



County Behavioral Health Contributions to Housing for Homeless Clients

Counties' robust systems of mental health and substance use treatment support individuals on their long-term recovery path through providing permanent supportive housing, recovery housing, wraparound services and tenancy supports. This includes working with landlords and tenants to establish and maintain good relationships and maintain housing placements, paying for housing through vouchers, patches, and other direct payments, and engaging in housing development specific to county behavioral health clients. This document summarizes some of the ways that county behavioral health has worked to invest in and address the risk of homelessness among our clients.

No Place Like Home (2016-2023)

Under No Place Like Home (NPLH), the state created the opportunity for county behavioral health to finance up to \$2 billion in bonds to develop permanent supportive housing for individuals with significant behavioral health needs experiencing or at risk of homelessness. The California Department of Housing and Community Development (HCD) estimates that \$1.3 billion in funds have been awarded through Round 3 of NPLH. Counties currently have applications in for Round 4. HCD estimates that county behavioral health agencies will bring 61 new PSH projects online in 2022. Between 2019-20 and 2022-23, counties will contribute \$290 million in local MHPA funds to finance the NPLH bonds.

MHPA Housing Program (2008-2016)

Prior to NPLH, 51 counties contributed \$400 million in MHPA funds to develop the MHPA Housing Program, which resulted in the development of over 10,100 affordable rental units over 184 projects and leveraged other local housing funds to provide funding for ongoing rental subsidies.

Board and Care Patches

Board and care facilities are essential to housing clients of county behavioral health who require assistance with activities of daily living. Based on a 2018-19 survey of county behavioral health agencies, CBHDA estimates that counties spend at least \$60 million per year to increase payments to board and care providers who house clients of county behavioral health (i.e. "board and care patches"). The counties surveyed by CBHDA answered that they are supplementing 2,621 board and care placements with supplements ranging from \$15/day to \$400/day. Counties patch board and care facilities with Realignment (1991 and 2011), County General Fund, MHPA, Mental Health Block Grant, and Whole Person Care Funds.

Full-Service Partnerships

County behavioral health departments offer intensive programs for people with serious mental illnesses who are homeless or at risk of becoming homeless, including children, youth and adults through Full-Service Partnerships (FSPs) funded under the MHSA. These programs employ a “whatever it takes” approach to support a person’s recovery – bringing together housing, employment, and education opportunities, as well as intensive mental health and substance use disorder services. In a study of FSPs in Los Angeles County by RAND Corporation: homelessness, justice involvement, and hospitalizations for participants all decreased among FSP participants, producing savings of \$82.9 million over five years.

Full-Service Partnerships are modeled on the Assertive Community Treatment (ACT) model, available in every county, and represent the largest single program funded under MHSA. Despite this, when surveyed, over half of CBHDA members said that demand for FSPs in their county exceeded available capacity. In addition, housing options were not always available for clients. Of those counties who reported¹, their statistics on homeless FSP clients being served in the current year (2021-22), more than 12,000 clients were unhoused, of which 50% had been housed following their FSP involvement, and 61% remained unhoused during FSP involvement.

FSP Behavioral Health Services (Sometimes Medi-Cal reimbursable)

- Mental Health Treatment
- Supportive Services to Assist the Individual in Obtaining and Maintaining Employment, Housing and/or Education
- Peer Support
- Wellness Centers
- Personal Service Coordination/Case Management
- Needs Assessment
- Individual Services and Supports Plan (ISSP) Development
- Crisis Intervention/Stabilization Services
- Family Education and Reunification Services

FSP Non-Treatment Services and Supports

(Not Medi-Cal/Insurance
Reimbursable)

- Food
- Clothing
- Housing, including, but not limited to:
 - Rent Subsidies
 - Housing Vouchers
 - House Payments
 - Residence in a Drug/Alcohol Rehabilitation Program
 - Transitional and Temporary Housing
- Respite Care

¹ Survey results were received by 11 of 14 large counties. Survey results do not include San Francisco, for example, and therefore are likely to be underreported.

Outreach and Engagement Services

County behavioral health does not wait for clients to show up at our clinics or call for help. Outreach and engagement are essential to connecting individuals to services. For people who have already reached the point of homelessness, nearly every county has a mobile outreach and services team that works to meet individuals where they are at and coordinate food, shelter, and care. Often staffed by peers and clinicians, counties work with the individual to meet their immediate needs and to build rapport with the goal of longer-term stability. Outreach and engagement services are not reimbursable under Medi-Cal and are largely funded through the MHSA funds or grants.

Mobile Crisis Services

Two thirds of counties surveyed by CBHDA have mobile crisis teams which often provide crisis response services to individuals experiencing homelessness. Part of this crisis response includes linking individuals to more long-term treatment options. Mobile Crisis Services often, but may not always, leverage Medi-Cal reimbursement for individuals experiencing homelessness who may be difficult to identify as Medi-Cal enrollees for billing purposes during a crisis or emergency.

FSP Housing Challenges

In the 2022 CBHDA survey on housing for FSP participants, counties reported that connecting county behavioral health clients engaged in treatment through FSPs with housing is extremely challenging in the current high-cost, competitive real estate and rental market. Despite California's strong housing first policies, counties cite that landlords and even housing providers will not accept behavioral health clients due to poor or no credit history, past evictions, failure to comply with housing site rules (particularly related to substance use), or criminal backgrounds. Many clients rely on SSI to pay for living expenses and SSI is not sufficient for clients to maintain housing.

When a county behavioral health client graduates from an FSP program, FSP-linked housing support may no longer be available, and the client will often require ongoing supplemental funding from county behavioral health to maintain housing stability through rent subsidies or "patches" from the county.

"Most of my clients have a history of drug abuse and/or are currently abusing; expected as they try to cope with difficult symptoms. Many housing centers hesitate and at times refuse to accept our clients because of this. Stigma against clients that makes it more challenging for them to compete for affordable housing. Mainly, there isn't enough low-income affordable housing and the ones that do exist are so competitive that clients I serve aren't the ideal prospects. Housing is inequitable and not sustainable when more than half of a person's income will go toward rent."

"SSI is not enough to pay for housing and there is a need for alternate funds to pay for patches for rent."

Counties often use MHSA and realignment funds for housing, including NPLH funds, but also reported using realignment (1991 and 2011). About a third of reporting counties cited the ability to tap into Project Homekey for housing FSP clients. Every dollar used for housing clients instead of services means the loss of federal Medi-Cal funding share and treatment service dollars. However, given the challenges of maintaining recovery while unhoused, county behavioral health sees the value in dedicated housing resources.