

**Housing Initiative Taskforce Meeting #1
MHSARC Older Adult Committee Meeting – 3/3/21**

Question & Answer

- 1. Would it helpful to include some quantitative goals also? For example, increase housing availability by 20% in next three years.**

A: Absolutely, this is what the Taskforce Meeting #2 in April will be about ... to identify and prioritize outcome goals that will then inform the strategies we fund

- 2. Will this revenue that is higher have to wait until the next 3-year funding cycle?**

A: No, MHSA Annual Updates allow us to make updates to the current Three-Year Plan, including updates to the budget allocations. The next Annual Update will be submitted after we complete the Taskforce recommendations so that these can be incorporated, which means funding will be available to spend in the next Fiscal Year 2021-22.

- 3. Will the one-time funding allotment be voted on and divided and promised toward some of those aspects, for example, housing renovation, etc.**

A: Yes, Taskforce participants will prioritize across funding allocations and make a recommendation to the MHSA Steering Committee and the Mental Health and Substance Abuse Recovery Commission (MHSARC) for use of both ongoing budget allocations and one-time funding. The final recommendations will be open to a public hearing and 30-day public comment then voted on by the MHSARC to submit to the Board of Supervisors for final approval.

- 4. Can we get a list of those [one-time spend] suggestions so we can think about them?**

A: Suggestions for how to spend one-time monies will come from this Taskforce process. The slides describe categories for the types of items that can be one-time including, brick and mortar, housing projects, system development efforts, technology infrastructure, renovations.

- 5. I know our topic of discussion is Housing but, is that a distinct silo or does it include the types of supports that clients need even if not living in an MHSA unit?**

A: Absolutely. [The Fact Sheet – How Can MHSA Be Used to Support Homeless Individuals](#) that was reviewed during the presentation and provided in your meeting materials outlines all items that are eligible for MHSA Funding

- 6. You mentioned No Place Like Home (NPLH) funding, does that mean we are committed to the program and that we will abide by their restrictions regarding criteria for clients use of the units.**

A: Yes, for the NPLH funded units.

A: At this point we only have one project with 9 units that will be under the NPLH funding and restrictions.

7. The Governor's Budget includes \$750 million allocation for infrastructure, will we be discussing way to utilize this funding?

A: The MHSA funds you are referring to are state-level (not County). The State will allocate these specific infrastructure funds, whether it will be a competitive process and when this funding will be available... we do not know and we may not know by the time we have completed our Taskforce. So, we will not focus on this specific funding during the Taskforce. Nonetheless, any priority ideas that come out of our process that apply to this funding, once we know more, we may pursue.

8. What is the possible range for the one-time MHSA allotment for housing projects?

A: We do not know yet. This will become clearer within the next month as we receive the State budget adjustments. We will have a dollar amount allocated by no later than our final Taskforce meeting in May.

9. Will this initiative be discussing the needs and upkeep of the current units that we have and what resources those clients need in terms of support?

A: The upkeep of current units is something that can be discussed further as we move into development of activities and strategies to fund, Taskforce Meeting #3. Resources for clients is something that will be addressed in the Housing Continuum and Housing Assistance Services.

10. Was Marianas Housing for BHRs Clients presentation recorded?

A: Yes, all presentations have been recorded and posted on the MHSA website (www.smchealth.org/MHSA) under "Announcements."

11. Are models such as St. Matthews being discussed.

A: As we move into development of activities and strategies to fund, Taskforce Meeting #3, best practices will be identified.

12. Is it possible to get a listing of all these Drop-in centers and their locations?

A: Following is a list of agencies that provide drop-in services for clients, including links to their website for the most current information:

- Mental Health Association [Friendship Center](#)
- [Heart & Soul, Inc.](#) (for enrolled members)
- [California Clubhouse](#) (for enrolled members)
- [Voices of Recovery](#) (for enrolled members)
- [Edgewood Transition Age Youth Drop-in Centers](#)
- [Core Service Agencies](#)
- [The Barbara A. Mouton Multicultural Wellness Center](#)

13. Since COVID how do homeless individuals get in a shelter? Can we get info on number of beds broken down by men, women veterans and those with mental health?

A: Homeless individuals must register with their local Core Service Agency in their community via the Coordinated Entry Services process to get connected to shelter or other housing resources aligned with rapid re-housing model.

The Coordinated Entry Services does address needs of specific populations (women, veterans, mental health needs, etc.). COVID-19 has changed the availability of beds quite a bit. Currently, we do not have bed availability broken down by subgroups of populations but, we have requested it and will share it as it becomes available.

14. At the end of 3AB renovation, we will get the 12 beds back, correct?

A: Currently, there is a rolling closure of 12 units until renovations are completed. There may be other budgetary issues; we will follow this closely and keep you all updated.

15. What is going on with Hotel Housing during COVID?

A: 77 hotel rooms leased currently during COVID. The County has purchased three motels to add more transitional housing capacity and permanent supportive housing for seniors. We will keep you posted as we learn about plans for occupancy in the new units.

16. Do we have Alcohol and Other Drug (AOD) Residentials for Youth & TAY? How many transitional housing is there for AOD?

A: TAY 18+ can use adult programs. There are efforts to have a TAY component in our current residentials. There is no under 18+ residential program in San Mateo County.

17. What is the difference between Whole Person Care and Full Service Partnership (FSP)?

A: These are two different programs. Whole Person Care serves individuals who struggle with chronic homelessness, mental illness and substance use and are high-end users of medical services, they receive care navigation supports including field-based medical care and care coordination, transition from institution to community living and substance use recovery supports.

<https://www.hpsm.org/community-impact/whole-person-care>

FSP provides community-based services for individuals with Serious Mental Illness (SMI) and behavioral issues that require more intensive supports to remain successful in the community.

<https://www.smchealth.org/article/mhsa-dollars-help-create-support-systems-around-clients>

18. Is Whole Person care new? We have residents with serious substance abuse issues as well as physical issues that could benefit from either of these programs, are providers identifying older clients that need these services.

A: The Whole Person program started in 2016. The program focuses persons who are high end users of the County Medical Center Emergency Department. Many are those who participate in the program are seniors.

19. What does whole person services eligibility mean?

A: Whole person care targets individuals with co-occurring mental illness and substance use as a key criterion along with being high-end users of the San Mateo Medical Center services.

20. When a person's recovery makes them not FSP eligible, what happens? Do they lose their supportive housing, case management services?

A: FSPs if individual moves along in the continuum of recovery they can continue as FSP participant but, move into a lower tier of support. FSP participants are not discharged just because they become well. Recognizing that the supportive services and housing contributed to their recovery.

21. How much of the funding will be allocated to those currently housed who are at risk of homeless on fixed incomes, whose housing payment standards have not been adjusted to the cost of living increases, sometimes raising the rents to where people can't afford to relocate to cheaper housing and risk being one rent increase from homeless.

A: This is an example of a strategy we may prioritize for funding. Thank you for bringing it up. As we move into development of activities and strategies to fund, Taskforce Meeting #3, best practices will be identified and prioritized. After the prioritization, we will then conduct the research to propose budget allocations.

Participant Comment 1: Funding for housing for AOD and Peer Support Counselors needs to also be addressed. Many of us who have lived experience and are now working on the front lines of SUD and Mental Health are having to live in transitional houses, sober living houses or have to rent a room.

Participant Comment 2: the rent abatement and payback program was useless to those of us still struggling to pay rent due to COVID because we still get SSI and SSDI so we cannot show a decrease in employment wages.

22. On the MHSA fact sheet the 3rd bullet point under "MHSA Housing Program" "For each dollar MHSA provided, the federal govt. provided \$4.50...", is that statement correct or should it be a percentage (45%)?

A: This is correct. This is speaking to the federal dollars that were leveraged for every State dollar (via MHSA) used on developing housing units.

23. I get asked a lot by clients who need housing coming from AOD residential how to submit an application for Mainstream Housing Voucher. Does the individual need to have a case worker from a core agency to submit the application?

A: A client typically must be linked to a case worker (via BHRS, shelter programs, etc.) although, the Dept. of Housing has made some exceptions. If you have specific questions about enrollment for mainstream reach out to Mariana Rocha, mrocha@smcgov.org. Some types of AOD residences such as sober living environment have different qualification rules, versus residential treatment facilities, because temporary placement may be considered at risk of homelessness.

24. Has any thought been given to holding a focus group for those currently in one of these living situations to hear firsthand what their needs are?

A: This is a great recommendation, thank you. We will look into this. A few years ago, the MHSARC hosted a listening session on this topic where we heard from a lot of clients firsthand and they published a report based on the recommendations. The report was used to inform this process. Additionally, in 2018, the No Place Like Home planning process also interviewed clients, peers and family members with lived experience accessing housing supports. We will be building off of this report as well.

25. How does quality control happen for out of county rehabilitation centers?

A: The Collaborative Care Team under BHRS Licensed Facilities are responsible for placing clients out of county in BHRS contracted facilities. There is a CCT clinician assigned to each out of county facility and check in with clients and support clients reaching their treatment goals. The CCT clinicians provide in person visits with clients, and check in with facility staff. They go out to facilities and meet with clients at their placements. They follow all reporting laws in terms of any reported or suspected abuse. In addition, they are required to follow up with their supervisors pertaining to any suspected or reported abuse. All conserved clients their conservators also schedule visits with clients and they follow all laws pertaining to suspected or reported abuse.. If there are any concerning issues for any clients pertaining to quality of care these issues are raised to a supervisory level by CCT staff and/or Deputy Public Guardian Supervisor and BHRS Licensed Facilities Manager (contract monitor for licensed facilities) and Aging and Adult Services Manager are informed for higher level or contractual issues that need to be addressed at a Managerial level.

26. What is duration of housing support for Pathways and FSP?

A: Housing support for clients in Pathways and FSP is available for the duration of their enrollment in the program. When a client graduates the Pathway program, a housing maintenance plan is established to support them ongoing.

When FSP participants are eligible for a lower level of service in the FSP, they are able to maintain their housing.

27. I want to ask about the money for help with rent and utilities but Judy said that was for past due amounts, unfortunately to stay housed and keep out lights on many of us have to struggle to pay those bills. There needs to be some support for SSI and SSDI clients who struggle during covid and have gone into debt to pay rent and bills or have been forced to live on credit cards. Can't we get some support?

A: SSI and SSDI clients did qualify for COVID stimulus payment. Any immediate issues should be shared with a case manager who might be able to identify additional resources. As we move into development of activities and strategies to fund, Taskforce Meeting #3, best practices will be identified.

28. What are qualifications for at risk for homelessness?

A: Depending on funding sources there are slight variations. For the purposes of the MHSA Housing Program it was individuals at risk of eviction, losing board and care, release from institutions like Cordilleras or temporary residential treatment. The federal definition was much more expansive and included individuals paying more than 50% of income on housing. We will look into this and what the current standard is.

29. There seem to be many different paths to get housing for the mentally ill each with their own criteria and entry portals. Wouldn't it be helpful to consolidate all of these to make it easier for the mentally ill homeless people in our county?

A: Yes, this would be helpful. As we move into development of activities and strategies to fund, Taskforce Meeting #3, best practices will be identified.