Benioff Homelessness and Housing Initiative

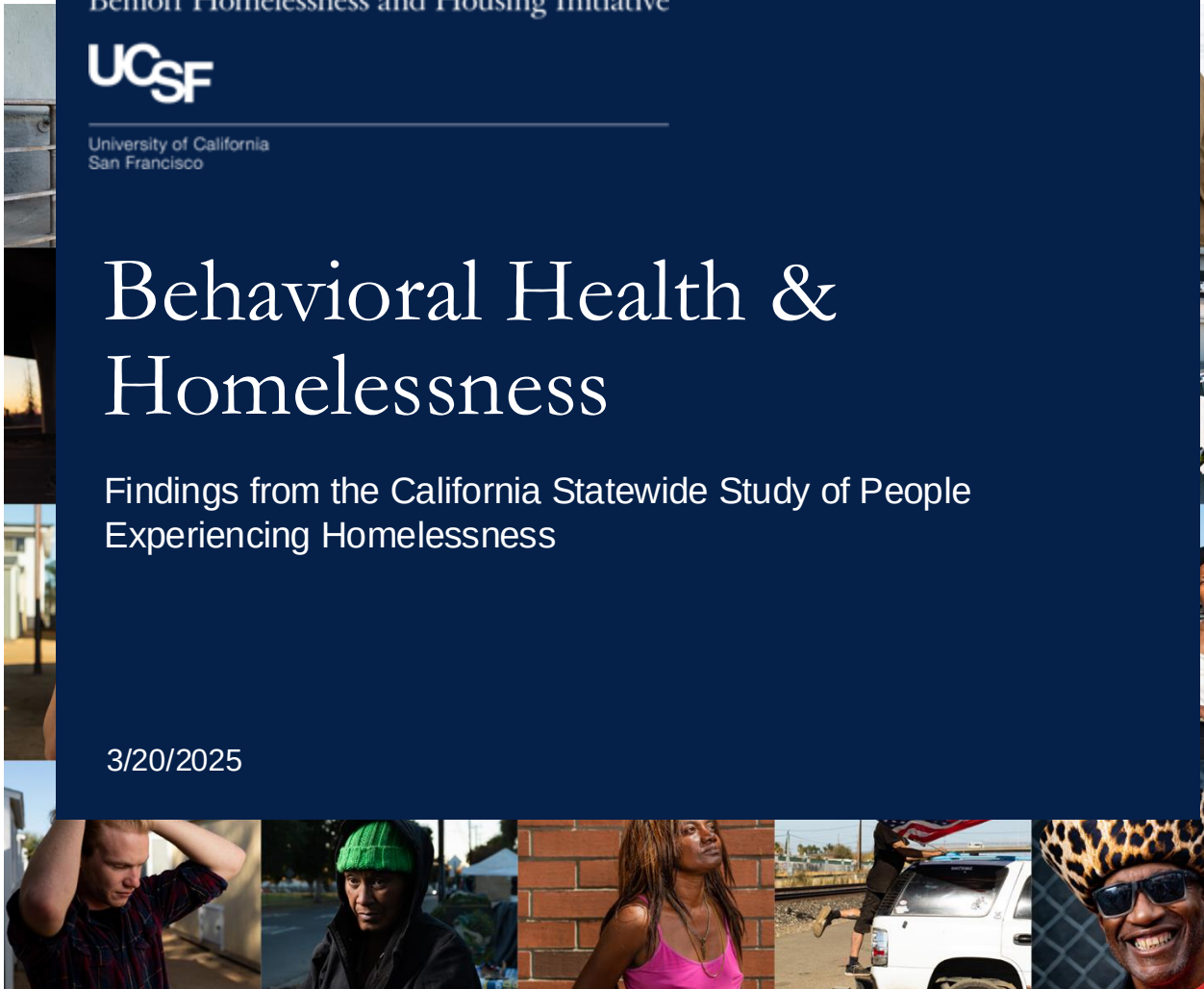
UCSF

University of California
San Francisco

Behavioral Health & Homelessness

Findings from the California Statewide Study of People Experiencing Homelessness

3/20/2025



Panelists

Margot Kushel
Director, Benioff Homelessness and Housing Initiative

Marc Dones
Policy Director, Benioff Homelessness and Housing Initiative

Claudine Sipili
Lived Experience & Innovation Director, Destination Home

Stephanie Welch
Deputy Secretary for Behavioral Health, CalHHS

Darrell Steinberg
Former Mayor of Sacramento; Former CA State Senate President Pro Tem

Behavioral Health and Homelessness Are Intertwined

Substance use and mental health challenges increase homelessness risk

Homelessness increases the risk of behavioral health challenges

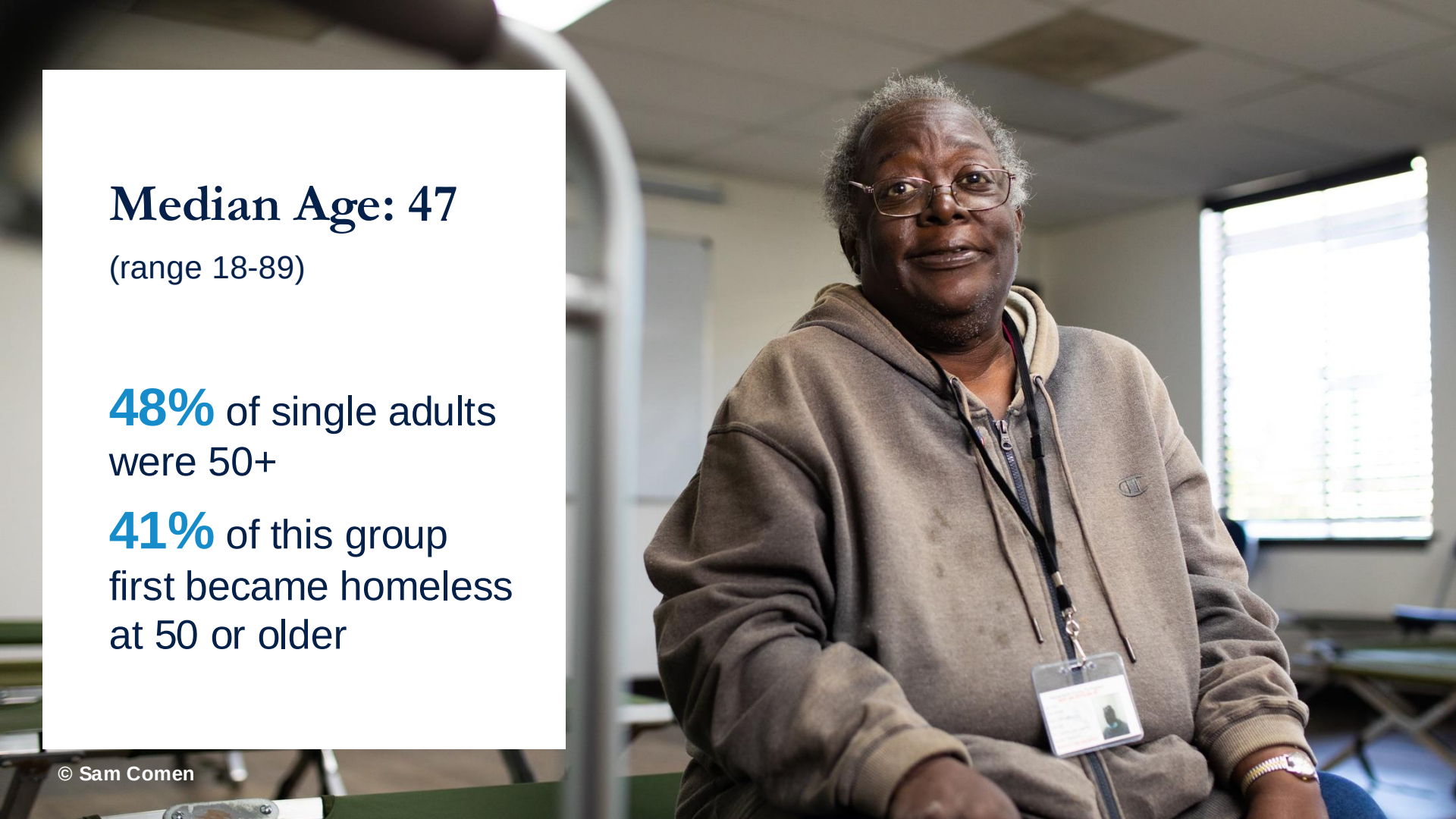
Our research answers the question: Who is homeless "today"?

Research that asks the question: who experiences homelessness over the course of a year will find lower rates of chronic homelessness and behavioral health problems

- Gender:
  - **69%** cisgender men
  - **30%** cisgender women
  - **1%** transgender/non-binary/other gender identified

© Sam Comen

- **26%** reported a Black racial identity (vs. 7% statewide)
- **12%** reported Native American, Alaskan Native or Indigenous identity (vs. 3% statewide)
- **35%** reported a Latina/o/x identity



Median Age: 47

(range 18-89)

48% of single adults were 50+

41% of this group first became homeless at 50 or older

Places slept most in past 6 months:

78% Unsheltered

- 21% Vehicle
- 57% Non-vehicle

22% Sheltered

Photo: Barbara Ries

In their lifetime

25% reported a PTSD diagnosis

31% attempted suicide

In their lifetime

27% experienced a psychiatric hospitalization

- **44%** of these experienced it after their first instance of homelessness

Mental Health Symptoms

- Severe anxiety: **51%**
- Severe depression: **48%**
- Trouble concentrating or remembering: **37%**
- Hallucinations: **13%**

38% experienced new or worsened mental health symptoms after becoming homeless

21% of those with mental health symptoms received any treatment (counseling or medications)

5% had an inpatient psychiatric hospitalization in the past 6 months

Substance Use

40% reported either regular illicit drug use or heavy episodic drinking

- Regular illicit drug use: **35%**
- Heavy episodic drinking: **9%**

35% reported regular illicit drug use (3+ times/week).

- **32%** Methamphetamine
- **11%** Opioids
- **3%** Cocaine

Among current regular opioid users, **80%** report regular use of methamphetamine

42% of those who used illicit drugs regularly started to do so only after becoming homeless

*“I started, I guess you could say using, when I became homeless... meth… I would **use it to stay awake at night**. So, it’s not like I would need a fix in the daytime or nothing else."*

CASPEH Participant

Use of illicit drugs regularly varied by race/age:

20% Black adults 25-49

52% white adults 25-49

33% Black adults 50+

32% white adults 50+

23% of those with regular drug use, reported surviving an overdose during this episode of homelessness

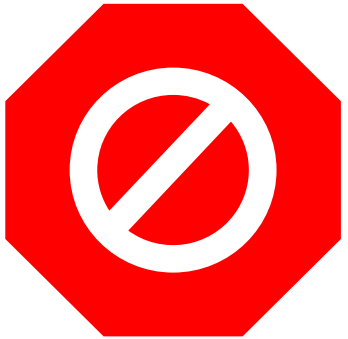
Among those with current regular drug use, heavy episodic alcohol use or lifetime opioid use,

10% were currently receiving any substance use treatment

Among those with heavy episodic alcohol use or regular illicit drug use,

28% had sought treatment during this episode of homelessness, but were unable to get it

Barriers to treatment included:



- ✕ Long waitlists.
- ✕ Limited availability.
- ✕ Lack of integration with housing services.

“My goals are to stop using [drugs], period. So, that way, I can get treatment. That’s my main goal – my main objective. It’s just hard. When you're out here, it’s hard. Because, everywhere you go, somebody’s breaking out a pipe, somebody’s doing this. You know? It’s hard. It’s hard.”

CASPEH Participant

48% have a complex behavioral health need

- Current regular illicit drug use (35%)
- Heavy episodic alcohol use (weekly) (9%)
- Current hallucinations (12%) or
- Recent psychiatric hospitalization (5%)

Among those with complex behavioral health needs

27% entered homelessness from an institutional setting

- More than twice as likely as those without (27% versus 12%)

44% were housed but in “non-leaseholder” housing

29% entered from housing for which they had lease

Among those with complex behavioral health needs

26% cited their own drug or alcohol use as a reason for leaving their last housing

8% identified drug or alcohol use as the primary reason

Those with complex behavioral health needs had longer median episodes of homelessness than those without:

24 months versus **17** months

89% of those with complex behavioral health needs had spent most of their nights unsheltered settings

68% of those without complex behavioral needs did

45% of those with complex behavioral needs reported that they had wanted, but been unable to access, shelter

66% of those with complex behavioral needs reported having a serious chronic health condition

40% of those with complex behavioral health need reported at least 1 ADL limitation

22% reported three or more

84% of those with complex behavioral health need reported health insurance,

Mostly MediCal

43% of those with complex behavioral health need had an ED visit in prior six months

37% of those with complex behavioral health need reported a jail stay during this episode

57% reported having been "roughed up" by the police

49% of those with complex behavioral health need reported having lost their belongings in a forced displacement during this episode

Among cis-men experiencing complex behavioral health needs, during this episode of homelessness:

50% reported having been physically assaulted

13% reported having been sexually assaulted

Among cis-women experiencing complex behavioral health needs during this episode of homelessness,

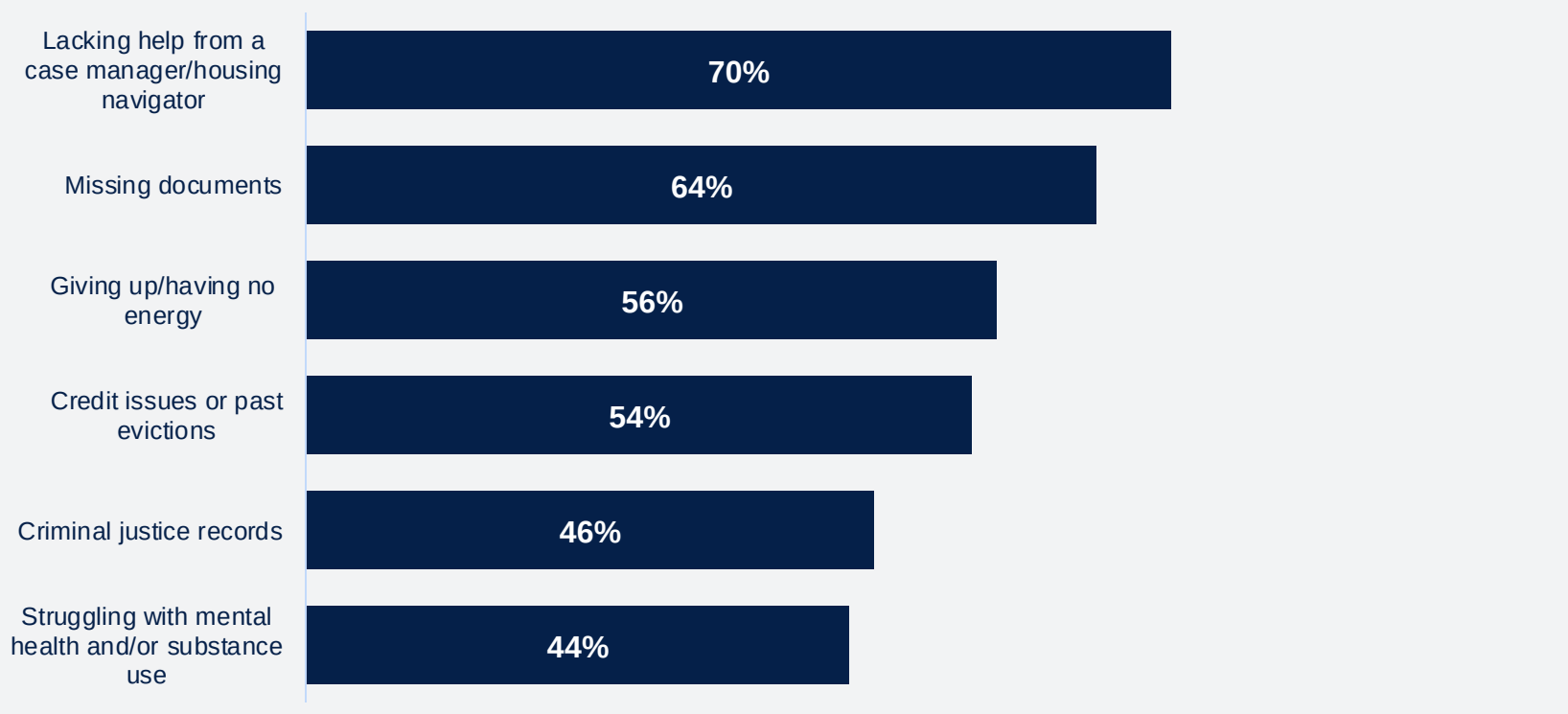
58% reported having been physically assaulted

24% reported having been sexually assaulted

26% of those with complex behavioral health needs had received help finding housing at least monthly during the last six months

89% of those with complex behavioral health needs report housing affordability is a barrier to housing

Barriers to Housing



Recommendations for ending homelessness for those with behavioral health needs

- Enhance prevention
- Optimize homelessness response
- Increase access to housing with appropriate supports and services
- Align funding streams and partnerships between healthcare, homelessness and housing to optimize response at all levels

Homelessness Prevention

- Strengthen partnerships between institutions, CoC, and health systems (carceral settings, long-term hospitalization)
- Cal-AIM/BH Connect unlocks new resources
  - Six-month rent assistance for those exiting institutions
  - Justice involved re-entry supports (90 days pre-release) MediCal benefits including MOUD, re-entry case management, behavioral health

Optimize Homelessness Response

- EXPAND:
  - Recuperative care and sobering centers (Cal AIM)
  - Crisis response that rely on trained behavioral health staff
  - Full Service Partnership for progressive intensive engagement
  - Access to low-barrier substance use services, including MOUD
  - Access to naloxone
  - Access to contingency management and other methamphetamine supports

Optimize Homelessness Response

- Redesign coordinate entry system to ensure that people are matched to appropriate response

Increase Access to Housing with Appropriate Supports and Services

- Scale evidence-based models that are proven to support people living with severe behavioral health conditions to thrive in the community
- Integrate funding (BHSA, BH Connect) to expand PSH with ACT and ICM models of support, offered without preconditions
- Expand access to higher levels of care (residential care) for those who need additional support

Align funding streams and systems

- In CA, MediCal reform (Cal AIM, BH Connect) and BHSA create new funding streams to pay for urgently behavioral health supports
- Need to align health systems (payors, providers etc) with homelessness & housing systems to allow system—from prevention to housing—to function

Key Takeaways

- Behavioral health challenges and homelessness are intertwined
- Evidence-based housing and treatment solutions are effective for most individuals with complex needs
- Findings support policies and programs that:
    - Integrate behavioral health and housing systems effectively
    - Expand access to low-barrier, evidence-based services
    - Ensure trauma-informed approaches to reduce harm and instability

MENTAL HEALTH FOR ALL

CalHHS
California Health & Human Services Agency

UCSF Benioff Homelessness and Housing Initiative Webinar

March 20, 2025

UCSF

Building Out California's Behavioral Health Continuum of Care

BUILDING BLOCKS OF TRANSFORMATION *

FY 2020-21

Legislation to further **equality between mental and physical health services** (SB 855)

FY 2021-22

Behavioral Health Continuum Infrastructure Program (BHCIP)

Children and Youth Behavioral Health Initiative (CYBHI)

California Advancing & Innovating Medi-Cal (CalAIM)

FY 2022-23

Miles Hall Lifeline and Suicide Prevention Act (AB 988)

CalAIM Justice-Involved Reentry Initiative

Medi-Cal Peer Support Services

Behavioral Health Bridge Housing Program

Community Assistance, Recovery, and Empowerment (CARE) **Act**

FY 2023-24

Medi-Cal Mobile Crisis Services Benefit

Proposition 1 (Behavioral Health Services Act and Behavioral Health Bond)

Certified Wellness Coaches

FY 2024-25

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration (BH-CONNECT) **Includes Workforce**

* *Not intended to be a comprehensive list of all behavior health initiatives*

CalAIM (California Advancing & Innovating Medi-Cal)

- Through a series of initiatives and reforms, DHCS is advancing and innovating Medi-Cal to create a more **coordinated**, **person-centered**, and **equitable** health system that works for all Californians.
- Medi-Cal members have access to new and improved services to receive **well-rounded care** that goes beyond the doctor's office or hospital and **addresses all physical and mental health needs**.

CalAIM includes a **strong focus on addressing the challenges facing individuals experiencing homelessness**. CalAIM initiatives to address homelessness and housing instability will:

- **Improve access to coordinated health and social services, including housing**: Enhanced Care Management will provide high-touch care management and link enrollees to housing-related Community Supports
- **Expand statewide access to housing supports**: CalAIM provides new resources as well as a new community-based approach to address housing instability and improve health equity statewide.
- **Provide funding for community-based organizations to expand services and programs:** The Providing Access and Transforming Health (PATH) initiative provides funding for community-based organizations and other entities to expand capacity to better service individuals experiencing homelessness.
- **Reduce avoidable use of costly health care services**: By transitioning eligible individuals who would otherwise be homeless into permanent housing and helping them maintain that housing, CalAIM can improve health outcomes and reduce the inefficient use of costly and unnecessary medical care.
- **Improve whole-person health for Medi-Cal enrollees**: By connecting more Medi-Cal enrollees to safe and stable housing, CalAIM will help mitigate existing chronic health conditions and reduce new health problems associated with homelessness.

Key CalAIM Initiatives- BH and Housing Needs

Enhanced Care Management (ECM) and Community Supports: Community-based **Enhanced Care Managers** will engage Medi-Cal enrollees experiencing, or at risk of, homelessness to help them access coordinated health care, housing services, and other services, collectively known as **Community Supports**. Enhanced Care Managers will **meet people where they are**, including the streets and shelters.

Providing Access and Transforming Health (PATH): This initiative will provide **funding** to community-based organizations, street medicine teams, shelters, interim housing providers, counties, county behavioral health, public hospital systems, and public health departments to **expand resources available to populations and communities that have been historically under-resourced and under-served**.

Behavioral Health: The behavioral health components of CalAIM **streamline** and **standardize** how Medi-Cal members access behavioral health services across all 58 counties to **improve quality outcomes**, **advance equity**, and **reduce health disparities**. By **expanding access and benefits**, CalAIM is transforming the behavioral health care system and driving policy innovation.

Housing-Related Community Supports

Housing Transition/Navigation Services: Assistance with finding and securing safe and stable housing.

Housing Deposits: Assistance with identifying, coordinating, securing, or funding one-time services, including first and last months' rent payments, and making necessary changes to enable a person to establish a basic household.

Housing Tenancy and Sustaining Services: Support in maintaining safe and stable tenancy once housing is secured.

Recuperative Care (Medical Respite): Short-term residential care for individuals without stable housing who no longer require hospitalization, but still need to heal from an injury or illness.

Short-Term Post-Hospitalization Housing: A recovery setting after institutional care for people who do not have a secure place to stay and who have high medical or behavioral health needs.

Day Habilitation: Support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to live successfully at home.

Additional supports: To ensure successful transitioning to housing, including sobering centers, medically supportive foods and transition help to assisted living facilities.

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative

In mid-December 2024, the Department of Health Care Services (DHCS) received approval from the Centers for Medicare & Medicaid Services (CMS) for the transformative BH-CONNECT initiative. BH-CONNECT grows out of our understanding of the lived experience of Californians with behavioral health needs and data-driven analysis of available services.

- BH-CONNECT seeks to transform California's behavioral health delivery system by **expanding access to highly effective community-based services**, **strengthening the behavioral health workforce**, and **ensuring Medi-Cal members receive high quality care**.
  - CMS approved key elements of BH-CONNECT through a new Section 1115 demonstration and a series of new State Plan Amendments (SPAs).
- As part of the BH-CONNECT Section 1115 approval, CMS also approved **Transitional Rent services** to ensure members going through vulnerable periods are stabilized, reducing their risk of returning to institutional care or experiencing homelessness.
- California also received approval to ensure **eligibility for reentry services** conforms with new federal rules and to align the provision of several Community Supports with CMS' updated health-related social needs (HRSN) services framework through updates to the CalAIM Demonstration.

Read more at DHCS's BH-CONNECT website

BH-CONNECT Components

Section 1115 Demonstration Approvals

- Workforce Initiative
- Activity Funds
- Access, Reform and Outcomes Incentive Program
- Community Transition In-Reach Services
- Short-term Inpatient Psychiatric Care, including in Institutions for Mental Disease (IMDs)
- Transitional Rent *(will be available in the Medi-Cal Managed Care delivery system)*

SPA Approvals

- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)
- Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
- Clubhouse Services
- Individual Placement and Support (IPS) Model of Supported Employment
- Enhanced Community Health Worker (CHW) Services

Leveraging Existing Authorities & State-Level Guidance

- Centers of Excellence to support fidelity implementation of EBPs
- Clarification of coverage of evidence-based child and family therapies, including Multisystemic Therapy, Functional Family Therapy, Parent-Child Interaction Therapy, and High Fidelity Wraparound
- CANS Alignment
- Initial joint child welfare/specialty mental health visit
- County Child Welfare Liaison role within MCPs
- Implementation of CMS milestones related to quality of care for patients of inpatient and residential facilities

Transitional Rent

MCPs will begin to cover Transitional Rent as a new Community Supports service.

- MCPs will provide up to **6 months of Transitional Rent** for eligible individuals, reducing their risk of returning to institutional care or experiencing homelessness.
- This benefit will be available for up to 6 months per household per demonstration period.

Transitional Rent Eligibility Criteria				
Meet Clinical Risk Factors	AND	**Experiencing/at Risk of Homelessness**	AND	**Meet Criteria for Specified "Transitional Populations"**
• Meet the access criteria for Medi-Cal Specialty Mental Health Services, DMC, or DMC-ODS services; or • Have one or more serious chronic physical health conditions; or • Are pregnant to 12-months postpartum; or • Have physical, intellectual, or		As defined by US Department of Housing and Urban Development (HUD), with certain modifications		• Transitioning out of an institutional or congregate residential setting, a carceral setting, interim setting, recuperative care or short-term post-hospitalization housing, or foster care; or • Unsheltered homeless; or • Eligible for Full Service

Bridge from Transitional Rent to Behavioral Health Services Act (BHSA) **Housing Interventions**

Transitional Rent can serve as a bridge to long-term housing for members living with significant behavioral health needs, such as through connections to BHSA Housing Interventions.

- DHCS recognizes that **county behavioral health is a critical access point for Transitional Rent** for members living with significant behavioral health needs (i.e., many members within the Transitional Rent Behavioral Health POF)
- DHCS expects **MCPs and county behavioral health will collaborate** to ensure that members living with significant behavioral health needs are smoothly transitioned from Transitional Rent to BHSA-funded services.
  - DHCS will release streamlined authorization procedures and referral processes to support MCP coordination with county behavioral health.

BHSA – Reaching & Serving High Need/Risk Priority BHSA Populations

Eligible adults and older adults who are:

- **Chronically homeless or experiencing homelessness or are at risk of homelessness.**
- In, or are at risk of being in, the justice system.
- Reentering the community from prison or jail.
- At risk of conservatorship.
- At risk of institutionalization.

Eligible children and youth who are:

- **Chronically homeless or experiencing homelessness or are at risk of homelessness.**
- In, or at risk of being in, the juvenile justice system.
- Reentering the community from a youth correctional facility.
- In the child welfare system.
- At risk of institutionalization.

Housing is Health

Housing is an essential component of behavioral health treatment, recovery, and stability.

- While MHSA has always been available for housing supports, the BHSA strengthens the use of this tool.
- **30%** of each county's BHSA funding allocation is required to be used for **housing interventions** for Californians with the most significant behavioral health needs who are homeless or at risk of homelessness.
  - Half of that amount is prioritized for individuals and families experiencing long-term homelessness.
  - Effective 7/1/2026
- Housing Interventions include, but are not limited to, rental subsidies, operating subsidies, landlord outreach and mitigation funds, participant assistance funds, and capital development funding.
- The BHSA provides **ongoing revenue** for counties to assist those with severe behavioral health needs to be housed and provides a **path to long-term recovery**

Infrastructure Investment

Behavioral Health Infrastructure Bond Act: **$6.38 billion**

Homekey +

$1.065 billion for **housing investments for veterans** experiencing or at risk of homelessness who have behavioral health conditions

$922 million + grant $$ for **housing investments for persons at risk of homelessness** who have behavioral health conditions

Award announcements begin early summer 2025

Bond BHCIP

Up to **$4.4 billion** for competitive grants to build, enhance, and expand behavioral health **treatment settings**

Round 1 award announcements expected May 2025

Homekey+

- Modeled on HCD's existing Homekey program grants for **housing with supportive services**
- Will serve individuals with **extremely low income** who are experiencing or at-risk of **homelessness** + **behavioral health challenge**
- HCD and CalVet to coordinate on **Veterans program**, approx. $1 billion
- Funds can be used to acquire/rehabilitate sites & assets that could be **converted to permanent housing** (motels, hostels, etc.)

Major Milestones