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# **DIRECTOR'S NEWSLETTER:** Housing Edition



Recent 2024 data from our colleagues from the Center on Homelessness report that in San Mateo County, it is estimated that there are 1700 individuals experiencing homelessness. We know that homelessness is complex. I believe housing is healthcare. Without a roof over one's head, people are less likely to engage and consider anything else in the moment. We know that people experiencing homelessness often face poorer health outcomes than those with

housing. With behavioral health clients, housing is a part of treatment and directly correlated with recovery. This month's newsletter is focused on our many efforts related to providing safe, adequate and stable housing to those with mental health and substance use conditions. However, there is so much more to do in building more affordable housing units and providing appropriate support services those in need.

### **Behavioral Health Bridge Housing Grant**

In June 2023, BHRS was awarded \$10,246,862 for a four year term from the State of California through the new Behavioral Health Bridge Housing (BHBH) program. This funding has been awarded to operate bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including

Bridge Housing is defined as: short and mid-term residential programs with a goal to connect individuals to long-term housing stability. It can include emergency shelter, transitional housing and time limited rental assistance.

serious mental illness and/or substance use disorder (SUD). The BHBH funded programs will include three bridge housing projects. Participants in all three program components will have access to housing navigation services, landlord services and participant assistance funds.

The re-developed <u>Cordilleras campus</u> will have a mix of housing and program types,
including 29 units of transitional co-housing. BHRS will dedicate 15 of these units to the BHBH program and prioritize these beds for people experiencing homelessness.

BHRS will hire two new PSW/MFT I/II positions and one SUD Case Management
Assessment Specialist to expand the Homeless Engagement Assessment and Linkage (HEAL) Team. These new HEAL staff will be dedicated to working with clients staying in emergency shelters for adults and will serve a total of 30 individuals at any time.

A 20-unit scattered site rental assistance program will provide up to 24 months (with the possibility of an extension) of rental assistance in studio and one-bedroom apartments or in motel rooms for individuals experiencing homelessness who have behavioral health conditions.

## **Mental Health Services Act Impact on Housing**

Since 2008, the Mental Health Services Act (MHSA) funded 71 housing units across various developments in San Mateo County. <u>MHSA</u> provides increased funding to support County behavioral health programs. The <u>MHSA Housing Program</u> was established between 2008 - 2016 to create permanent supportive housing for individuals with serious mental illness who are experiencing or at risk of homelessness, receiving wraparound services and supports such as daily living skills coaching, harm reduction, motivational interviewing and more. Since then, MHSA has continued to fund permanent housing and other housing support services based on local stakeholder priorities.



South San Francisco



El Camino Apartments 20 Units







Delaware Pacific Apartments 10 Units



Waverly Place Apartments 15 Units



Arroyo Green Senior Housing 6 Units



Cedar St Apartments 14 Units



Fair Oaks Commons 6 Units

By mid-year 2026, 7 new housing developments will provide an additional 87 permanent and 29 transitional supported housing units in San Mateo County through MHSA funding, including 9 housing units via the <u>No Place Like Home</u> program, Governor Brown's landmark legislation to dedicate \$2 billion in bonds paid from MHSA to fund permanent supportive housing.

### **Housing Programs Spotlight**

### Healthcare for the Homeless

Healthcare for the Homeless (HCH) provides field-based outreach, short-term case management, and linkages to housing assessment, medical, dental, substance use and behavioral health services to sheltered and unsheltered individuals of all ages, regardless of insurance or severity of behavioral health needs. HCH receives referrals from shelters only, and due to their long-standing relationships in the community, they are very busy. Over the span of 3-4 months, HCH assesses client needs and engages with them to determine their willingness to link them to services. Often, the transition from, for example, an encampment to living in a shelter can be challenging given the drastically different social and physical environment. Depending on the client's readiness, there are different pathways they may be referred to to best fit their needs. To determine this, HCH utilizes public health approaches used widely in the mental health and substance use fields, such as Stages of Change and Motivational Interviewing, to best engage with clients and assess their readiness for change.

**The Stages of Change** model can help describe an individuals' process of behavior change, or readiness to change, as occurring in <u>stages</u>. By understanding the 'stage' a client is in (such as the contemplation stage, where an individual is weighing the pros and cons of behavior change) clinicians can be better prepared to tailor their intervention and meet clients where they are at.

**Motivational Interviewing (MI)** is an intervention that can help people become motivated to change a behavior. A communication style rooted in respect, <u>MI</u> can help guide clients through difficult processes of change by, for example, instilling confidence, expressing empathy, and empowering individuals to change on their own accord.

#### Homeless Engagement Assessment and Linkage

Homeless Engagement Assessment and Linkage (HEAL) provides field-based outreach, assessment, and treatment to sheltered and unsheltered individuals with behavioral health conditions of all ages. HEAL's model is different than HCH in that they partner with Homeless Outreach Teams (HOT) providers to engage unsheltered clients. When an individual is identified, HEAL and HOT work together to meet the client and conduct a warm hand-off, an important step in making a meaningful connection. HEAL provides short-term behavioral health treatment, spanning about 9 months, including psychiatry in the field (in encampments or shelters, for example) for those who are not ready to be connected to a BHRS treatment team. By utilizing crisis interventions and connecting clients to therapy services, HEAL also aims to stabilize acute mental health issues to help a client remove any mental health barriers that may be preventing them from being admitted into permanent housing. Throughout the engagement process, clients and clinicians develop a relationship and trust is built between institutional service providers and members of a population that have often dealt with socioeconomic difficulties and trauma. In addition, HEAL offers coping strategies to help clients survive on the streets, self-advocate and self-empower. HEAL offers group therapy in shelters, including art therapy and physical movement to encourage expressing feelings.

### **Diary in the Field: IMAT Expands Outreach to Navigation Center**

In April of 2023, The 240-bed <u>Navigation Center</u> opened in Redwood City. The goal of this state-ofthe-art facility is to offer shelter, food, counseling, and linkage to a variety of support services. As part of this effort to provide wraparound services, the IMAT team has been offering regular support to the Navigation Center residents through the indefatigable Case Manager, Todd Henderson. The Integrated Medication Assisted Treatment (IMAT) team was formed in 2015 to provide an evidence-based treatment approach for substance use disorders. The goal is to help people with addiction to alcohol and opioids find their chosen recovery path using harm reduction techniques, behavioral therapies and medication.

I took a tour of the Navigation Center in January and met up with Todd in his office. Todd has been described as an advocate, ally, partner, friend, and helper. Todd was making calls on behalf of a client who requested information about sober living homes. That's like throwing a lamb chop to a wolf. Todd was all over it. Todd, along with other IMAT team members, recently began offering Harm Reduction classes to the Navigation Center clientele and attendance has been strong. Many folks are interested in learning how to reduce the risks associated with drug use. Some are looking for information for themselves; others are interested in supporting friends, acquaintances, and loved ones. The harm reduction approach resonates deeply these days with the proliferation of fentanyl and the frequency of overdoses. Todd greets all participants warmly and models the non-judgmental attitude that is critical in forming trusting relationships.

The class topics vary. The welcoming doesn't. Todd consistently provides a safe, warm and supportive environment. Todd understands the temptations are everywhere; his goal is to highlight

being safe. He provides straightforward information about the dangers of using alone, the value of having Narcan on hand, and the use of fentanyl test strips. He also partners with a local treatment provider, El Centro de Libertad, to ensure clients have access to individual counseling.

Todd's efforts are valued by both the clients and the staff at the Navigation Center. I asked Danny Vanisi, the Intake Coordinator, how things are going with the co-location of the IMAT services at the shelter. Danny said, "You can see the clients making progress and changing. They can check in with Todd easily, and as often as they like." Todd says, "It is an honor to be here. What a great joy it is to be part of someone's journey of recovery." May it ever be so.

#### Matthew Boyle, Management Analyst

<u>El Centro de Libertad</u> is a mental health and substance use disorder treatment provider, aimed at helping farmworkers and their families, youth, unhoused individuals, and the community of Half Moon Bay since 1999.



Sign of the Times: Todd Henderson, IMAT Case Manager and Danny Vanisi, LifeMoves Intake Coordinator, outside the new Navigation Center.

# Healthcare for the Homeless/Farmworker Team: Needs Assessment Provides Inights for Practitioners to Consider

Data shown here is from the San Mateo Medical Center Healthcare for the Homeless/Farmworker Health (HCH/FH) 2022/2023 Needs Assessment. Respondents received services at an SMMC clinic, including from BHRS HCH and HEAL Teams. Of the 183 patient respondents, 49 (27%) identified as farmworkers or the family member of a farmworker, 114 (62%) identified as people experiencing homelessness, and 20 (11%) identified as both.

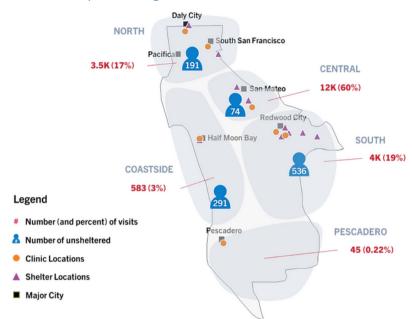
Quality & Characteristics of Respondents' Housing:

78% of farmworkers lived in apartments or houses. with 18% residing in farmworker housing. Respondents experiencing homelessness were more varied in their residence. The highest proportion (34%) slept the previous night in a shelter. Vehicles and living outside were other common living situations. Most farmworkers described their housing as "good" or "average", while housing for people experiencing homelessness spanned almost equally from "very good" to "very bad". Respondents experiencing homelessness had been without housing for an average of 3.5 years.

#### Self-Reported Health Priorities:

Both people experiencing homelessness and farmworker populations ranked health priorities very similarly. Most respondents reported that going to the doctor for check-ups and routine care (68%) and seeing a doctor when sick or injured (62%) was important to them. Getting health screenings (37%) and learning how to take care of their health and/or diseases (36%) was less important. Early health screenings promote overall well-being, and it is recommended that providers consider ways to engage their patients to raise awareness about the benefits of preventative care.

Patients Experiencing Homelessness Visits:



#### Self-Rated General Health Status:

In a survey of the general SMMC population, 48% rated their health as excellent or very good (SMMC CEO Report - July 2023), compared to only 14% of HCH/FH patients. This may suggest that homeless and farmworker patients have more complex health needs and indicate the need to focus on both their access to care, as well as social determinants of health as a potential means to address this difference.

#### Potential Health Class Topic of Interest:

Nutrition, mental health, and dental care were the most often selected topics for potential health-related classes. More farmworkers were interested in classes about diabetes and more patients experiencing homelessness were interested in classes about mental health. It is recommended providers take the reported interest in health topics into consideration when thinking about patient-facing education/outreach.

See you next month to explore BHRS youth services!