

MENTAL HEALTH & SUBSTANCE ABUSE RECOVERY COMMISSION AGENDA

BEHAVIORAL HEALTH & RECOVERY SERVICES DIVISION
225 37th Avenue, Room 100
San Mateo

May 4, 2016

- 1. Call to Order** 3:00PM
- 2. Introductions**
- 3. Acceptance of agenda**
 - Changes
 - Motion to approve
 - Vote to approve
- 4. Approval of Minutes:**
 - April 6, 2016 Mental Health & Substance Abuse Recovery Commission
 - April 19, 2016 Executive Committee Minutes
- 5. Correspondence, Announcements and Public Comment**

Website: www.smchealth.org/bhrs
Wellness Matters Link: www.smchealth.org/wm
BHRS Blog: www.smcbhrsblog.org
- 6. Program Presentation**

May Is Mental Health Month
Presented by Sylvia Leung, Community Health Planner
Office of Diversity and Equity (ODE)
- 7. Old Business:**

Review Draft Housing Report and Recommendations
- 8. New Business:**
- 9. Standing Committees:**
 - Committee for Older Adults Services
 - Committee for Adult Services
 - Committee for Children & Youth Services

10. Youth Commissioners Report

11. Director's Report

12. MHSA Update

13. Liaison, Task Force and Ad Hoc Committees: Representatives will report to Mental Health & Substance Abuse Recovery Commission as key activities/issues emerge.

14. Adjourn Meeting

**Tony Hoffman Community Mental Health Service
Awards Ceremony**

NEXT MHSARC MEETING: **Wednesday, June 1, 2016 at 3:00 p.m.
225 37th Avenue, Room 100, San Mateo**

NEXT EXECUTIVE
COMMITTEE MEETING: **Tuesday, May 17, 2016 at 3:30 p.m.
225 37th Avenue, BHRS Conference Room**

PLEASE BE SURE TO CONTACT CHANTAE ROCHESTER AT 650.573.2544 IF YOU ARE UNABLE TO ATTEND EITHER THE MHSARC OR EXECUTIVE COMMITTEE MEETINGS.

In compliance with the American with Disabilities Act (ADA), auxiliary aids and services for this meeting will be provided upon request when given three-day notice. Please call (650) 573-2544.

County of San Mateo Mental Health & Substance Abuse Recovery Commission:

DRAFT Housing Forum Report

May 2016

Background & Issue

Rent is considered affordable when one pays no more than 30% of one's income for housing costs (National Alliance on Mental Illness). From 2010 to 2015, rents in San Mateo County increased by almost 70% (San Mateo County Department of Housing). As a result, 88% of very low income households in San Mateo County spend more than 30% of their income on rent (California Housing Partnership Corporation). This has made homes affordable to only about 2 out of 10 very low-income households and 4 out of 10 low-income households in San Mateo County.

People struggling with mental health and/or substance use conditions are disproportionately represented in housing crises (National Public Radio). These populations either:

- Cannot find affordable housing, because Supplemental Security Income (SSI) averages only about 18% of median income, or
- They simply do not have a home to return to, because they encounter housing issues after being discharged from an inpatient care unit or jail (National Alliance on Mental Illness).

When housing is not affordable, wages are diverted from basic needs such as healthy food, transportation, and medical care (Get Healthy San Mateo County). In addition, some individuals find themselves cycling in and out of homelessness, incarceration, shelters, and hospitals (National Alliance on Mental Illness). Unaffordable housing also causes people to lose social support systems and job stability whenever they move or change where they live (Get Healthy San Mateo County).

Outcomes or conditions that are tied to unaffordable housing are concerning, because they challenge four major dimensions that support a life of recovery (Substance Abuse and Mental Health Services Administration):

- **Health**—overcoming or managing one's health condition(s) or symptoms—for example, abstaining from the use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- **Home**—having a stable and safe place to live
- **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community**—having relationships and social networks that provide support, friendship, love and hope

In other words, lack of safe and affordable housing is one of the most powerful barriers to recovery.

Given this issue, the Mental Health & Substance Abuse Recovery Commission (MHSARC) would like to advise the Board of Supervisors on its priority of “housing our clients.” More specifically, MHSARC would like to communicate to the Board of Supervisors how San Mateo County’s housing situation is affecting families and individuals’ ability to maintain good mental health, wellbeing, and recovery from substance use issues. Additionally, MHSARC would like to make recommendations to help address and solve this problem.

MHSARC Community Forum Testimonies

In February 2016, MHSARC held a Community Forum where consumers/clients, family members, community members, and local organizations gave testimonies about San Mateo County’s housing crisis and its challenging impacts on those with mental illness and/or substance use conditions. Numerous testimonies were from clients/consumers, family members, and community members with a broad range of mental health and substance use conditions. Most of those individuals have accessed every door to help them, but stable and affordable housing has been the most challenging aspect in their continued recovery. For example, a case worker stated that her client is unable to focus on improving her mental health, because she worries about finding and having a warm place to sleep in. Overall, the testimonies strongly reinforced that affordable housing significantly affects San Mateo County’s client/consumer, family member, and community members’ well-being, mental health, and recovery.

During the Community Forum, it was also said that shelters in general do not support long term recovery in large part because stays are typically short term leaving the uncertainty of permanent housing still unresolved. This is a point that was further supported by San Mateo County’s Human Services Agency (HSA) who, during its presentation of its Strategic Plan to End Homelessness by 2020 at MHSARC’s Housing Forum in March 2016, stated that shelter beds are not the answer to homelessness, because there is a very short term stop gap when people do not have any other alternatives.

Additional testimony identified during the Community Forum was that families in San Mateo County are facing intimate partner violence, but are unable to leave abusive relationships because they have nowhere to go. It was also stated that, in the case of people who suffer from intimate partner violence and who share housing with multiple families, children are being victimized as well. According to a survey conducted by the National Domestic Violence Hotline, adult women who had experienced domestic violence reported at least more than one type of mental health and/or substance use coercion.. Lastly, it was shared that behavioral health organizations go into communities with the recovery model, but are unable to make it happen without housing and support from the Board of Supervisors and the community to make recovery more of a reality. As a result, it was stated that, without the housing component, community organizations and clinicians are struggling to promote wellness and recovery of their clients/consumers. Organizations like National Alliance on Mental Illness (NAMI) San

Mateo County said that they often do not have an answer for clients/consumers; thus, local behavioral health organizations really need the County's help.

Principles to Consider

Principles of a Housing Crisis Resolution System

San Mateo County Human Services Agency's Housing Crisis Resolution Systems is a system that envisions no one is homeless for more than 30 days and responds to the needs of everyone who does not have housing in a given community (Focus Strategies). According to San Mateo County's Human Services Agency, four main principles guide Housing Crisis Resolution Systems:

- Housing-Focused
- Person-Centered—meet people where they are
- Data-Informed System
- Effective Use of Resources

Behavioral Health Housing Principles

The California Behavioral Health Directors Association has also identified a set of principles to drive the designing and targeting of new efforts and investments specifically focused on expanding safe and affordable housing for people with mental health and substance use conditions:

- 1. Utilize the Public Behavioral Health Target Population Definition for Homelessness Prevention and Reduction Efforts**
 - a. A person who lives on the streets or lacks a fixed and regular night time residence is considered homeless.
 - b. The target population is further defined as adults, older adults, transition-age youth with serious mental health conditions, children with severe emotional disorders and their families, who at the time of assessment for housing services meet the criteria for Mental Health Services Act (MHSA) programming.
- 2. Utilize Strategies That Prevent Homelessness**
 - a. Re-entry planning should include behavioral health services, as well as supportive housing, in order to prevent homelessness.
 - b. For individuals who receive behavioral health treatment in hospitals, discharge planning should include ensuring a stable place to live in addition to linkages to behavioral health services.
- 3. Utilize Proven Models to Respond to Homelessness**
 - a. Efforts should also be made to ensure that individuals in temporary and bridge housing are targeted for permanent, supportive housing (i.e., not just those individuals who are homeless).
 - b. Programs should also support housing provided by caregivers to individuals living with mental health conditions.
- 4. Invest in Supportive Services and Break the Cycle of Long-Term Homelessness**

- a. Supportive services, for people with behavioral health challenges, are essential to housing stability and to maximizing each individual's ability to live independently.
 - b. County behavioral health departments are uniquely positioned to identify and intervene—in collaboration with community partners, family members, and consumers—to address the dual, interwoven, public health crises of substance use and mental health conditions that complicate homelessness.
- 5. Fund Construction, Operating Subsidies, and Supportive Services**
- a. Construction is only one of the *three* major costs to permanent housing.
 - b. In order to maintain appropriate living standards in housing units, and to make units affordable for tenants, units must be subsidized through a capitalized operating reserve or some other form of subsidy.
 - c. Supportive services such as mental health and substance use are essential.
- 6. Ensuring Residents of All Counties Can Benefit from Additional Housing Investments**
- a. Homelessness impacts all counties. Therefore, MHPA funds set aside for the purpose of expanding housing capacity should be available, through a noncompetitive process, to all counties to invest in additional housing and supportive services.
 - b. Any additional investments should be accompanied by evaluation measures and funding to support outcome-based evaluations.
- 7. Balance Investment**
- a. There needs to be a balance between investing in affordable housing and investing in other critical mental health and substance use services.
- 8. Consider MHPA Revenue Volatility**
- a. The annual amount of MHPA funding diverted for housing needs to be adjusted and matched with the volatility of the revenue source and each county should be able to determine what funding is used to pay back any bond debt.
 - b. There needs to be a consideration given to fund services *in the long term* to people living in permanent supportive housing created by any statewide program as well as funding for long term operating costs of maintaining housing.
- 9. Ensure Flexibility to Address Local Needs**
- a. There is not a “one size fits all” approach to housing across the State.
 - b. Programs need flexibility with regard to the utilization of housing such as options for Master Lease agreements and housing rehabilitation, in addition to capital investments.
 - c. Programs must be culturally appropriate and able to meet the needs of each community.
- 10. Address “Not in My Backyard” (NIMBY) and Siting Challenges**
- a. Housing initiative should support efforts to reduce stigma and housing discrimination against people with mental health and substance use challenges.
- 11. Leverage and Increase the Impact of Existing and Emerging State Housing and Services**
- a. The MHPA Housing Program developed in August 2007 set aside \$400 million in funds to provide capital development loans and critical funding for long term

operating subsidies for the development of affordable rental housing for MHSA individuals.

- b. The funds from the MHSA Housing Program will ultimately house approximately 2,600 MHSA residents.

Recommendations

Based on information from MHSARC Housing Forums from February through April 2016, the following recommendations and solutions have been identified:

- San Mateo County and cities should continue exploring tenant protections
- Improve Section 8 by increasing subsidies or pursuing options at the state level (ex. Source of Income Ordinance)
- Push for inclusionary housing in rentals
 - When a developer gets approval to construct a new building for high end incomes, they would set aside 5-15% of affordable units
 - High end units pay for the subsidy on the low end
- Seek out potential hotels/apartments to purchase and provide case management and other supportive services
- Explore utilizing tiny homes for supportive housing
 - Conduct a feasibility study to find proper acreage to locate tiny houses
- Increase County resources to provide housing subsidies for behavioral health clients
- Look into research behind the effectiveness of programs such as Housing First
 - Model is not about stabilizing health first, but housing first
 - People do not need to go through a whole housing paradigm to be re-housed
- Coordinate systematic efforts between County departments and institutions for homeless consumers/clients to have a permanent or interim housing plan prior to discharge from institutional care
 - Prioritize people with mental health and substance use conditions (in addition to families with children under five and seniors) in a Coordinated Entry System
 - Prioritize or repurpose shelter capacity for dedicated emergency beds for those leaving institutions for whom a permanent housing option has not yet been identified
- BHRS should support property managers/owners or landlords to retain current housing units and encourage expansion

Conclusion

The MHSARC conducted three Community Forums on Housing to fulfill its obligation of advising the Board of Supervisors on matters affecting client/consumers and family members living with mental health and substance use challenges. At this point in time there is no more serious issue impacting clients/consumers and family members than permanent housing instability. What this report does not fully capture is the emotional distress that those given testimony are feeling about how the housing crisis is affecting their well-being.

We applaud the Board of Supervisors for prioritizing affordable housing in general and more specifically as it affects County clients/families. We trust that this information will help the Board, BHRS and other County departments as they continue to look for solutions to the housing crisis.