

COUNTY OF SAN MATEO
MENTAL HEALTH & SUBSTANCE ABUSE RECOVERY COMMISSION
Housing Forum Report

June 2016

Background & Issue

The lack of safe and affordable housing is one of the most powerful barriers to recovery.¹

Rent is considered affordable when one pays no more than 30% of one's income for housing costs.¹ From 2010 to 2015, rents in San Mateo County increased by almost 70%.² As a result, 88% of very low income households in San Mateo County spend more than 30% of their income on rent.³ 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. Some of these individuals find themselves cycling in and out of homelessness, incarceration, shelters, and hospitals.³

People struggling with mental health and/or substance use conditions are disproportionately represented in housing crises.⁴ The National Alliance on Mental Illness (NAMI) has highlighted that 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 jail¹

When housing is not affordable, income is diverted from basic needs such as healthy food, transportation, and medical care.⁵ Unaffordable housing also causes people to lose social support systems and job stability whenever they change where they live.⁵

Outcomes or conditions that are tied to unaffordable housing challenge four major dimensions that support a life of recovery⁶:

- 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

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. Finding stable, safe, and affordable housing can help prevent hospitalizations, homelessness, and involvement in the criminal justice system, in addition to helping people on their journey to recovery¹.

MHSARC Community Forum Testimonies

In February 2016, MHSARC held a Community Forum where consumers/clients, family members, community members, and local organizations gave testimony about San Mateo County’s housing crisis and its challenging impacts on those with mental illness and/or substance use conditions. Most have accessed every door to try and find help, 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. 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 stated 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 and that unlicensed room and boards are not providing a viable safe and secure housing option. This point was further supported by San Mateo County’s Human Services Agency (HSA) who, during a 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 they are a very short term stop gap when people do not have any other alternatives. Therefore, there is a need for more long term transitional living options with easy access to mental health and substance use treatment and recovery services.

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 which involved their abusive partners actively contributing to their mental health challenges or their substance use and using such behavioral health conditions against them with legal authorities.

Lastly, it was shared that promoting recovery for individuals and families with behavioral health issues cannot happen without safe and supportive housing options and that support from the Board of Supervisors and the community in general is critical.

Housing Crisis Resolution System Principles

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.⁷ 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 County Behavioral Health Directors Association (CBHDA) is a statewide association that all of which all county behavioral health directors are a part. CBHDA 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 and/or substance use conditions, children with severe emotional disorders and their families, who at the time of assessment for housing services meet the criteria for programming for all county residents, with a specific focus on clients with mental health needs.
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. For those exiting jail they also should be ensured a safe and affordable place to live.
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 and substance use issues.

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. Operating Subsidies, and Supportive Services
 - a. 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.
 - b. Supportive services such as mental health and substance use treatment are essential.
6. Ensuring Residents in San Mateo County Can Benefit from Additional Housing Investments
 - a. Homelessness impacts all cities in San Mateo County. Therefore, funds set aside for the purpose of expanding housing capacity should be available, to all cities to invest in additional housing and supportive services for all residents, with a special focus on clients with mental health and substance use issues.
 - b. Any additional investments should be accompanied by evaluation measures and funding to support outcome-based evaluations.
7. Balance Investment - There needs to be a balance between investing in affordable housing and investing in other critical mental health and substance use services.
8. Ensure Flexibility to Address Local Needs
 - a. There is not a “one size fits all” approach.
 - 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.
9. Address “Not in My Backyard” (NIMBY) and Siting Challenges - Housing initiatives should support efforts to reduce stigma and housing discrimination against people with mental health and substance use challenges.

In addition to these principles, NAMI, which also recognizes the significance of housing in the recovery process, has identified four key needs that housing for people with mental health and substance use conditions should meet¹:

1. Housing should be affordable. Ideally would have to pay no more than 30% of one's income for housing costs.
2. Housing should offer the right amount of independence.
 - a. Having the freedom to choose where and what type of housing one wants.
 - b. Being able to determine the level of independence and care works best for one.
3. Housing should meet physical needs. Having housing features such as ramps or alarms with blinking lights as well as being close to treatment providers, community resources, and public transportation.
4. Housing should be discrimination-free.
 - a. The Fair Housing Act bars discrimination in rental housing based on disability.
 - b. Landlords and property owners cannot refuse to rent someone because of a disability, must make reasonable accommodations, and must allow for modifications that meet one's needs.

Recommendations

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

- 1) San Mateo County and cities should continue exploring tenant protections such as no-fault evictions
- 2) Encourage the housing authority to improve Section 8 by expanding rental opportunities and increasing the subsidy maximums
- 3) Push for inclusionary housing in rentals
When a developer gets approval to construct a new building for high end incomes, they would set aside 20-25% for affordable units. High end units subsidize those on the low end
- 4) Seek out potential hotels/apartments to purchase and provide case management and other supportive services
- 5) Find property for supportive housing, including county property.
Conduct a feasibility study to find proper acreage to locate such property
- 6) Increase County resources to provide housing subsidies for behavioral health clients
- 7) Support the Housing First approach for behavioral health clients
- 8) Coordinate systematic efforts between County departments and institutions so that consumers/clients are not discharged to homelessness or dangerous situations in general, after having received institutional care

- a. Prioritize people with mental health and substance use conditions (in addition to families with children under five and seniors) in a Coordinated Entry System
 - b. Prioritize or repurpose shelter capacity for dedicated emergency beds for those leaving institutions for whom a permanent housing option has not yet been identified
 - c. Create and support policies that prevent clients from being discharged to homelessness
- 9) BHRS should support property managers/owners or landlords to retain current housing units and encourage expansion by engaging property managers/owners in a conversation on how they can be supported in terms of aiding and assisting behavioral health clients
 - 10) Unlicensed room and board are not preferred for behavioral health clients
 - 11) Ask our representatives in Congress to introduce legislation to index low-income and affordable housing standards for high income states

Conclusion

The MHSARC conducted three Community Forums on Housing to fulfill its obligation of advising the Board of Supervisor 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 who gave testimony (and likely those consumer and family members unable to testify) 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.

Citations

- 1 “Securing Stable Housing.” National Alliance on Mental Illness. (2016)
<https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Securing-Stable-Housing>.
- 2 “Housing Statistics.” County of San Mateo Department of Housing. (2015).
<http://housing.smcgov.org/housing-statistics>.
- 3 “How San Mateo County’s Housing Market is Failing to Meet the Needs of Low-Income Families.” California Housing Partnership Corporation. (2014). <http://chpc.net/wp-content/uploads/2015/11/20-HousingNeedSANMATEOFINAL.pdf>.
- 4 “Who Needs Housing.” National Public Radio.
<http://www.npr.org/news/specials/housingfirst/whoneeds/index.html>.
- 5 Get Healthy San Mateo County. “Healthy Housing.” Strategies for Building Healthy, Equitable Communities. (2015). Print.
- 6 “Recovery and Recovery Support.” Substance Abuse and Mental Health Services Administration.(2015). <http://www.samhsa.gov/recovery>.
- 7 “Housing Crisis Resolution System Briefs: Part 2: What is a Housing Crisis Resolution System?” Focus Strategies. (2015). <http://focusstrategies.net/wp-content/uploads/2015/07/FS-System-Pubs-Part-2-What-Is-HCRS-071015.pdf>.