of working toward their case goals. One part of the Navigators' assessment process is completing the Coordinated Entry System (CES) "Triage Tool" assessment (as and when appropriate for each client they are serving). The CES is the coordinated process through which housing resources dedicated to persons experiencing homelessness in San Diego County's Continuum of Care are prioritized toward persons in high need and are connected to service providers to access those limited resources. When appropriate, Navigators complete the assessment with participants, which includes the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). The participant's score on the Triage Tool assessment helps provide information on vulnerability that informs prioritization for housing resources provided through CES.

The table below summarizes the distribution of VI-SPDAT assessment scores for participants served on-site at the HNC during January 2020. Please note, the regional approach to triage assessments for coordinated entry no longer recommends that all persons engaging in homeless services and entered into HMIS should immediately be administered the VI-SPDAT. Therefore, the number of persons receiving services at the HNC will not match the number of persons with a VI-SPDAT score. As the regional approach to coordinated entry continues to evolve, Housing Commission staff will determine the most appropriate data points to report on to reflect participant demographics in relation to level of need, therefore reported data points may change over time.

The tiers of VI-SPDAT scores included in the chart below are intended to indicate general acuity and needs of persons assessed using the VI-SPDAT tool:

- Individuals scoring within tier one to four are anticipated to need minimal to no intervention to transition into permanent housing independently.
- Individuals scoring within tier five to nine are anticipated to need moderate supportive services and short- to longer-term housing subsidy resources to successfully transition to permanent housing.
- Individuals scoring within tier 10 or above may need longer-term or permanent supportive housing with wraparound services to achieve long-term housing stability.

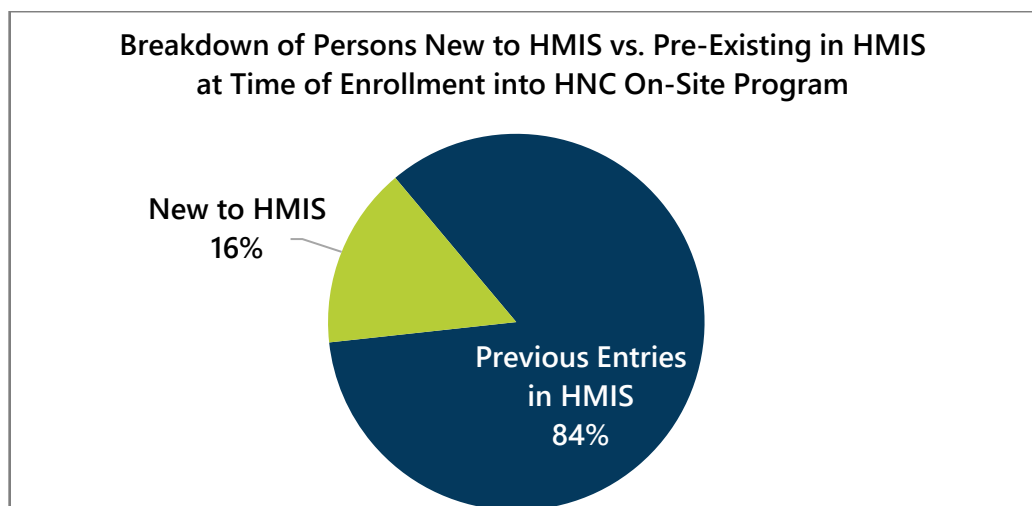
Table Seven: Distribution of VI-SPDAT Assessment Scores for Participants Served On-Site at the HNC during January 2020



As part of Family Health Centers’ agreement to operate the HNC, they are required to enter data into HMIS. HMIS data helps inform the city and county’s system-wide understanding of San Diego’s homeless population and homeless service system. It also enables the storage of historical data on the needs of and services provided to persons experiencing homelessness. Additionally, having an assigned unique identifier in the HMIS system is needed for a person experiencing homelessness to be considered to receive a potential referral to housing through the CES.

Of all participants served at the HNC during January 2020, 16 percent were new to HMIS, with no previous data entered.

Table Eight: Proportion of Persons New to HMIS vs. Pre-Existing in HMIS at Time of Enrollment into HNC On-Site Program



Summary of HNC Outreach Services and Activities

During January 2020, HNC Navigators continued to conduct regular outreach efforts and coordinated with other outreach teams on serving clients. The frequency of outreach efforts decreased in December and January as compared to previous months due to the need to shift Navigators’ time to on-site

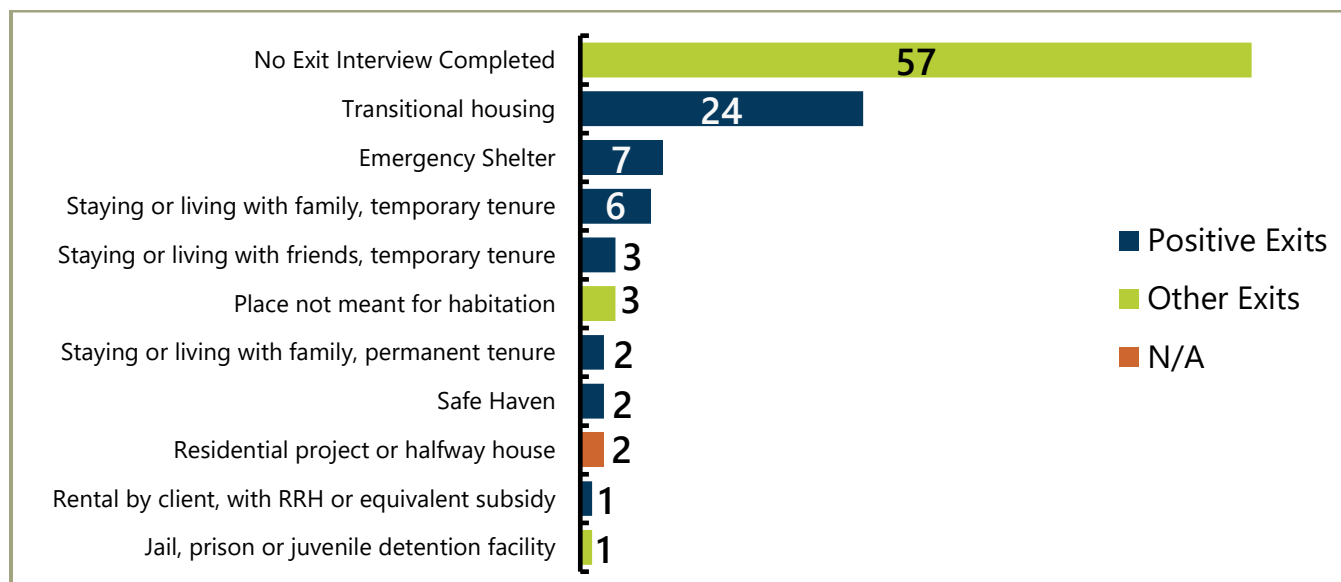
service delivery once the physical site opened. In January, the HNC’s team conducted two daily outreach rotations Monday through Friday and one daily outreach rotation on Saturdays and Sundays.

As of the end of January, 1,444 contacts were made with 427 unique persons through HNC outreach efforts since they began in April 2019. Navigators have enrolled 240 unique clients (of the 427 contacted through outreach) for ongoing services since April 2019. This means they have been able to build sufficient rapport with 56 percent of persons served through outreach efforts to begin providing case management and housing navigation services in the field, completing assessments with unsheltered persons, developing case goals and referring to services to assist them in meeting identified needs.

Navigators conducting outreach have provided 354 total referrals to services since outreach efforts began in April 2019. Navigators referred clients contacted through outreach to medical services, bridge shelter and mental health services, among others.

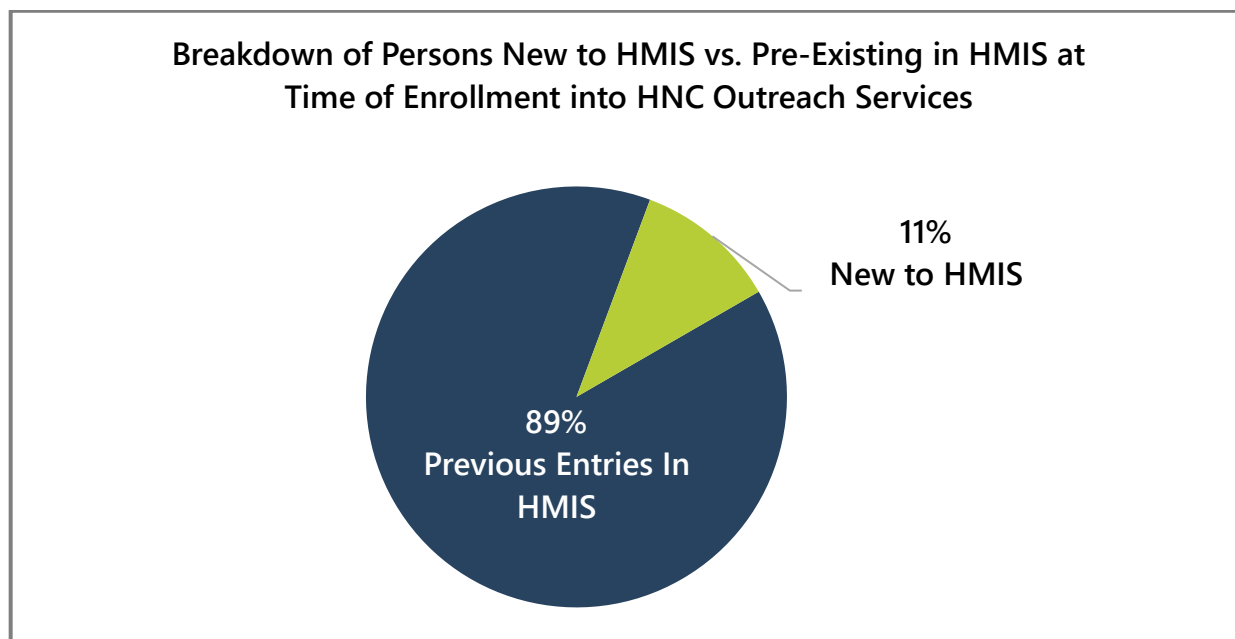
A total of 108 persons have exited HNC outreach services as of January 31, 2020, with 44 percent exiting to positive destinations. The U.S. Department of Housing and Urban Development defines positives exits from outreach programs as exit locations other than the streets, including shelter, transitional housing, family reunification and permanent housing. The destinations of all persons who have exited from HNC outreach services thus far is summarized in table nine.

Table Nine: Exit Destinations for All Persons Exited from HNC Outreach Services between April 2019 and January 31st, 2020.



Of all participants served through HNC Outreach during January 2020, 11 percent were new to HMIS, with no previous data entered.

Table Ten: Proportion of Persons New to HMIS vs. Pre-Existing in HMIS at Time of Enrollment into HNC Outreach Services



COMMUNITY ENGAGEMENT

Prior to the opening of the HNC, Family Health Centers of San Diego sought the input of residents in the East Village neighborhood surrounding the site to ensure a successful partnership with the community.

A Neighborhood Advisory Committee (NAC) was formed, and meetings are held with representatives from the East Village Community, including the East Village Residents Association. Representatives from Family Health Centers of San Diego, the Housing Commission, the San Diego Police Department, the City’s Environmental Services Department, the Office of Mayor Kevin L. Faulconer , the Office of City Councilmember Chris Ward, the Office of County Supervisor Nathan Fletcher, and the County of San Diego Department of Health and Human Services.

Meetings of the NAC were held in September and October 2019, then temporarily paused while tenant improvements on the building were completed in November 2019. NAC meeting resumed once the site opened, with the first meeting after the HNC opening held in January. The NAC will continue to meet on a monthly basis to provide a venue for community members to provide input on program operations within the East Village to Family Health Centers, the Housing Commission and the City and also allow the program’s partners to share information and provide updates to the community. The most recent meeting was held on February 18, 2020, and included an update from Family Health Centers on services delivered since the site opened, a presentation on data capabilities and insights so far, and a discussion of what data community members are interested in seeing included in data tools.

Commitment of Partner Service Providers to Provide On-Site Services

In addition to engaging the community around the HNC, Family Health Centers has engaged more than 30 partner service providers in discussions about service partnerships at the HNC. Family Health Centers has executed 26 partnership agreements, and several other partners have agreed to provide services regularly with informal commitments, as needs determine.

Family Health Centers has continued to hold orientation sessions for new partners and their staff, as needed, to provide information on the building’s workflow, safety protocols/exits, and technology systems and ensure partners are comfortable with every aspect of providing services on-site at the HNC. Additionally, Family Health Centers has scheduled the first of what will be recurring regular partner meetings for partners who are providing services on-site to coordinate, share information and collaborate. The first meeting will be held on March 5, 2020. One of the topics at this meeting will be the web-based portal that Family Health Centers developed to allow partners to schedule time and reserve rooms at the HNC remotely. The portal is being finalized and will be launched and fully operational in the coming months. Partners will receive a demonstration of its functionality at the March 5 meeting.

Family Health Centers has developed a schedule of partner services for providers who have started service delivery on-site to ensure that partners and persons accessing services are informed and aware of what services are available and when. The schedule includes full-time staffing from Home Start, Inc. and San Diego County Health and Human Services for public health and eligibility benefits. Other partners offering services on-site include Serving Seniors, the National Alliance on Mental Illness (NAMI) in San Diego, Downtown San Diego Partnership’s Family Reunification Program, Urban People Living In Faith & Trust (UPLIFT), and Community Research Foundation’s Areta Crowell program. Other partners determine the number of hours on-site as needed and schedule time through the Family Health Centers’ staff and the web-based scheduling system.

Table eleven summarizes partners that have made commitments to provide services on-site at the HNC.

Table Eleven: Service Provider Partners who Committed to Providing Services at the HNC

Service Provider Partner Agreements/Commitments		
2-1-1 San Diego	Helen Woodward Animal Center	San Diego LGBT Community Center
Alpha Project for the Homeless	Home Start, Inc.	San Diego Rescue Mission
Catholic Charities	Interfaith Shelter Network	San Diego Workforce Partnership
Community Research Foundation	Legal Aid Society of San Diego	Serving Seniors
Computers 4 Kids	McAlister Institute	Telecare
County of San Diego Department of Health and Human Services Agency	Mental Health Systems	The Regional Task Force on the Homeless
Department of Motor Vehicles	Monarch Schools	The Salvation Army
Department of Veterans’ Affairs San Diego Healthcare System	National Alliance on Mental Illness	UPLIFT
Downtown San Diego Churches and Ministries	People Assisting the Homeless	Veterans Community Services
Downtown San Diego Partnership	Presbyterian Urban Ministries (PUM)	Volunteers of America
Dreams for Change	Recovery Innovations	Veterans Villages of San Diego

Father Joe's Villages & Village Health Clinic	San Diego Community Colleges/City College	
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Community Events, Training and Resources Provided to Community Partners

Family Health Centers has prioritized making the HNC a shared and collaborative space where community partners can hold their own meetings, attend community events that Family Health Centers hosts, and visit to tour the site and learn more about the program.

An array of community partners have begun holding regular meetings and events at the HNC. Thus far, the Regional Task Force on the Homeless has provided multiple diversion-focused trainings led by Iain DeJong with Org Code, 2-1-1 San Diego and the Homeless Service Provider Alliance have begun holding regular community meetings on-site, and the Housing Commission has moved its monthly outreach case conferencing meetings to the HNC.

Family Health Centers intends to provide ongoing training to build skills and knowledge that enhance staff ability to effectively identify and address the individual needs of persons experiencing homelessness and move them toward permanent housing. Four large trainings have been held on-site in the first month of operations, including “Basic Understanding of Transgender Issues and Intersectionality of Identities,” “Trauma-Informed Care & Motivational Interviewing,” a session focused on diversion tactics and an outreach workshop. Trainings are open to staff from Family Health Centers and all HNC partners, and partners receive monthly email updates regarding upcoming trainings. Additional community training sessions on topics including motivational interviewing, conflict resolution and non-binary gender identities have been scheduled for February and March 2020.

Respectfully submitted,



Lisa Jones
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Homeless Housing Innovations

Approved by,



Jeff Davis
Executive Vice President & Chief of Staff
San Diego Housing Commission

Hard copies are available for review during business hours at the security information desk in the main lobby and at the fifth floor reception desk of the San Diego Housing Commission offices at 1122 Broadway, San Diego, CA 92101 and at the Office of the San Diego City Clerk, 202 C Street, San Diego, CA 92101. You may also review complete docket materials in the “Governance & Legislative Affairs” section of the San Diego Housing Commission website at www.sdhc.org.