Housing Initiative Taskforce Meeting #2
MHSARC Older Adult Committee Meeting – 4/7/21

Additional considerations for Housing Continuum:

1. Pre-Housing Engagement
    - Providing incentives for people to engage in pre-housing activities, education, training and services is missing and probably vital for engagement and long-term success.

2. Housing
    - Transitional housing needed for chronic homeless to assure more successful transition to permanent housing.
    - Alternative housing options such as communal living communities … more housing, less expensive, healthier social environments.
    - Special Populations: clients returning home to SMC from prison who are SMI (e.g. halfway house). Clients are being put on waiting lists when released when they need immediate transitional housing support to avoid committing new crimes.

3. Housing Assistance
    - Regular workshops regarding applying for rental assistance programs.
    - Assistance filling out the housing assistance rental applications. Housing Groups help support people to complete paperwork. It's an easy activity that peers can facilitate including making requests for accommodations for things like extended time for individuals with disabilities.
    - Moving supports to find more affordable housing. Housing navigators can support this.

Other considerations:

- There are some new field services from the San Mateo County Healthcare for Homeless/Farmworker Health Program - both that recently started and some that are in the planning stages:
    1. As of late 2020/early 2021, a Behavioral Health Outreach Specialist has been attached to the Street Medicine Team, this is in addition to a psychiatrist. The type of activities are include Alcohol and Drug Counseling, Motivational Interviewing, and Screening, Brief Intervention, Referral to Treatment (SBIRT) screenings.
    2. Planning to start summer/fall 2021, care coordination to support people exiting homelessness* into more stable housing (i.e. leaving shelter into a rent-subsidized apartment) and to stay connected to healthcare -- behavioral health, primary care, and dental
    **Via referral from homeless agencies, provide behavioral health screening, individualized case management/care coordination plan, help patients execute care coordination plan. Will provide on-site behavioral health education/outreach at county shelters* and a *Licensed psychiatric social worker attached to Homeless Outreach Team a focus on unsheltered homelessness modeled after the HEAL team but much smaller due to smaller available funds*
- People on assistance are required to pay the difference whenever there is a rent increase, often bumping their contribution to up to 75% of the rent.

Breakout Notes – Housing Outcomes

Question: What is the impact we want to see on the health, wellbeing and lives of clients

Housing for Individual with mental health challenges

Comments	Outcome
• Clients' natural resources and family/community connections would be utilized in their recovery as they want it so that their self-determination continues to drive their progress and their level of independence. Their recovery path is supported at every stage, including housing. • Continue with supports for independent living skills. • Clients are independent and self-sufficient and functioning at their highest level possible	Clients' recovery and self-actualization is supported at every stage of their lives to promote their highest level of functioning
• People have safe, decent and affordable housing. • That everyone has a safe home • Have a stable home • Those that do get better…those that are more resilient are the TAY population. Housing is a prevention and early intervention for TAY.	Clients have safe, adequate and affordable housing
• Once someone gets housed and are in housing for a while, they fall off the radar because they have the level of support that they need…. Need to make sure this is available long-term. • Adequate, appropriate level of support for individual being housed. • Peer supports, FSP providers follow-through and if not, then people will give up. • Developments (Housing Choices) working for years to get units for developmentally disabled population; these adult children are supported through the regional centers and there's funding to do that. For SMI population, parity funding is not there • Groups that are chronically disabled, older adults, don't have other supports or means or providing for themselves, those are most vulnerable groups and have to be taken care of.	Clients have the adequate, long-term supports and resources to help them maintain their housing

• Greater opportunity for engagement with the community via vocational, educational, volunteering. They're entire identity doesn't have to be as a consumer. • Engagement with the community (vocational, friendships, productive). • Have increased stability in the community	Clients meaningfully engage and are connected with the community via occupational, volunteer, education, etc.
Families: • Feel that adult children are going to be ok • Supports so that children are not lost in the system – don't manage financials (medi-Cal, social security). • Families want a peace of mind, want to make sure children are going to be ok • Confidence that all people providing supports and services are going to be there when needed. As a parent, would like to know that if son has a medical problem that someone will take care of it. • A&AS supports the parents but in terms of housing, there needs to be supports for the adult children.	Families feel trust and confidence that clients receive quality supports and services
• Transparency and outreach/education to end stigma (fear of unknown is what people react to housings developments for SMI). Getting community to buy-in to address negative comments for housing developments • For SMI population… they are not as welcome in these developments. • When clients are released from hospitals, prisons or asked to leave shelters without housing… those are the individuals that end up on the street and others are concerned about.	Community is welcoming and supportive of safe homes for all
• Decreased need for emergency services. • When individuals have safe and affordable stable housing, we reduce community crisis.	Community crisis and need for emergency services is decreased

Pre-Housing Engagement and Housing Assistance

Comments	Outcome
• Simplified, centralized way to reach out for help without all the run around (person, dept, resources). Be able to get a hold of someone who can help you with housing (not a counselor, case manager). Single point of contact for housing assistance. • Peer case manager or navigator to provide the support necessary, occupational therapy, connections, community resources. • Need coordination across the Bay Area - between housing locators	Clients have simplified, easy to navigate supports for finding and securing housing
• One-to-one support; assigned personal navigator for the duration of need (vs. from one counselor to another) and not doing hand-offs or registered in a centralized system so that clients are not repeating themselves over and over. • Family members can step in to support when have staff turnover • Consistent case managers - a lot of turnovers, undervalued (living wage to case managers, pay them more, support them more); it's difficult for clients to attach and reconnect • What elements of best practices (e.g. Assisted Outpatient Treatment) can we implement? Upgrade the profession of case management. If we are going to have retention of case managers, we need to pay them more, support them and have them feel like this is their calling. • Self-sufficiency for both programs and clients. Peer certification will support this if we are able to bill appropriately.	Clients have the adequate, long-term supports and resources to help them maintain their housing
• Housing has allowed me to heal and give back to the community… would like others to experience this • Positive outcomes on clients will have corresponding impact on families and communities	Clients meaningfully engage and are connected with the community via occupational, volunteer, education, etc.