

2021-2026

HOMELESS ACTION PLAN



CITY OF
LA MESA

JEWEL of the HILLS

EXECUTIVE SUMMARY

Homelessness is an issue affecting nearly every community in the United States. The potential causes of homelessness are varied and further complicated by the wide range of affected people including single adult men and women, families, single mothers with children, transitional age youth, seniors, and veterans. The complexity and diversity of its population creates significant challenges for local agencies seeking ways to assist the homeless. Nonetheless, the City of La Mesa recognizes that local outreach and regional collaboration will help reduce homelessness. These efforts will require a network of solution-driven partners including the County, neighboring cities, local nonprofits, and faith-based organizations dedicated to addressing this community issue.

Working with the framework provided by the City of La Mesa Citizen Task Force on Homelessness (“CTFH”), staff prepared this Homeless Action Plan to organize the collective efforts of multiple departments. The Homeless Outreach and Mobile Engagement (“HOME”) Program, a pilot program managed in conjunction with People Assisting the Homeless (“PATH”) and later proposed to transition to an in-house program within the La Mesa Police Department, will take the initiative concerning outreach and community engagement. The Community Development Department will advance goals related to affordable housing and supplemental grant funding. The City Manager’s Office will coordinate the Homeless Action Plan which will be directed by the following four policy initiatives:



1. **Enhance the City’s public communication and coordination related to the homeless.**



2. **Improve the City’s ability to prevent homelessness, provide direct outreach to the homeless population, address public safety, and respond to nonemergency calls for service.**



3. **Expand the City’s ability to connect homeless residents to transitional and permanent housing opportunities.**



4. **Identify viable one-time and ongoing grant funding opportunities**

Staff believes the guiding principles identified in this Homeless Action Plan will address the homeless issue in La Mesa in a more systematic manner that is appropriately scaled to the scope of the needs of the community. The City intends to implement the majority of these recommendations with existing and additional grant funding sources. The Homeless Action Plan will be updated every two years with new data and metrics to assess performance and progress and presented to the City Council.

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1. INTRODUCTION

In July of 2019, the City Council directed staff to create a Citizen Task Force on Homelessness ("CTFH") with the goal of providing recommendations to the City Council on what La Mesa and other agencies should do with respect to homelessness. The CTFH received presentations from local and regional homeless and mental health service providers such as Alvarado Parkway Institute, Regional Task Force on Homelessness, Interfaith Shelter, The Salvation Army, Crisis House, Home Start, Sharp Grossmont Hospital, the County of San Diego, PATH, and others. The service providers shared their experiences and challenges with providing homeless and mental health services in La Mesa and the region and engaged in meaningful dialogue with the Task Force on these issues. The work completed by the CTFH resulted in a series of recommendations presented to the City Council in August of 2020. This Homeless Action Plan is the result of these efforts and combines existing practices and new approaches to enable the City to address this issue more comprehensively.

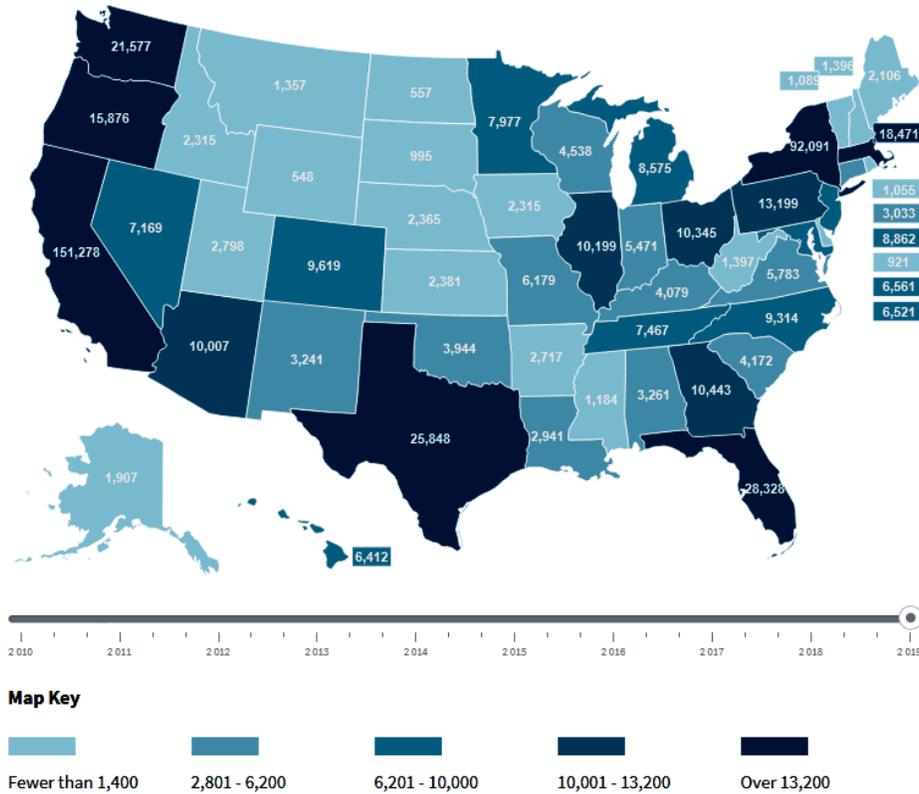
2. BACKGROUND

The analysis is presented in this report is not intended to address all likely causes, policy questions, and approaches to homelessness. Whenever possible, this report references studies or examples that provide more analysis regarding a specific focus area. This report provides practical knowledge helpful to anyone attempting to understand the challenges associated with homelessness, identify the scope of the issue in La Mesa, and provide practical recommendations with achievable and measurable outcomes. This report also provides an appendix of definitions to aid the reader. This section provides background on this issue to help the reader and those implementing the plan understand some of the most relevant issues related to the homeless.

The United States Department of Housing and Urban Development ("HUD") prepared an Annual Homeless Assessment Report. For the year 2019, HUD estimated that roughly 568,000 people were experiencing homeless on a single night. The federal government statistics indicated that 63% were sheltered in provided housing, while approximately 37% were unsheltered. The most recent data reflects a 3% increase in the unsheltered population since 2018 but an overall 12% decrease since 2007. Although the number of people staying in sheltered locations fell by 0.5% between 2018 and 2019, the number of people unsheltered rose by 9%.¹ Based on HUD estimates, California comprises approximately 27% of the total homeless population in the United States and more than half of all unsheltered people in the country (53% or 108,432). The map on the following page shows the estimated number of homeless individuals in each state of the country.

¹ <https://nlihc.org/resource/hud-releases-2019-annual-homeless-assessment-report-congress>

Total People Experiencing Homelessness



In San Diego County, there were 7,619 homeless individuals counted during the 2020 Point-in-Time Count (“PITC”) a 5% decrease compared to the 2019 count; approximately 52% of those surveyed were unsheltered.² The 2020 PITC found the majority of homeless residents in the City of San Diego while East San Diego County had 13.4% of the homeless population.

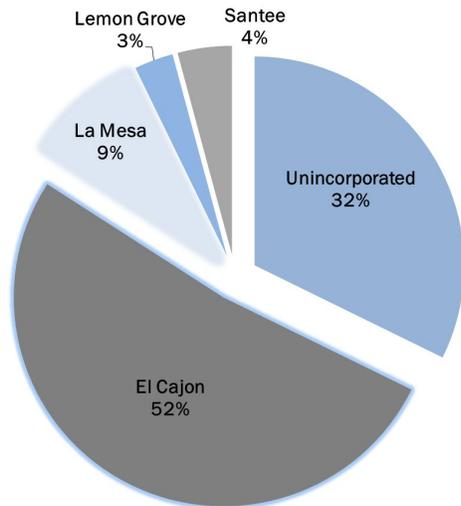
2020 RTFH PITC Statistics

COUNTY REGION	Homeless Persons				
	Sheltered	Unsheltered	Total	% by Region	% Change
City of San Diego	2,604	2,283	4,887	64.1%	-3.8%
North County Inland	214	389	603	8.0%	-20.9%
North County Coastal	252	383	635	8.3%	-16.9%
South County	104	369	473	6.2%	+10.5%
East County	474	547	1,021	13.4%	-4.2%
TOTAL	3,648	3,971	7,619	100%	-6%

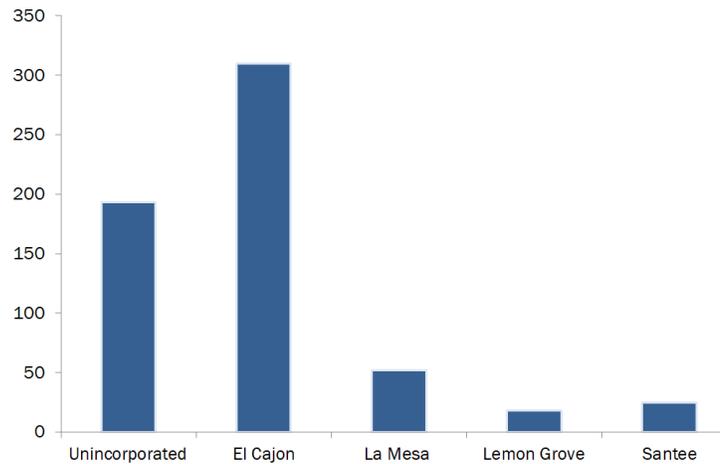
² 2020 Regional Task Force on Homelessness Report

As shown below, approximately half of East San Diego’s homeless reside in El Cajon and one-third in the unincorporated areas of the County; the City of La Mesa comprised approximately 9% of the total East County homeless population in 2020

Homeless Population as a Percentage by Region



Total Homeless Population by Region



2.1 PRIMARY CAUSES OF HOMELESSNESS

The causes of homelessness include multiple related factors such as income polarization, loss, reduction or loss of income, lack of affordable housing, the restructuring of welfare entitlements, closure of state public health facilities, and the lack of readily available treatment for substance abuse and mental health disorders.³ These issues remain commonly cited reasons for persistent homelessness and have expanded to include additional factors such as domestic violence, human trafficking, aging out of the foster care system, as well as physical, sexual, and mental abuse. Given the number of issues that can cause homelessness or that develops as a result of chronic homelessness, outreach efforts and other solutions have varying degrees of success and require consistent coordination among multiple nonprofits and local agencies.

The National Law Center on Homelessness and Policy specifically identified insufficient income and underemployment as the leading cause of homelessness.⁴ Some homeless individuals receive social security income; however, this assistance is generally insufficient to cover basic expenses. California also contains 21 of the 30 most expensive rental markets in the United States.⁵ California’s 2.2 million extremely low-income and very low-income renter

³ *Ending Homelessness in Los Angeles*, Published January 30, 2017

⁴ https://nlchp.org/wp-content/uploads/2018/10/Homeless_Stats_Fact_Sheet.pdf

⁵ <https://www.forbes.com/sites/andrewdepietro/2018/07/31/housing-1998-2018-most-expensive-zip-codes/#5a9cfb791aea>

households compete for approximately 664,000 affordable units.⁶ Locally, the average monthly rent for an apartment in San Diego County is approximately \$1,850.⁷ A household must earn approximately \$101,250 to afford a two-bedroom apartment in the San Diego metro area. According to the most recent available data, the average rent in La Mesa is \$1,770 per month.⁸

Mental health is also an issue of significant importance either because it may lead to homelessness or manifests as a secondary effect of long-term homelessness. While it is challenging to assess accurate numbers based on field interviews and estimates, studies indicate that approximately 38% of homeless individuals struggle with alcohol dependency, 26% with substance abuse disorders, while 20-25% have a diagnosable mental illness.⁹ At the same time, the number of psychiatric beds available statewide decreased by 30% between 1995 and 2010, according to the California Hospital Association.¹⁰ The lack of available substance abuse and mental health treatment facilities places additional pressure on local agencies and nonprofits for services.

2.2 CATEGORIZATIONS FOR HOMELESS POPULATIONS

Understanding the types of homeless populations as categorized by HUD helps identify potential programs and services that could be introduced by the City.

- ***Imminent Risk of Homeless:*** *Individuals or families who will imminently lose their primary nighttime residence within 14-days of the date of application for homeless assistance, not identified a subsequent residence and lacks the resources or support networks needed to obtain housing.*
- ***Literally Homeless:*** *Individuals or families who lacks a fixed, regular, and adequate nighttime residence meaning that these individuals have a nighttime residence that is a public or private place not meant for habitation and are living in a shelter designed to provide temporary living arrangements. This also can include, for example, individuals or families living in vehicles.*
- ***Chronically Homeless:*** *An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or an unaccompanied individual with a disabling condition, who has had at least four episodes of homelessness in the past three years.*
- ***Fleeing or Attempting to Flee Domestic Violence:*** *Any individual or family who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other*

⁶ League of California Cities: Homelessness Task Force Report – Causes of Homelessness

⁷ <https://www.sandiegouniontribune.com/business/story/2020-08-13/san-diego-county-rent>

⁸ <https://www.rentcafe.com/average-rent-market-trends/us/ca/la-mesa/>

⁹ National Coalition for the Homeless Published July 2009

¹⁰ www.calhospital.org/psychbeddata

dangerous or life-threatening conditions that relate to violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing

These categories identify homeless populations eligible for funding from HUD administered through counties, nonprofits, or cities at the local level. This includes the Emergency Solutions Grants (“ESG”) program, CDBG funding, as well as numerous other sources. The State of California has the Mental Health Services Act (“MHSA”) which offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing, including both rental and shared housing, to serve persons with serious mental illness and their families who are homeless or at risk of homelessness.

2.3 APPROACHES TO ADDRESSING HOMELESSNESS

Approaches to reducing homelessness have evolved over the past 40 years. In the 1980s, larger cities constructed overnight shelters to provide basic housing, clothing, food, and other necessities. However, sustained operational challenges associated with large shelters, including potential exposure to health and safety threats – especially for women, LGBTQIA individuals, and children – have spurred changes in the institutional approach to housing the homeless.¹¹ While overnight shelters continue providing basic services, contemporary practices work to combine systematic entry services and programs to stabilize homeless individuals through housing that provides ongoing case management services. The following section describes approaches used to provide assistance to the homeless.



Needs Assessment and Prioritization

Coordinated Entry: Coordinated entry is a centralized system for accessing housing and support services and is required by HUD for all Continuums of Care (“CoC”) Programs.¹² In other words, agencies that receive federal funding for homeless programs are required to have a coordinated entry system. These programs prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry also provides vital information to communities about service needs and gaps to help plan assistance and identify needed resources.¹³ San Diego’s Continuum of Care is the Regional Task Force on the Homeless (“RTFH”).

¹¹ https://www.nytimes.com/2011/11/06/nyregion/sylvias-place-faces-licensing-problems.html?_r=0

¹² Department of Housing and Urban Development: Coordinated Entry Policy Brief (2015)

¹³ Department of Housing and Urban Development: Coordinated Entry Policy Brief (2015)

Homeless Management Information System (“HMIS”): Although not required by HUD to implement Coordinated Entry, HMIS is an information technology system that collects client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards. An HMIS is often recognized as an important companion tool to assist with Coordinated Entry efforts.

Transitional Housing and Long-Term Medical Services

Recuperative Care: The National Health Care for the Homeless Council defines recuperative care as acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to be hospitalized. Recuperative Care provides an alternative to a hospital bed where a homeless person can recover after hospitalization or a medical emergency. The goal is to facilitate the process of healthy recovery that homelessness often impedes or prevents and provide this service at a lower cost than hospital care.¹⁴ Recuperative Care is a form of transitional housing intended to facilitate the individual transition into another form of permanent housing.

Housing Approaches and Wrap-Around Services Model

Housing First Model: Housing First prioritizes permanent housing for people experiencing homelessness and is guided by the principle that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job or attending to substance abuse issues. Housing First emphasizes that client choice is valuable in housing selection and supportive service participation, and exercising that choice is likely to make clients more successful in remaining housed and improving their lives.¹⁵ This approach does not require people experiencing homelessness to address the behavioral health problems or graduate through a series of service programs before they can access housing. Supportive services are offered to assist people with housing stability and individual well-being, but participation is not required. These services have been found to be more effective when a person chooses to engage.

Affordable Housing: Affordable Housing can be transitional (temporary) to assist families or individuals over a period of time typically not exceeding 24 months, or can be permanent housing. Affordable Housing subsidizes rents through vouchers for low-income, very low-income, or extremely low-income households. In San Diego County, a single individual working full-time at the current minimum wage rate qualifies in the extremely low-income category. A single individual earning less than \$64,700 qualifies for low-income housing. A family of four with an annual household income of less than \$92,400 qualifies for low-income affordable housing.¹⁶ Therefore, affordable housing encompasses broad groups of individuals

¹⁴ <https://www.community.solutions/blog/recuperative-care-better-care-lower-costs>

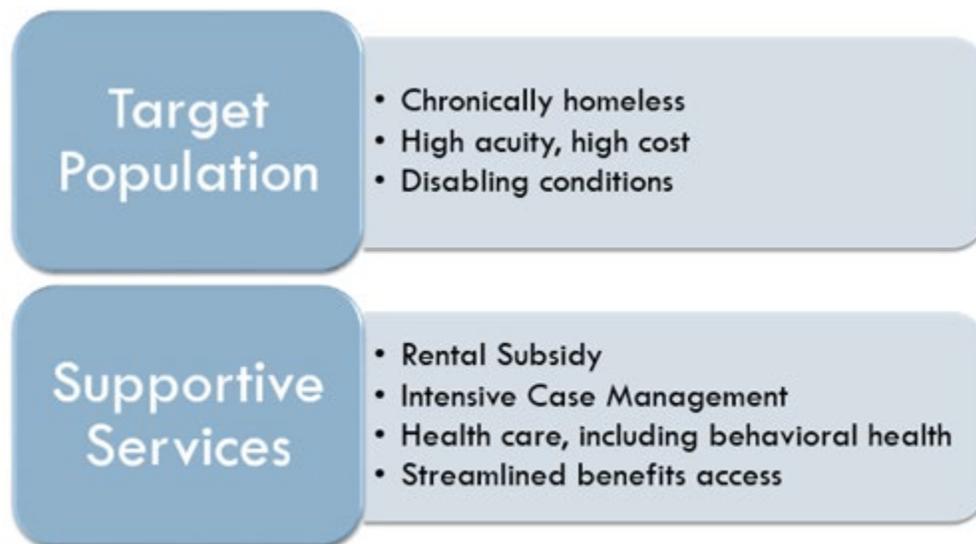
¹⁵ <https://endhomelessness.org/resource/housing-first/>

¹⁶ <http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/inc2k17.pdf>

from the working poor to working professionals with advanced degrees that earn less than the area median income.

Assertive Community Treatment (“ACT”): This approach involves continued case management or “wrap-around” services in conjunction with the Housing First or PSH Model. Under ACT, trained professionals work with mentally ill clients suffering from behavioral and/or substance abuse to ensure continuity of care from a hospital to an outpatient practice to reduce the need for future hospitalization. The team may plan and monitor treatment, provide assistance with housekeeping, shopping, cooking, transportation, finding and keeping jobs, and obtaining housing. Most services are provided in a patient's home or, for homeless patients, in a shelter or on the streets. Team members develop a long-term relationship with patients.¹⁷

Permanent Supportive Housing (“PSH”): Since a percentage of homeless individuals also suffer from mental health and physical impairments, the Housing First Model leverages funding for Permanent Supportive Housing. This approach integrates permanent, affordable rental housing with community-based supportive services to help people who have serious and long-term issues such as mental illnesses, developmental disabilities, physical disabilities; substance abuse disorders; and chronic health conditions. PSH provides individually tailored supportive services that are voluntary, can be accessed 24 hours a day and 7 days per week, and are not a condition of ongoing tenancy. The leases are held by the tenants without limits on length of stay, and tenants pay a portion of the rent, typically 30%, using entitlement benefits provided by Federal and State governments. The programs also include ongoing collaboration between service providers, property managers, and tenants.



¹⁷ https://www.health.harvard.edu/newsletter_article/assertive-community-treatment

Rapid Rehousing: Rapid Rehousing is a subset of the Housing First approach and includes programs such as short-term rental assistance. Related services may include financial assistance identifying housing, assisting with moving costs, and paying for a security deposit.

Key Points: Approaches to Reducing Homelessness

The Coordinated Entry System, along with an HMIS, provides effective assistance to the unsheltered homeless population. Recuperative Care programs that provide mental and physical health stabilization as well as transitional housing provide needed medical care that reduces the financial burden of emergency hospital visits and public safety services. The County is actively working to improve its Coordinated Entry and HMIS programs and has partnered with the Illumination Foundation for Recuperative Care programming. Ultimately, most studies and programs conclude that the Housing First Model (in conjunction with wrap-around services) is the recommended approach to effectively reduce homelessness. Housing options can include Emergency Shelters, Transitional Housing, Affordable Housing, or Permanent Supportive Housing, depending on an assessment of mental and physical health.



3.0 HOMELESSNESS IN LA MESA

3.1 LOCAL EFFORTS TO ADDRESS HOMELESSNESS

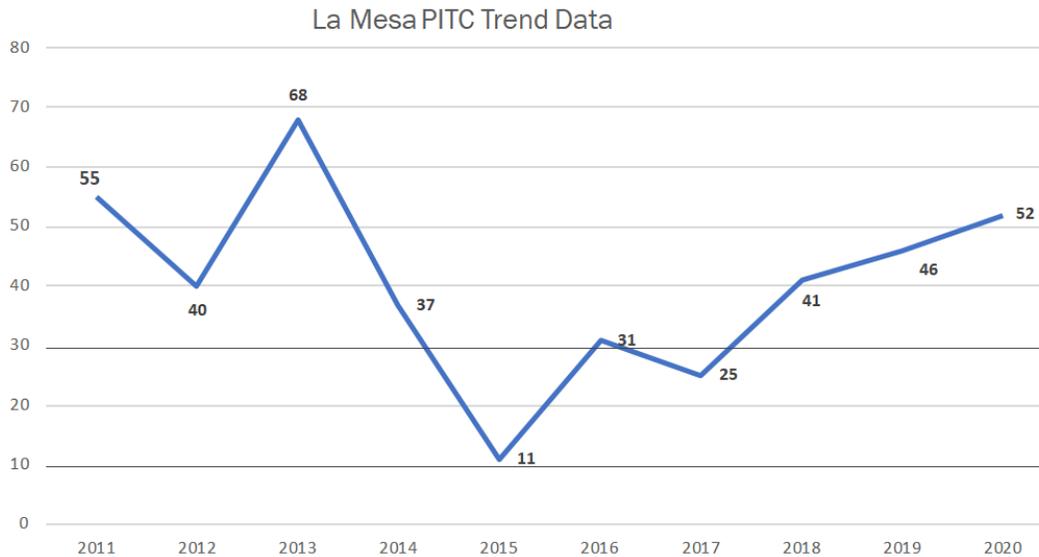
The City has been cooperating with regional organizations such as the Regional Task Force on the Homeless (“RTFH”) and the East County Homeless Task Force (“ECHTF”) to identify challenges, solutions, and funding sources. Through the ECHTF, the City secured 20 hours of outreach per week provided by PATH whose work was funded by a Homeless Emergency Aid Program (“HEAP”) grant. Working with PATH, the City was able to successfully assist homeless individuals in need of services in a part-time capacity. The City has also supplemented outreach services with the County Psychiatric Emergency Response Team (“PERT”) on an as-needed basis. The City’s approach over the last year has relied on a combination of part-time contract outreach and regional agencies on a limited basis.

52 Homeless Residents in 2020
2,182 Calls for Service Related to Homelessness
14% Increase in Calls for Service

The 2020 PITC estimated approximately 52 homeless residents in the City. According to the survey, there were no homeless individuals from La Mesa housed in emergency housing, transitional housing, or other type of housing. It is important to stress that the PITC is a snapshot in time and does not represent a comprehensive survey. The data presented here provides an understanding of the scope of the issue in La Mesa; however more detailed demographic surveying is warranted. As reflected below, the City has seen changes in its homeless population since 2011. The City has averaged approximately 40 homeless residents over the past 10 years of the PITC. Using the estimate from 2020, the current population represents an increase of 27 individuals since 2017.

In 2019, the La Mesa Police Department received 2,182 calls for service related to the homeless ranging from disruptive behavior, criminal activity, suspicious individuals, or a call related to request a welfare check. The number of calls represented 3.3% of all calls for service that year as well as a 14% increase in calls related to homelessness compared to 2018. There are also certain locations within the community where the homeless are more visible such as along major arterial roadways, public parks, and near trolley stations. The Civic Center, particularly the library and other nearby facilities, is another area where small groups of homeless individuals find temporary shelter. While the total number of homeless individuals within La Mesa is not a high as neighboring cities or the unincorporated parts of East San Diego, the City has taken steps to be more proactive.





Last year, the City Council used Coronavirus Aid Relief and Economic Security Act (“CARES”) funding to create an emergency rental assistance program. The program provided \$600,000 in rent relief to La Mesa households affected by the pandemic. The program, which provided up to \$5,000 in rental assistance, helped 175 households. More recently, the City Council approved the use of Community Development Block Grant (“CDBG”) for a mortgage, rental, and utility assistance program. Staff believes these programs have been and will continue to be useful tools to prevent La Mesa households from falling into chronic housing insecurity and eventually homelessness. Staff will continue to contract for these programs and ensure that households with a demonstrated need receive assistance as needed.



The City’s approach will be to act locally by providing consistent outreach services and collaborate regionally on issues such as emergency sheltering and housing opportunities.

3.2 CITIZEN TASK FORCE ON HOMELESSNESS

As noted, the La Mesa City Council formed the Citizen Task Force on Homelessness (“CTFH”) in July 2019. The CTFH participated in a series of discussions regarding the needs of the homeless population. In August 2020, the CTFH presented the City Council with a series of recommendations. One of the CTFH’s key recommendations was for the City to take a more direct role in day-to-day engagement and outreach with the La Mesa homeless population. The recommendation resulted in the development of the Homeless Outreach and Mobile

Engagement (“HOME”) program. This section of the report will briefly describe the HOME program and then address the additional recommendations made by the CTFH.

3.3 HOMELESS OUTREACH AND MOBILE ENGAGEMENT PROGRAM

As a result of the CTFH’s efforts, the City Council approved a pilot program called Homeless Outreach and Mobile Engagement (“HOME”) program which is modeled after the Crisis Assistance Helping Out-On-The Streets (“CAHOOTS”) program based in Eugene, Oregon. The HOME program focuses on crisis intervention, resolution, de-escalation, and social work. The program assists those that do not pose an immediate risk to public safety using a team specifically trained to deescalate encounters and connect individuals experiencing a crisis with appropriate resources. The HOME team utilizes techniques designed to reduce trauma and harm with the goal of decreasing intervention by police officers. The program prioritizes a health and human services approach to homelessness over the traditional law enforcement model.



Professionals trained to address social issues work with nonprofits that provide ongoing care in a managed setting as well as transitional and long-term housing opportunities. This model has several potential benefits to the community and the City:

- Provides trained social and mental health professionals to address nonemergency calls that could be addressed through de-escalation and counseling.
- Addresses gaps in service for the homeless population such as transportation, assistance with documentation, and medical attention.
- Enhances services to the local homeless population, residents, and businesses to address nonemergency calls.
- Reduces the number of hours that police and fire services dedicate to responding to nonemergency calls; allowing these agencies to address other core service needs.
- Allows the police department to advance proactive and community policing initiatives; provides the police department with direct resources to enhance its level of service.
- Reduces the cost of having LMPD respond to nonemergency calls for service by as much as 44%.

The HOME program is being implemented in two phases. The first phase is being implemented under a contract with PATH and funded through a Community Development Block Grant allocation. The second phase of the program will be brought in-house and managed on a day-to-day basis through the LMPD. The City plans to hire a full-time outreach worker and a medical professional as its outreach team. The City would also purchase and outfit a vehicle and directly connect the team to police dispatch services. The second phase of

the program is proposed to be funded using a Permanent Local Housing Allocation (“PLHA”) grant which is expected to provide up to \$1.1 million in funding over a five-year period.

During its first two months of operation, the program provided assistance to 56 homeless residents and responded to 110 calls for service that would otherwise have required a response from the La Mesa Police Department. The City will continue collecting and analyzing data on a quarterly basis to measure the efficacy of the program.

3.4 HOUSING OPPORTUNITIES

The CTFH identified housing as a key recommendation. Any planning document intended to address homelessness should include for the provision of safe and accessible low-barrier housing opportunities. The City of La Mesa, along with the East County region, lacks significant housing opportunities to assist service providers and nonprofits working with the homeless population. As noted in the 2020 PITC, the East San Diego region has an estimated 1,021 unsheltered residents. Housing opportunities can be provided through low-barrier shelters, transitional housing, and permanent supportive housing. Housing that includes the homeless should be accompanied by wrap-around services that provide counseling, case management, crisis care, and other services depending on the needs of the individual.

The process of generating housing involves developers, planners, housing professionals, government officials, and community stakeholders working together to determine where to site and build a project. The process can be challenged by a lack of understanding regarding the benefits of these projects and misperceptions about how these developments affect local neighborhoods. The siting, logistical, and operational elements of projects intended to house the homeless can be challenging and complex but can be overcome by incorporating robust programming and onsite management to mitigate community concerns.

The City is currently providing transitional housing through the HOME program. The City’s social outreach workers identify housing opportunities inside and outside the City, including temporary housing in the City of San Diego. Additionally, using Community Development Block Grant funding, the City Council approved funding for hotel and motel vouchers. The City Council also authorized the use of CDBG funding for a housing coordinator position through the contract with PATH that will work with local landlords to identify and create additional housing opportunities in La Mesa.

To build a successful network on housing opportunities, the City should partner with the County, neighboring cities, the RTFH, and the East County Homeless Task Force to identify suitable sites, apply for funding, and develop political and community consensus to develop housing. The County and the RTFH are critical partners due to their logistical expertise, staffing, and the access to funding. Any facility operating in East San Diego County must be actively managed; the County and the RTFH have the resources and experience to bring high-quality projects to the region in partnership with local communities. The City is actively working

with the County and other cities in the region to develop the partnerships necessary to move forward with these efforts.

3.5 CITIZEN TASK FORCE ON HOMELESSNESS RECOMMENDATIONS

To organize the recommendations provided by the CTFH, staff developed the following broad objectives that focus these efforts into four objectives that correspond to communication and coordination, prevention and outreach services, housing, and funding. When developing these objectives, staff focused on addressing the scale of the issue in La Mesa with achievable milestones that will be documented through the HMIS system and as part of an annual report of the HOME program.

- 1** Enhance the City's public communication and coordination related to the homeless. 
- 2** Improve the City's ability to prevent homelessness, provide direct outreach to the homeless population, address public safety, and respond to nonemergency calls for service. 
- 3** Expand the City's ability to connect homeless residents to transitional and permanent housing opportunities. 
- 4** Identify viable one-time and ongoing grant funding opportunities 

The following matrices organize the CTFH recommendations into the four principal objectives discussed above. Each recommendation includes an approximate estimate of time as well the parties taking primary responsibility for that initiative. Over time and in future iterations of the Homeless Action Plan, these recommendations will be updated to reflect current priorities.



1

Enhance the City’s public communication and coordination related to the homeless.

CTFH Recommendations	Timing	Partners/ Resources
1A Setup and maintain a homeless webpage with frequently asked questions, homeless facts and figures, volunteer opportunities, and information about City efforts.	Complete	City Manager's Office LMPD
1B Establish a unique hotline and email for residents and homeless individuals to report need for services.	Complete	City Manager's Office LMPD
1C Share news via City social media channels and press releases.	Ongoing	City Manager's Office LMPD
1D Collaborate with Sharp Grossmont Hospital to ensure SB1152 Hospital Discharge Processes requirements are met. Identify gaps in services or protocols and partner with service providers to improve or exceed compliance mandates.	Ongoing	HOME Program
1E Work with local and regional care providers to identify a database that is updated in real time that multiple agencies share that contains information about available beds, housing options, and resources. Explore availability and use of Homeless Management Information System (HMIS).	Complete	HOME Program RTFH
1F Work with the La Mesa Library to connect patrons experiencing or at risk of becoming homeless with referrals to homeless outreach personnel.	Ongoing	HOME Program
1G Identify and establish consultation locations where clients can meet privately with homeless outreach workers and case managers.	Ongoing	HOME Program
1H Continue regional collaboration efforts that includes San Diego East County cities and the County to coordinate services and resources	Ongoing	City Manager's Office
1I Develop internal coordination committee comprised of Homeless Outreach Provider, local nonprofits (including the faith community), Grossmont Hospital, and La Mesa Police Department to draft a homeless strategy, discuss efforts, active cases, and coordinate information.	Ongoing	City Manager's Office LMPD HOME Program



2

Improve the City’s ability to prevent homelessness, provide direct outreach to the homeless population, address public safety, and respond to nonemergency calls for service.

CTFH Recommendations	Timing	Partners/ Resources
2A	Ongoing	Local Nonprofits through CDBG Funding Allocation
2B	Complete	HOME Program
2C	Ongoing	HOME Program
2D	Complete	HOME Program
2E	Ongoing	HOME Program
2F	Ongoing	Public Works
2G	Ongoing	LMPD





3 Expand the City’s ability to connect homeless residents to transitional and permanent housing opportunities.

	CTFH Recommendations	Timing	Partners/ Resources
3A	Adopt Housing First as a policy position; a nationally recognized model that prioritizes providing permanent housing for the homeless.	Complete	City Council
3B	Explore options with residential developers to include affordable and Permanent Supportive Housing units as components of development projects.	Ongoing	City Manager’s Office Community Development
3C	Pursue partnerships with neighboring jurisdictions and the County of San Diego to build new or rehabilitate existing housing stock to create permanent supportive, bridge, and other housing options for persons experiencing or at risk of homelessness in La Mesa.	Ongoing	City Manager’s Office



4 Identify viable one-time and ongoing grant funding opportunities.

	CTFH Recommendations	Timing	Partners/ Resources
4A	Explore funding allocations, such as Federal and State grants, for permanent supportive housing, rapid re-housing, rental assistance, and similar programs.	Ongoing	City Manager’s Office Community Development LMPD
4B	Continue to identify available funding and resources to ensure that the recommended scope of work can be achieved and to provide continuous, ongoing and effective outreach and follow-up.	Ongoing	City Manager’s Office Community Development LMPD

4.0 SUMMARY



The trend data indicates the City's homeless population increased since 2017. The City of La Mesa currently comprises approximately 9 percent of the homeless population in East San Diego County. The San Diego region has, for some time, been working toward a model that vertically integrates services. However, competing priorities and policy objectives have fractionalized some of these efforts to the degree that regional solutions to address the needs of cities lack efficacy and direction. As a result, groups such as the ECHTF and the CTFH were formed to fill policy and service-delivery gaps. By actively working to increase the La Mesa's capability to provide local outreach focusing primarily on health and human services and working on regional solutions to sheltering and housing, the City can make a meaningful impact in this area.

By implementing the CTFH recommendations through a strategic and iterative program, the City can reduce the number of unsheltered homeless and affect change through a ground-up approach. The City will continue leveraging regional partnerships, especially to facilitate opportunities to develop affordable housing and secure gap financing for projects, but will take direct ownership over the day-to-day program activities that involve providing supportive services to the homeless. One of the most significant challenges with this program will be to provide temporary and permanent housing for the homeless or those at-risk of becoming homeless. The City will implement an approach that includes working with the County, neighboring cities, and nonprofits to coordinating bed space at emergency shelters, providing motel and hotel vouchers, and working with developers to integrate PSH units with wrap-around services into proposed developments.

The programs discussed in this report were developed based on an extensive review of best practices and in close coordination with the CTFH which provided the framework for the recommended policies and practices to reduce the number of unsheltered La Mesa residents. The proactive efforts identified in this report are designed to address the multiple causes of homelessness and ensure the City takes appropriate steps to help more of La Mesa's homeless residents achieve self-sufficiency. Program components primarily leverage Federal and State grants to provide ongoing funding. The Homeless Action Plan will be coordinated through the City Manager's Office and implemented through the HOME Program and CDBG Program. Updates to this plan and other strategic policy objectives related to the homeless will be presented to the City Council for consideration and approval.

5.0 GLOSSARY

ACT Teams (Assertive Community Team): A client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefited from traditional out-patient programs.

Acuity Scale: Best practices approach to right matching of services. The scale can be used by case managers to assess numbers, and severity of issues, for their clients. Alternatively, the scale can be used by management for balancing the time commitment and caseload of an organization overall.

Addiction Programs: Programs that consists of self-help residential or outpatient treatment facilities harm reduction programs, individual or group counseling, abstinence-only housing and support from community programs.

Affordable Housing: Any type of housing (rental/home ownership, permanent/temporary, for-profit/non-profit) that costs less than 30% of a household's pre-tax income.

At-Risk of Homelessness: People who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards.

Best Practice: An intervention, method or technique that has consistently been proven effective through the most rigorous scientific research and has been replicated across several cases or examples.

Chronically Homeless: An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or an unaccompanied individual with a disabling condition, who has had at least four episodes of homelessness in the past three years.

Case Management: A collaborative and client centered approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client (and potentially their families) and when appropriate, arranges coordinates and advocates for delivery and access to a range of programs and services to address the individual's needs.

Co-location: Refers to the practice of housing services in a single location to improve service access and communication/collaboration between service providers.

Community Services: Programs delivered through non-profit or faith-based community organizations to assist people experiencing homelessness.

Community-Based Mental Health Care: Encompasses a wide variety of programs and services designed to meet local needs that are delivered primarily by community agencies and sometimes through hospitals or health clinics.

Coordinated Assessment: A standardized approach to assessing a person's current situation, the acuity of their needs and the services they currently receive and may require in the future, and takes into account the background factors that contribute to risk and resilience, changes in acuity, and the role friends, family, caregivers, community and environmental factors.

Coordinated Intake: A standardized approach to assessing a person's current situation, the acuity of their needs and the services they currently receive and may require in the future, and takes into account the background factors that contribute to risk and resilience, changes in acuity, and the role friends, family, caregivers, community and environmental factors.

Emergency Shelter: Overnight emergency shelters designed for people who are homeless.

Enforcement: Interventions that seek to strengthen community safety by responding to the crimes and community disorder issues associated with the importing, manufacturing, cultivating, distributing, possessing and using legal and illegal substances.

Eviction Prevention: Refers to any strategy or program, usually geared at renters that is designed to keep individuals and families in their home and that helps them avoid entering into homelessness.

Family Reconnection and Reunification: Client-driven case-management approach that seeks to identify and nurture opportunities to strengthen relationships and resolve conflicts between young people who leave home and their caregivers.

Fleeing or Attempting to Flee Domestic Violence: Any individual or family who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing

Homelessness: Describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring housing.

Horizontal Integration: Describes a centralized approach to planning, management and service delivery across a network of organizations/institutions within a sector or between sectors.

Housing Accommodation and Support: Refers to the provision of housing and ongoing supports as a means of moving people out of homelessness.

Housing First: A recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing followed by provision of additional supports and services as needed.

Homeless Management Information System (“HMIS”): An information technology system that collects client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness.

Housing Policy: Refers to the actions of government, including legislation and program delivery, which have a direct or indirect impact on housing supply and availability, housing standards and urban planning.

Imminent Risk of Homeless: Individuals or families who will imminently lose their primary nighttime residence within 14-days of the date of application for homeless assistance, not identified a subsequent residence and lacks the resources or support networks needed to obtain housing.

Individual and Relational Factors: Applies to the personal circumstances of a homeless person, and may include: traumatic events, personal crisis, mental health and addictions challenges which can be both a cause and consequence of homelessness and physical health problems or disabilities. Relational problems can include family violence and abuse, addictions, and mental health problems of other family members and extreme poverty.

Life Skills: Skills that are essential for living independently and includes skills such as managing money, shopping, cooking, etc.

Literally Homeless: Individuals or families who lacks a fixed, regular, and adequate nighttime residence meaning that these individuals have a nighttime residence that is a public or private place not meant for habitation and are living in a shelter designed to provide temporary living arrangements. This also can include, for example, individuals or families living in vehicles.

Meaningful Engagement: This type of engagement includes involving homeless persons in community-based research, creating participatory evaluations or providing supports and activities that foster growth, independence and full participation in society.

Psychiatric Emergency Response Team (PERT): A licensed and trained mental health clinician that provides support to outreach workers and law enforcement.

Rapid Rehousing: Programs that provide assistance to low and moderate income individuals with short-term rental assistance, moving expenses, and other financial assistance.

Street Outreach: Involves engaging people experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons as well.

Outreach Programs: Services and programs involved in bringing services directly to where people are rather than requiring someone to go into an agency.

Permanent Supportive/Supported Housing: Combines rental or housing assistance with individualized flexible and voluntary support services for people with high needs related to physical or mental health, development disabilities and substance use; this is one option to house chronically homeless individuals with high acuity.

Point In Time Counts: Provides a “snapshot” of the number of people experiencing homelessness on a specific date (usually one day, occasionally up to a week) in a community.

Prevention: Refers to working to reduce risks of homelessness for individuals and families and typically involves universal interventions directed at whole communities.

Recuperative Care: Refers to a wide range of outpatient services that may be offered in a community living setting.

Rental Supplement Program: Refers to rent-geared-to-income housing with private landlord. Rent supplements are subsidies paid by government to private landlords who are part of this program.

Service Coordination: Term used to describe inter or intra-organizational efforts to support individuals across a range of services.

Severe Housing Needs: when a household spends more than 50% of its pre-tax income on housing costs.

Severe Mental Illness: Defined as a serious and persistent mental or emotional disorder (e.g. schizophrenia, mood-disorders, schizo-affective disorders) that interrupts people’s abilities to carry out a range of daily life activities such as self-care, interpersonal relationships, maintaining housing, and employment or school.

Shelter Diversion: A strategy that refers to the provision of alternative temporary housing options, supports and interventions designed to reduce reliance on emergency shelter system.

Shelter Inventories: Counts the number of beds available in a shelter system (which may or may not include Violence Against Women shelters) and determines what percentage of these beds are occupied on a given night.

Soft Skills: Refers the range of skills that help someone obtain and maintain employment such as resume preparation and job search. It also refers to “life skills” training such as shopping, cooking and managing money.

Structural Factors: Economic and societal issues that affect opportunities and social environments for individuals.

Substance Use: Refers to all types of drug and alcohol use.

Substance Use Prevention: Interventions that seek to delay the onset of substance use, or to avoid substance use problems before they occur.

System of Care: Strengths-based, culturally relevant, participatory framework for working with children and families.

Transitional Housing: Refers to supportive, yet temporary type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, education, etc.

Trauma: An event outside the range of usual human experiences that would be markedly distressing to almost anyone and cause victimization.

Unsheltered: Living on the streets or in places not intended for human habitation.

Vertical Integration: Describes a centralized approach to planning, management, and service delivery within a single organizational context.

Vulnerability Index: An index used to determine mortality risk.

Wrap-Around Services: Refers to a service delivery model that is a team-based, collaborative case management approach.

Youth Homelessness: Youth homelessness refers to young people between the ages of 13 and 24 (Transitional-Aged Youth) who are living independently of parents and/or caregivers, and importantly, lack many of the social supports deemed necessary for the transition from childhood to adulthood.