

JOURNEY TO HOUSING — PART 1

Navigating the homelessness response and rehousing system is HARD! Part 1 shows common steps Californians experiencing homelessness with complex needs encounter along the way to housing. Part 2 demonstrates common steps people encounter as they stabilize in housing. Key takeaways are uplifted on page 3.

KEY

Journey Stage

Common Steps

- Bright Spot
- Pain Point
- System Barrier

TIME EXPERIENCING HOMELESSNESS (22 MONTH MEDIAN¹)



Causes of Homelessness

- Income or job loss, health crisis, death in family, eviction or rent hike.²
- Absence of lease can lead to abrupt end to staying with friends or family.³
- Not enough affordable housing to quickly access.⁴
- Discharges into homelessness from jail, prison & hospitals.^{5, 6}

Consequences of Homelessness

- Lose: bed, safety, hygiene, storage, refrigeration, phone charging.
- Victimization.
- Difficulty accessing systems of care.

Outreach & Engagement

- Street-based services available to build trust & support basic needs.
- Health declines over time.⁷
- Limited outreach staff, inconsistent engagement.

CES Assessment & Enrollment for Housing

- Connection to re-housing system (CoC).
- Complex, lengthy assessment forms.
- Delays due to lack of housing for all assessed.⁸
- Health & disability are self-reported and often underreported. Can impact prioritization for housing.

HTNS Services

- HTNS provides case management to find and apply for housing.
- MCP pays for HTNS under CalAIM.
- High staff turnover among provider organizations.^{9, 10}
- Encampment sweeps lead to loss of belongings, ID & SS card (which are needed for housing application). Providers also unable to locate people.¹¹
- Housing navigator offered, but no housing available.
- If housing unavailable, MCP may decline to pay for ongoing services.
- Authorization and payment delays.

Health Care Services

- Almost everyone is Medi-Cal eligible, most have active coverage.¹²
- ECM offers care coordination and supports access to care.
- Can't go to doctor's office with belongings & pets.
- Can't afford transportation.
- Medical transport requires home address for pick-up.
- Street medicine has not yet expanded to most communities.¹³

SSDI (Disability) Application

- Complex, lengthy forms.
- Need multiple doctor or mental health care visits.
- 8-15 months for processing; more if denied & appeal.¹⁴

Housing Match

- Prioritized for subsidy or project-based housing.
- Complex, lengthy forms.
- PHA requires person to resubmit all documentation, causing delays.
- Discrimination based on past evictions, limited income or source, & background check.¹⁵

Lack of Units

- Requirements disincentivize landlords from participating in subsidy programs.¹⁶

Preparing for Move In

- HD authorized, apply for unit, \$\$ for application & deposit.
- HD authorization delay, lose 1st unit.
- Complex, lengthy forms.
- PHA inspection wait times.

● Enrollment in services through multiple care systems, without data sharing between systems, results in fragmented care.

JOURNEY TO HOUSING — PART 2

Finding housing and staying housed is no easy feat. Part 2 of the Journey to Housing shows common steps Californians living in permanent supportive housing (PSH) with complex health needs encounter along the way. Permanent Supportive Housing is a combination of supportive services paired with affordable housing for people exiting long-term (chronic) homelessness living with at least one disabling condition. Most people in PSH have extremely low incomes.

KEY

Journey Stage

Common Steps

- Bright Spot
- Pain Point
- System Barrier
- Coming in 2026

IN PERMANENT SUPPORTIVE HOUSING (PSH)



Preparation & Reasonable Accommodations

- Ground floor unit requested for mobility.
- Unit inspection complete.
- Referral to HTSS.
- Lack funds for utility arrears.
- Limited accessible units.¹⁷
- TR authorized by MCP.

Move In

- HTNS transports to unit with belongings.
- Sign lease, get keys.
- HTSS supports orientation to unit and neighborhood.
- MCP authorizing HTSS.
- TR: 6 months rent paid.¹⁸

Settling In

- HD covers security deposit, basic furniture, cookware.
- CalAIM Day Habilitation supports life skills-building: how to care for unit, use kitchen, do laundry.
- Learning rights and responsibilities of tenancy.
- Disconnection from social network. Loneliness, fear for friends still on the streets.¹⁹
- Remembering to pay tenant portion of rent each month after 6 months of TR.
- In need of services to support Activities of Daily Living.²⁰
- Unattended complex health needs can lead to eviction.²¹

PHA Recertification

- HTSS provider helps with recertification forms.
- Complex, lengthy forms.²²

Building Connections

- Connects to health and behavioral health services in local area.
- Attends group skill building classes through Day Habilitation.
- Tenant overwhelmed by multiple providers and tasks.
- Supported Employment available.

Need for Additional Supportive Services at Home

- Provider sees need for personal care and homemaker services to support Activities of Daily Living. Explores options for IHSS or HCBA services.
- Mobility challenges make leaving the home difficult for appointments and errands.
- Lack of physical and behavioral health programs providing home-based services.
- ACT offers home-based behavioral health services that align with PSH.

Service Denied or Inaccessible

- Unable to find IHSS worker and navigate hiring process. Long waitlist for HCBA.²³
- MCPs may deny; unclear on which members need ongoing support

Risk of Eviction

- Relapse or health / mental health crisis
- Missed rent and / or lease violations

HTSS Service “Graduation”

- Tenancy skills increase. Wants to move-on from PSH into affordable housing.²⁴
- Needs gradual decrease in services but tiered services largely unavailable.
- Recovery isn't linear. Needs HTSS again.
- No tiered service levels for 25 of 26 MCPs. No gradual decrease in services possible.
- HTSS is once in a lifetime.
- Cannot exit PSH project due to no affordable housing.²⁵

JOURNEY TO HOUSING — KEY TAKEAWAYS

Housing and homeless services programs have made progress in delivering person-centered care and helping people move home, yet significant opportunities exist to rehouse people more quickly and offer better care for their complex health needs pre and post housing.

PROGRESS ACHIEVED

CalAIM Housing Services Provided²⁶

105,616

Californians experiencing or at risk of homelessness received 1 or more housing Community Supports (July '23-June '24). Of these, 75,400 received HTNS.

Housing Deposit Assistance²⁷

8,327

Californians received Housing Deposits to fund security deposits and other move in costs between January 2022 - June 2024.

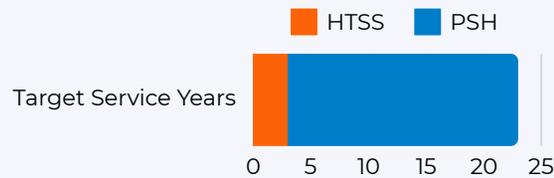
Enhanced Care Management²⁸

45,973

Californians received services to connect them to health, behavioral health and social services through Enhanced Care Management in Q2 of 2024.

CURRENT REALITY

Length of Services Mismatched



Some MCPs aim to “graduate” people in 3 years. PSH funders assume longer need and require 15- to 20-year service commitment from providers.

Not Enough Affordable Housing²⁹



Only 24% of extremely low-income households can access affordable housing in CA.

Complex Health Needs³⁰

48%

of people experiencing homelessness in California report having a disabling condition.

OPPORTUNITIES AHEAD

New Services for Complex Needs³¹

New evidence-based practices like **Assertive Community Treatment & Supported Employment** will benefit people experiencing homelessness with behavioral health needs.



BHSA Funds Housing Interventions³²

30%

To address gaps in affordable housing, BHSA Housing Interventions can fund rental assistance, development of permanent housing and other housing solutions.

Transitional Rent³³

6 months



Up to six months rental support for Medi-Cal members experiencing or at risk of homelessness or transitioning out of institutional settings.

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