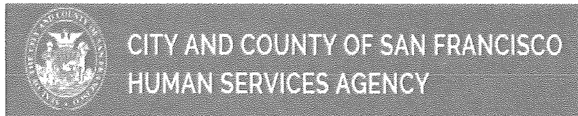
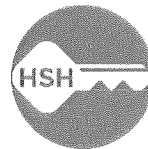
Presented in Committee - March 14, 2019

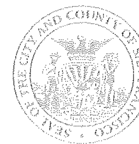
Behavioral Health Services for People Experiencing Homelessness

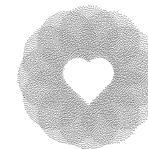
Public Safety and Neighborhood Services Committee





DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING





San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Patient Story

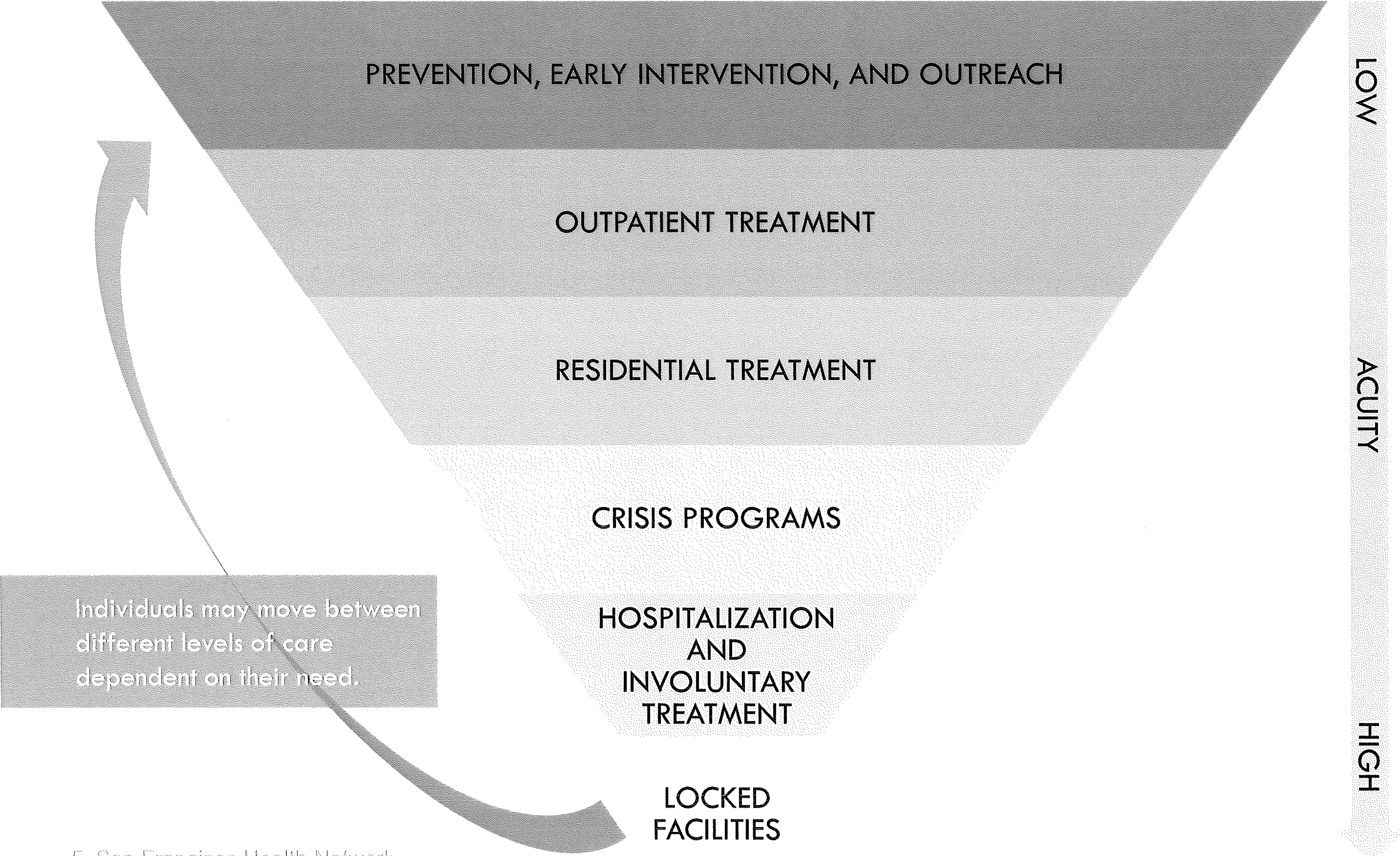
Overview

- Over 13,000 individuals experiencing homelessness served in Fiscal Year 17/18
- "No wrong door"
  - Clients are seen when and where they access services
  - Referrals and connections to behavioral health services, housing, and benefits as appropriate
- "Meet people where they are"
  - DPH: Street Medicine, Engagement Specialists, Mobile Crisis
  - HSH: SF Homeless Outreach Team, Encampment Response Team, Larkin and HYA (Youth), Mobile Access, Family Access Points, Adult Access Points
  - HSA: benefits screening and enrollment at Navigation Centers, shelters, Access Points
  - HSOC: interagency approach for outreach and response

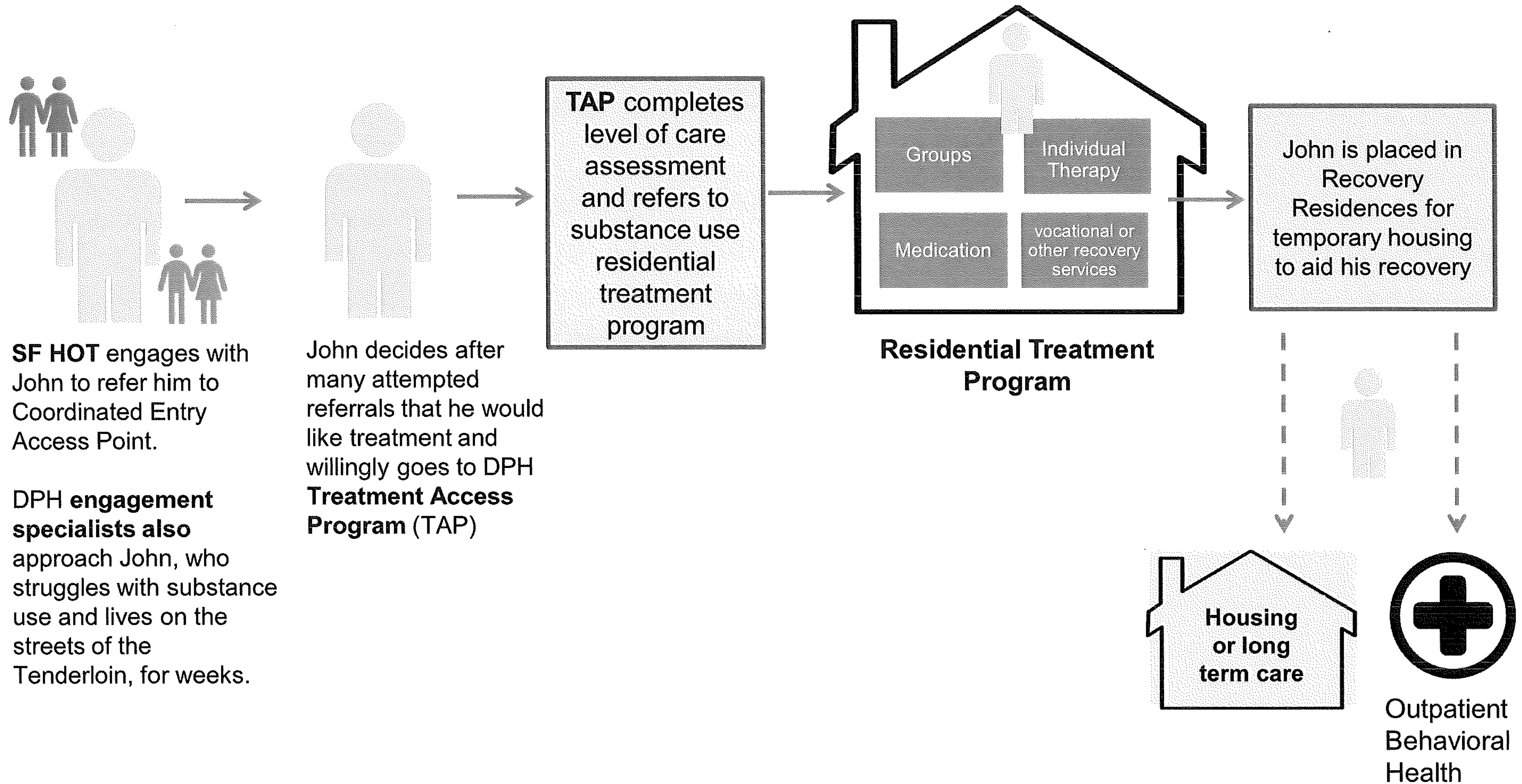
Roles and Collaborations

- **Public Health** – Provide medical and behavioral health services
- **Homelessness and Supportive Housing** – Outreach, shelter, housing, support services
- **Department of Human Services & Department of Aging and Adult Services** – Benefits linkages, case management and conservatorship
- **Police Department** – Outreach, refer to services, or detain
- **Departmental Collaborations**
  - HSOC
  - Whole Person Care
  - Interagency Prioritization Workgroup
  - Coordinated Entry Mobile Access Points

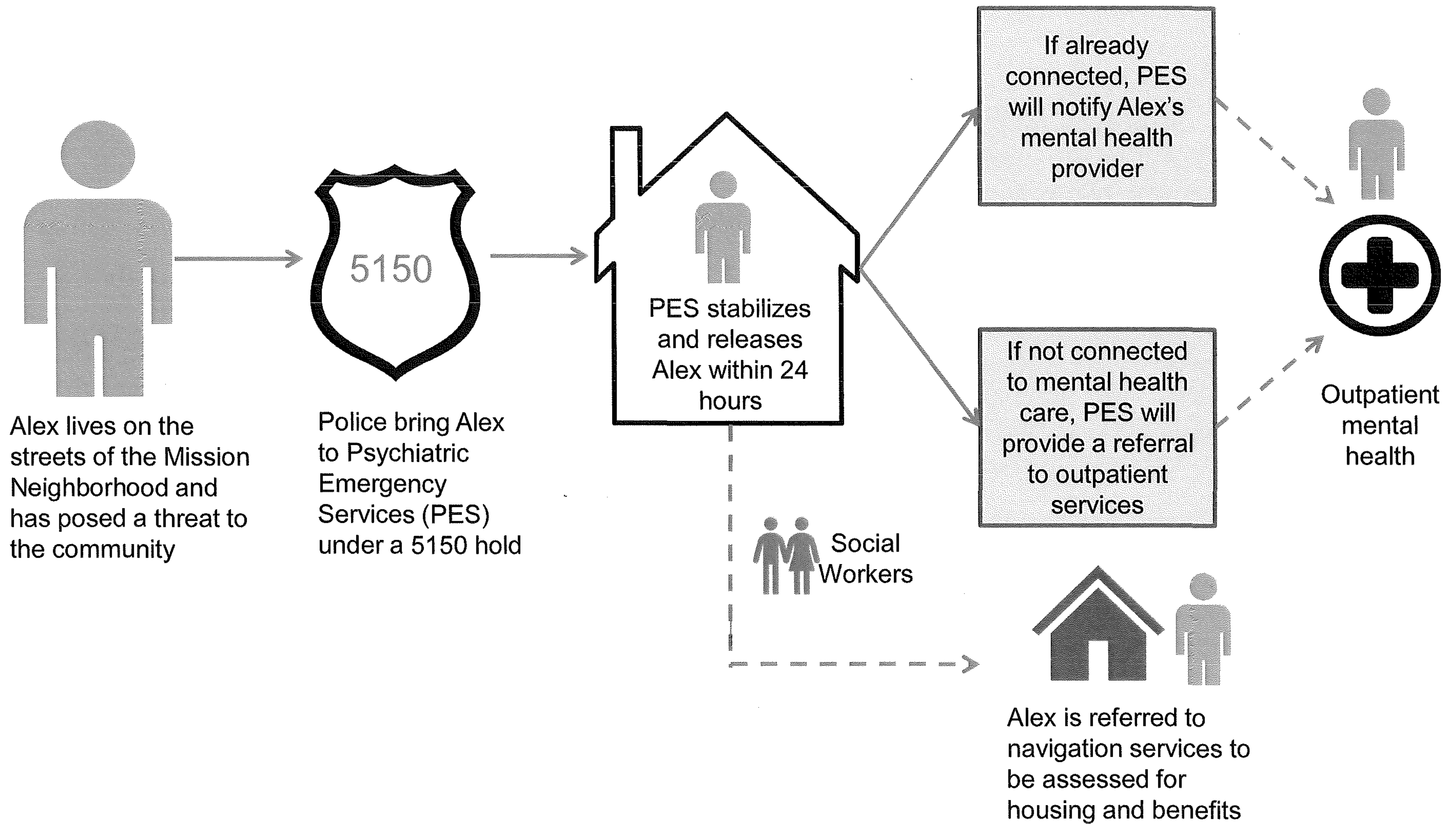
Behavioral Health Spectrum of Care



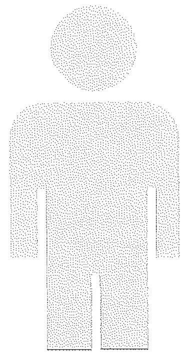
Substance Use Scenario: John



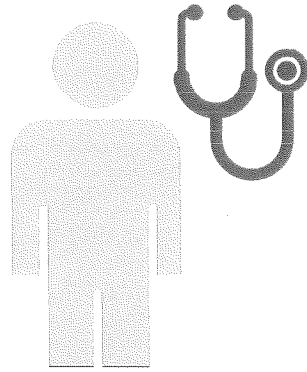
Crisis Scenario: Alex



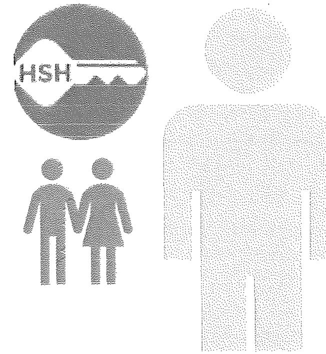
Physical Health Scenario: Maria



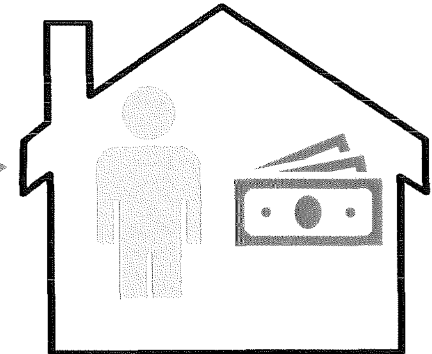
Maria is living on the streets of SOMA and has open sores on her legs.



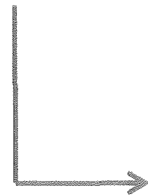
DPH Street Medicine nurses encounter Maria and address her medical needs.

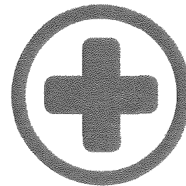


SF HOT, working alongside Street Medicine, refers Maria to a coordinated entry access point.



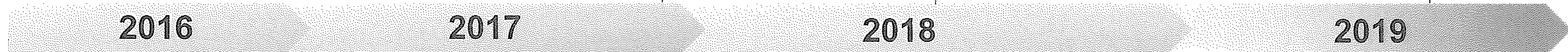
Maria is assessed by Coordinated Entry and is assigned priority status. Maria is screened for benefits eligibility and assigned a Housing Navigator/ Stabilizer who places her in permanent supportive housing and provides housing stabilization follow up care.





Street Medicine refers Maria for ongoing primary care services.

DPH Investments and Initiatives 2016-2019



Nov

Low Barrier Medications for Addiction Treatment
Pilot program to provide addiction treatment with few barriers.

Dec

Health Fairs
First health fair dedicated to harm reduction services, health promotion, and care targeted to people experiencing homelessness.

July

Street Medicine and Shelter Health
Team expanded to provide additional outreach and medical services for people exp. homelessness.

Aug

Hummingbird Place
15 beds opened to serve as navigation center for clients with behavioral health issues.

Dec

Medical Respite
Added 31 beds to provide post-hospital recuperative care and sobering services for people too sick for shelters or the street.

Jan

HSOC
Interagency coordinated response to street behavior and people experiencing homelessness.

Mar

San Francisco Healing Center
40 beds added for behavioral health residential treatment.

July

Low Barrier Medications for Addiction Treatment
Expanded pilot program to include 10 staff providing addiction treatment.

Feb

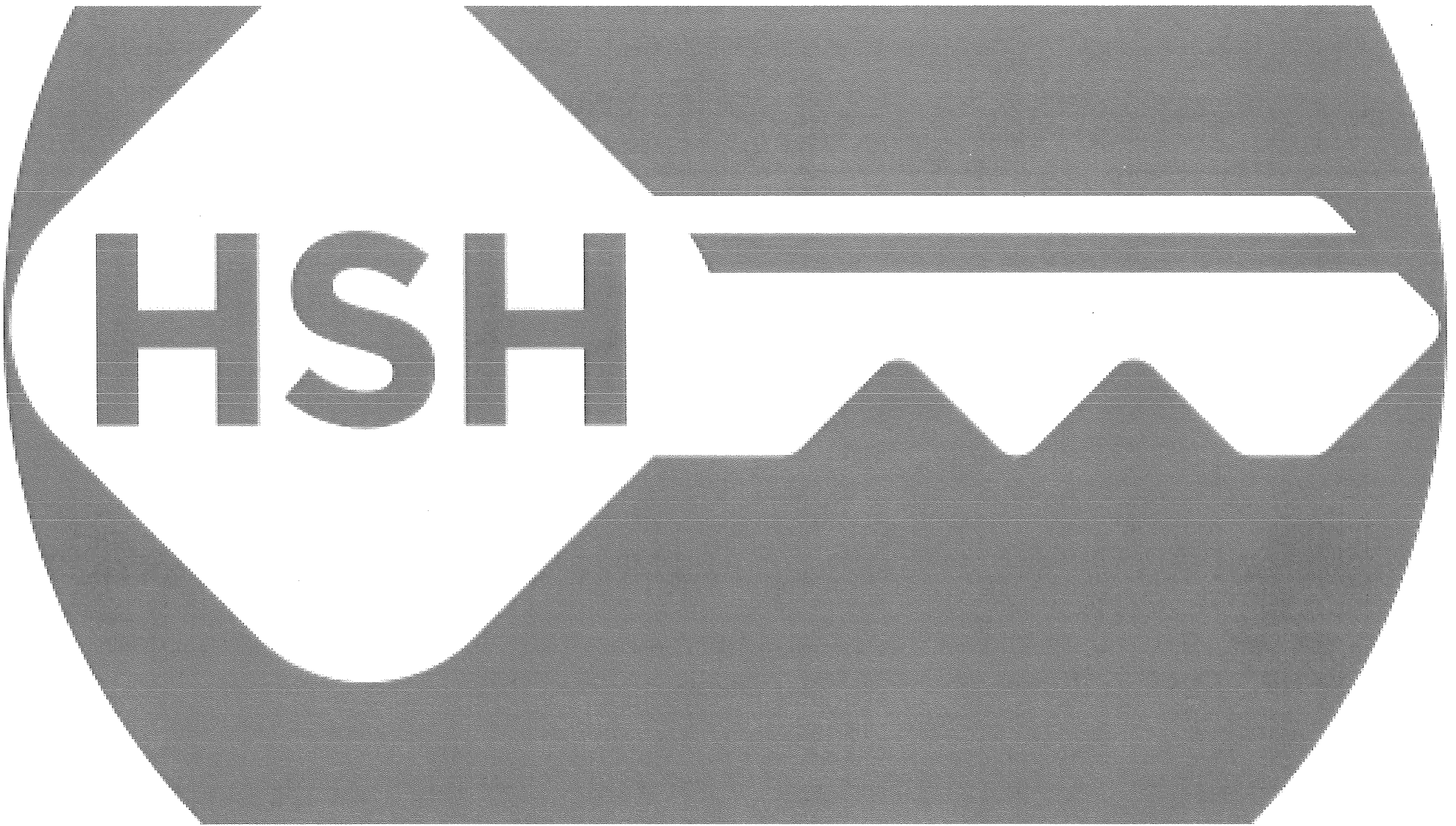
Hummingbird Place
Increased capacity to 29 stabilization beds to care for clients with behavioral health issues.

May

Improved Linkages
Adding peer counselors and social workers to PES and Hummingbird.

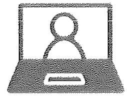
July

Recovery Residences
Opening 72 new transitional housing beds for people exiting substance use treatment programs.



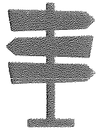
Department of Homelessness and Supportive Housing

Core Components of the System

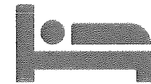


Coordinated Entry

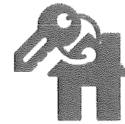
Street Outreach



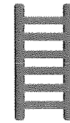
Problem Solving



Temporary Programs & Shelter



Housing



Housing Ladder

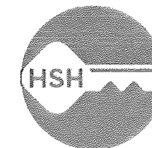
SF Homeless Outreach Team (SFHOT)

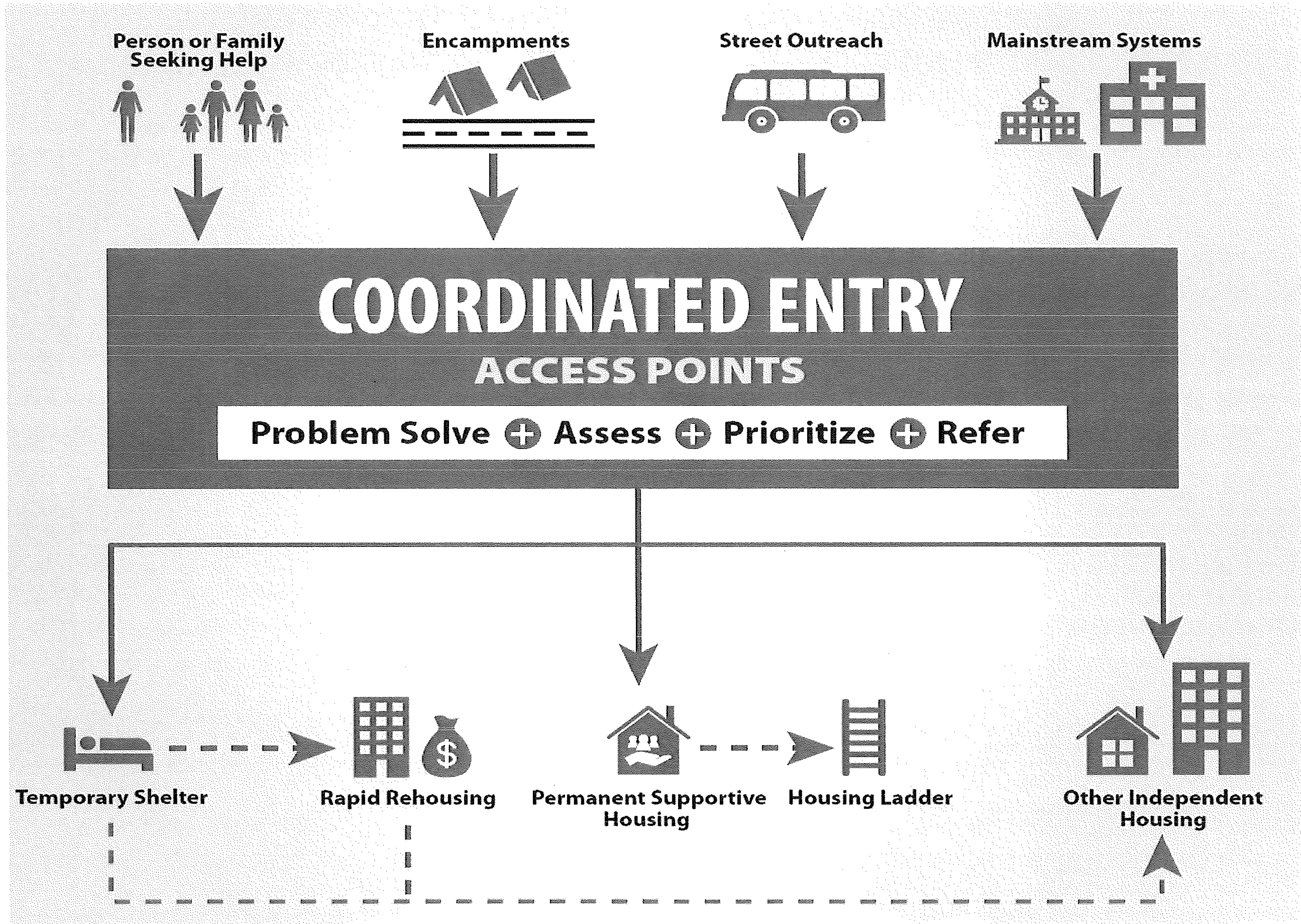
Connects unsheltered San Franciscans with services, medical care, and shelter to help them move off the streets and stabilize their lives.

- Multidisciplinary approach to outreach and care management
- Can be deployed through HSOC or 311
- Work in every district, in BART, MTA, Rec and Park, and Library
- Encampment response team

❖ *Collaboration point – HOT is deployed in partnership with Street Medicine*

❖ *Collaboration point – ERT works with DPH to provide specific health resources to people in encampments*



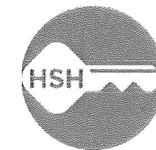


❖ *Collaboration point – Assessed as needing a higher level of care*

Problem Solving

- Conflict Resolution/Mediation
- Homeward Bound
- One Time Assistance
- Prevention Assistance

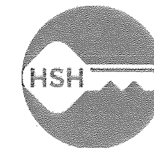
❖ *Collaboration point – First encounter, triage, engage, refer*



Temporary Shelter

- Emergency Shelters – 2,050
  - Adults and TAY Year Round – 1200
  - Adults Winter – 100
  - Stabilization Rooms - 100
  - Family beds – 650
- Navigation Centers - 500
  - Time Limited ~230
  - Path to Housing ~265
- Shelter Access for Everyone – 1,000
  - Larger sites – 150-200 beds
  - Low-barrier
  - Services on site, leverage other resources

❖ *Collaboration point – Shelter Health, Clinics, Hummingbird, benefits navigation*



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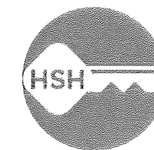
Housing and Housing Ladder

- Rapid Rehousing
  - 200+ in current system
  - 400+ new Heading Home for families
  - 500 new Rising Up for Youth
  - 40 new for Adults
- Permanent Supportive Housing
  - PSH for adults – 6,700
  - PSH for TAY – 377
  - PSH for families - 710
- Housing Ladder
  - Moving On Initiative – 175+
  - Bristol/Step Up - 157

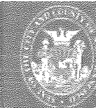
❖ *Collaboration point – Transitions, ICM, Case Conference, IHSS*

❖ *Collaboration point – HSA and DPH services intermingled in PSH with frequent overlap and collaboration*



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Human Services Agency: Department of Human Services



Public Benefits

Data Overview

- County Adult Assistance Program (CAAP):
  - 750 homeless clients, 16% of all CAAP clients; eligible for Care Not Cash (CNC) housing
  - 1300 current or formerly CAAP clients housed through CNC; 5,167 since 2004
  - All CAAP applicants screened for SSI eligibility
- CalFresh: 6,379 homeless clients, 13% of all CalFresh clients
- Medi-Cal: 9,837 homeless clients, 5% of all Medi-Cal clients

People experiencing homelessness

- Often face unique challenges in obtaining and maintaining public benefits
- Have lower rates of enrollment than their housed counterparts
- May have a difficult time managing complex systems that require multiple appointments and paperwork

Homeless Benefits Linkages Initiative

The goal of benefits linkage is:

- To meet people experiencing homelessness where they are
- Streamline business processes whenever possible
- Provide personalized support to help them navigate application systems

Programming/Pilots

- Eligibility Workers @ Navigation Centers and Project Homeless Connect
- HOT Workers + Eligibility Workers @ Shelters
- Housing and Disability Advocacy (State Grant)
- Expanded SSI Advocacy Services: Tipping Point Community Foundation Pilot

Navigation Center Benefits Outreach

- Partnership between DHS and HSH
- DHS outstations rotating Medi-Cal, CalFresh, and CAAP Eligibility Workers (EWs) at each of the five Nav Center sites (reallocating existing EWs)
  - Approves applications, expedites eligibility determination process and bypasses client traveling to a county office
  - Performs critical benefits retention functions
  - Recent Data Snapshot: 756 applications, 3/18 to 1/19

Homeless Outreach Team (HOT) Benefits Outreach Pilot

Need $?

Ask Tuquan

His office is on the 2nd floor
Monday to Thursday
7am-5:30pm

Take One

$

This paper could be worth up to $193 a month.

Ask Tuquan how.

His Office is on the 2nd floor
7am-5:30pm,
Monday to Thursday

$ This paper could be worth up to $193 a month. Ask Tuquan how. His Office is on the 2nd floor 7am-5:30pm, Monday to Thursday

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Necesita ?

Medi-Cal can get you dental care.

Preguntele a Veronique

oficina 103
lunes, miércoles, jueves: 7am-5:30pm
martes: 6am-4:30pm

Por favor, tome uno

Medi-Cal can get you dental care.

Ask Veronique how.

Room 103
Monday, Wednesday,
Thursday, 7am-5pm,
Tuesday, 6am-4:30pm

Medi-Cal can get you dental care. Ask Veronique how. Room 103 Monday, Wednesday, Thursday, 7am-5pm, Tuesday, 6am-4:30pm

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Housing & Disability Advocacy Program

HDAP

- $2.4m state grant to help disabled homeless people access SSI and housing
- Components: Outreach, Case management, SSI Advocacy, and Housing

Partners:

- DHS: SSI advocacy; program planning , oversight, reporting
- DAAS: Care planning, case management and housing stabilization, IHSS, client assistance funds
- HSH: administer housing subsidies, access to Permanent Supportive Housing portfolio

So Far

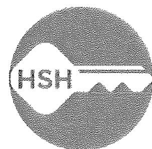
- 13 people housed, 4 awarded SSI benefits
- 25 in the pipeline (identified as HDAP-eligible), 50% assessed for housing through Coordinated Entry

Expanded SSI Advocacy Services Tipping Point Pilot

- Partnership between DHS, Tipping Point Community Foundation and CBO legal services providers to help homeless people access SSI
- Expands City's capacity to serve hard to reach populations:
  - Shelter and Navigation Center residents
  - Transition Age Youth 18-25 living on the street
  - Clients with hard-to-win cases
  - Clients assessed as being able to do some work but are struggling with their assignment
- Target: 350 over the three-year contracts

Questions

CITY AND COUNTY OF SAN FRANCISCO
HUMAN SERVICES AGENCY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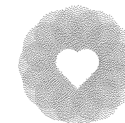
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