



COUNTY’S GOT A STRATEGIC PLAN BUT I STILL AIN’T GOT NO HOME

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[Issue](#) | [Summary](#) | [Background](#) | [Discussion](#) | [Findings](#) | [Recommendations](#)
[Request for Responses](#) | [Methodology](#) | [Bibliography](#) | [Appendices](#) | [Responses](#)

ISSUE

What lessons are to be learned from the 2016 San Mateo County Strategic Plan to End Homelessness?

SUMMARY

It is no secret that the United States and California in particular, have a problem with homelessness. In some parts of the State, it is worse than in others – and much ink has been spilled lamenting the problem in the Bay Area.

San Mateo County costs of housing have risen faster than incomes, and subsidized housing remains scarce. These factors, often in combination with mental health issues and substance use disorders, are often enough to push people into homelessness.

In 2006, the County published the ten-year Housing Our People Effectively (HOPE) Plan, which laid the foundation to address homelessness systematically. As a follow-up, in 2016 the County issued an updated Strategic Plan to End Homelessness, with the ambitious goal of ending homelessness in the County by 2020. The plan laid out five broad goals: one was to create a unified “Housing Crisis Resolution System;” others sought to eliminate homelessness for four demographic groups (veterans, families, youth exiting the foster system, and individuals exiting institutions such as hospitals and jails).

To achieve its goals, the County adopted a number of basic principles, one of which was the principle of “Housing First” – the idea that until a homeless person is sheltered, one is unable to address underlying issues such as mental health challenges, job insecurity, and substance use disorders.

After completing close reviews of the 2016 Strategic Plan and related documents, and conducting interviews with key County officials, the Grand Jury found that many of the plan’s desired outcomes have been achieved. However, the Grand Jury noted some issues that had not been addressed.

First, the chronically homeless, who constitute the largest and most challenging homeless population, were not specifically addressed in the 2016 Strategic Plan. The size of the chronically homeless population has remained relatively constant over time, suggesting that new strategies to address this key population may be necessary.

Second, the 2016 Strategic Plan failed to include quantitative metrics to measure the effect of its programs. Specific programs administered by the County, and nonprofits with whom the County contracts, are expected to provide regular program level metrics. But, the County's overall plan had no such metrics, nor specific target levels of specific metrics that it sought to achieve. As a result, the County was unable to determine whether the plan's goals had been accomplished.

The County is currently developing a new strategic plan on homelessness and recently announced in a press release that it expects to bring homelessness to functional zero by the end of 2022. In developing the newest strategic plan, the Grand Jury recommends:

1. The Board of Supervisors should consider directing Human Services Agency staff to include programs targeting the chronically homeless in its forthcoming strategic plan on homelessness.
2. The Board of Supervisors should consider directing Human Services Agency staff to include quantifiable metrics to measure progress toward its goals in its forthcoming strategic plan on homelessness.
3. The Board of Supervisors should consider directing Human Services Agency staff to make specific housing recommendations for people that enter permanent housing and permanent supportive housing.
4. The Board of Supervisors should direct the County Department of Housing to update the statistical housing information on its website.

GLOSSARY

Core Service Agencies - Organizations that provide crisis intervention and referral services to County residents needing food, emergency housing assistance, emergency utility assistance, shelter, and other basic needs. Each Core Services Agency covers a specific geographical area of the County.

Housing Choice - A federally funded and County-managed program that subsidizes rental costs for qualified County residents.

Housing First - A homelessness policy that is based on the principle that people experiencing homelessness must first be able to access a decent, safe place to live indefinitely (permanent housing) before they are likely to improve health outcomes, reduce harmful behavior, or increase earned income.

Chronically Homeless - Those homeless who are currently unsheltered or in emergency shelter; have been continually homeless for at least a year or for four or more times within the last three years; and having a disability that significantly impairs one's ability to secure and sustain housing.

Outreach Programs - Programs that connect homeless residents to housing and community resources.

Permanent Supportive Housing - Programs providing long-term housing combined with supportive services for persons with disabilities, and for some chronically homeless persons.

Rapid Re-Housing - Programs promoting short-term rental assistance and support services for formerly homeless people.

Transitional Housing - Programs providing housing for up to 24 months, along with case management to promote the transition to permanent housing.

BACKGROUND

I Ain't Got No Home

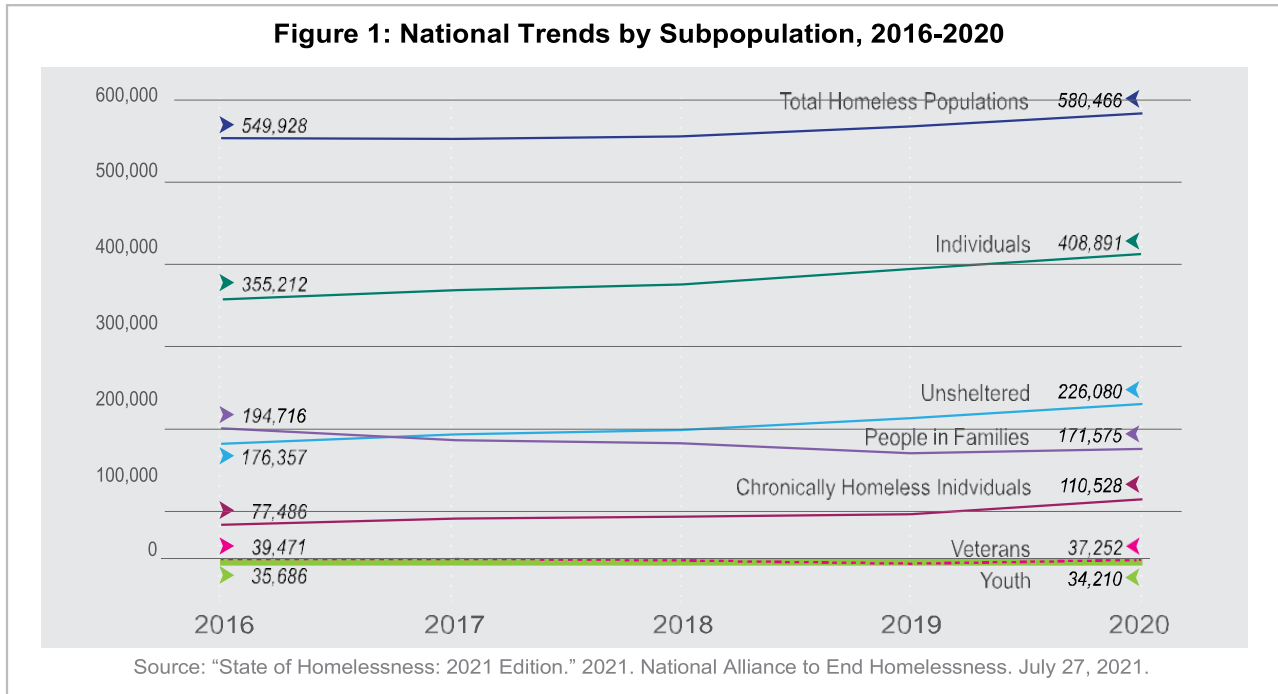
I ain't got no home, I'm just a-roamin' 'round,
Just a wandrin' worker, I go from town to town.
And the police make it hard wherever I may go
And I ain't got no home in this world anymore.

-- Woodie Guthrie, 1940

Although much has changed in the eight decades since Woodie Guthrie penned this song, lack of stable housing for significant numbers of people nationwide and in San Mateo County has been a persistent problem.¹

¹ In recent years, terms such as “unhoused” or “unsheltered” have gained recognition as more accurate terms to describe what formerly had been referred to as “homeless” persons. However, since the County uses the term “homeless” in its strategic plan document that is the subject of this report, we use that term throughout this report.

In January 2020, there were 580,466 people experiencing homelessness in America, nearly a third of whom were families with children. The size of the homeless population had grown each year from 2016 through 2020, after declining in eight of the nine preceding years. The national trends on various subpopulations of the homeless are shown in Figure 1.²

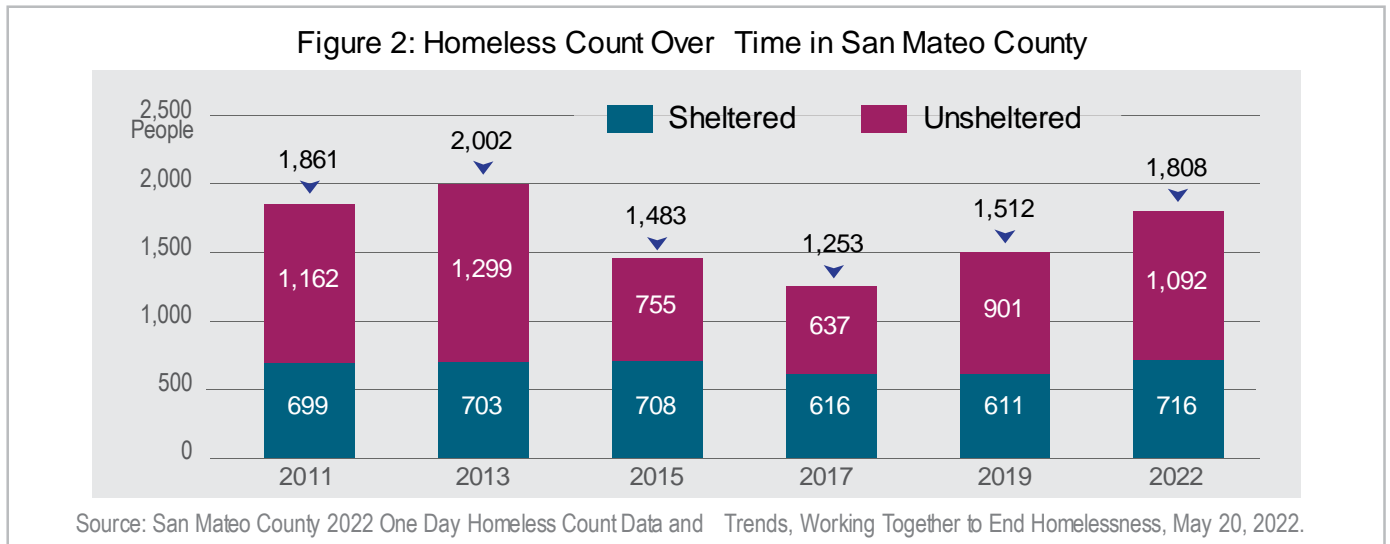


The magnitude of the County’s homeless population is generally estimated based on the bi-annual San Mateo County One Day Homeless Count and Survey. The count usually takes place in January, but the 2021 count took place in February 2022 as a result of Covid concerns, and its initial results have only recently been released.³

² National Alliance to End Homelessness, “State of Homelessness: 2021 Edition,” <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2021/>, accessed June 6, 2022.

³ County Executive’s Office, May 20, 2022, “One Day Count Shows Rise in Homeless Population, Need to Continue Shelter, Housing and Service Expansion,” <https://www.smcgov.org/ceo/news/one-day-count-shows-rise-homeless-population-need-continue-shelter-housing-and-service>, accessed June 6, 2022. See also Human Services Agency, “2019 San Mateo County One Day Homelessness Count and Survey,” <https://www.smcgov.org/media/33506/download?inline>, accessed June 6, 2022. Based on this count, the homeless population represents less than one quarter of one percent of the overall County population. The public cares deeply about this population and has historically supported efforts to serve it. In 2016, County voters approved an initiative known as Measure K, a half-cent tax to support essential services, including to address homelessness.

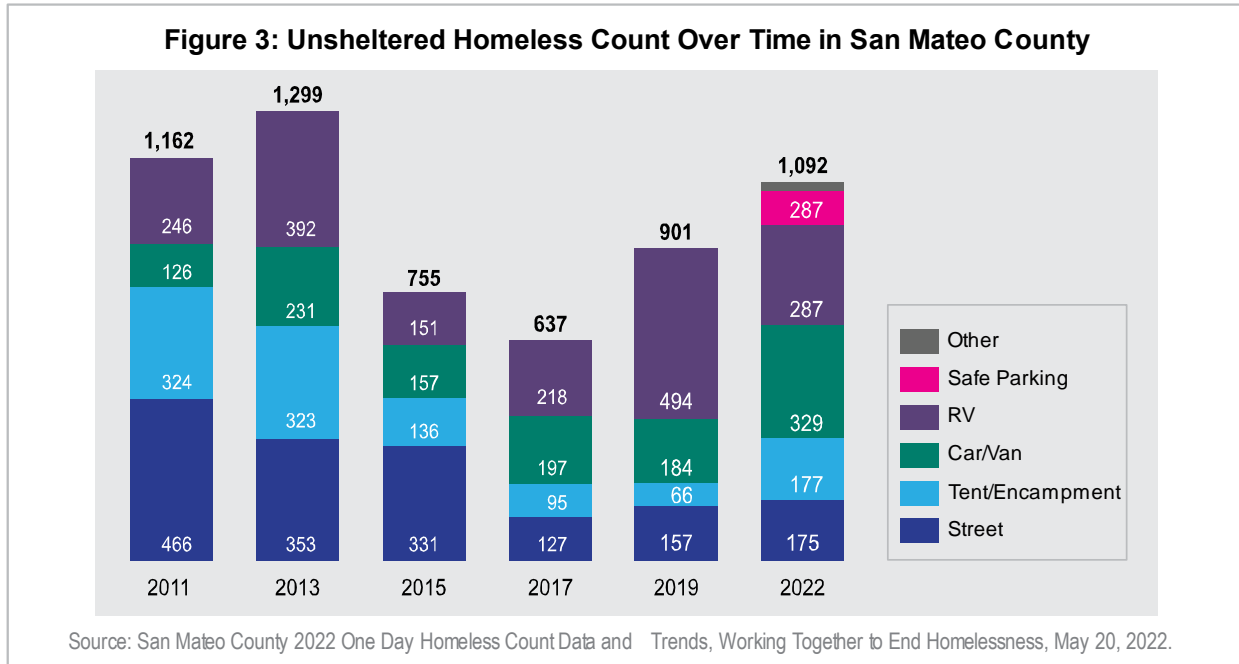
Data collected by the County over several years, including preliminary data from the February 2022 One Day Count, is shown in Figure 2. The 2022 count showed a total of 1,808 homeless persons – an increase of nearly 20% from 2019.⁴



While a full report on the 2022 one-day homelessness count, data, and trends is expected to be released later this summer, preliminary data of the 2022 homeless count indicates that of the 1,808 individuals counted, 1,092 were living on the streets, in cars, RVs, safe parking, tents or encampments, or in some other makeshift shelters. The remaining 716 were living in

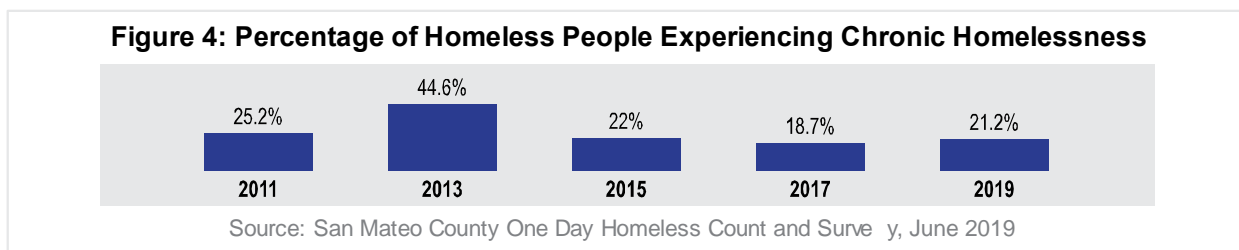
⁴ County Executive’s Office, May 20, 2022, “One Day Count Shows Rise in Homeless Population, Need to Continue Shelter, Housing and Service Expansion,” <https://www.smcgov.org/ceo/news/one-day-count-shows-rise-homeless-population-need-continue-shelter-housing-and-service>, accessed June 6, 2022. Based on this count, the homeless population represents less than one quarter of one percent of the overall County population. The public cares deeply about this population and has historically supported efforts to serve it. In 2016, County voters approved an initiative known as Measure K, a half-cent tax to support essential services, including to address homelessness.

emergency shelters and transitional housing. Interestingly, as illustrated in Figure 3 below, less than 10% of the total population counted as homeless was sleeping on the streets.



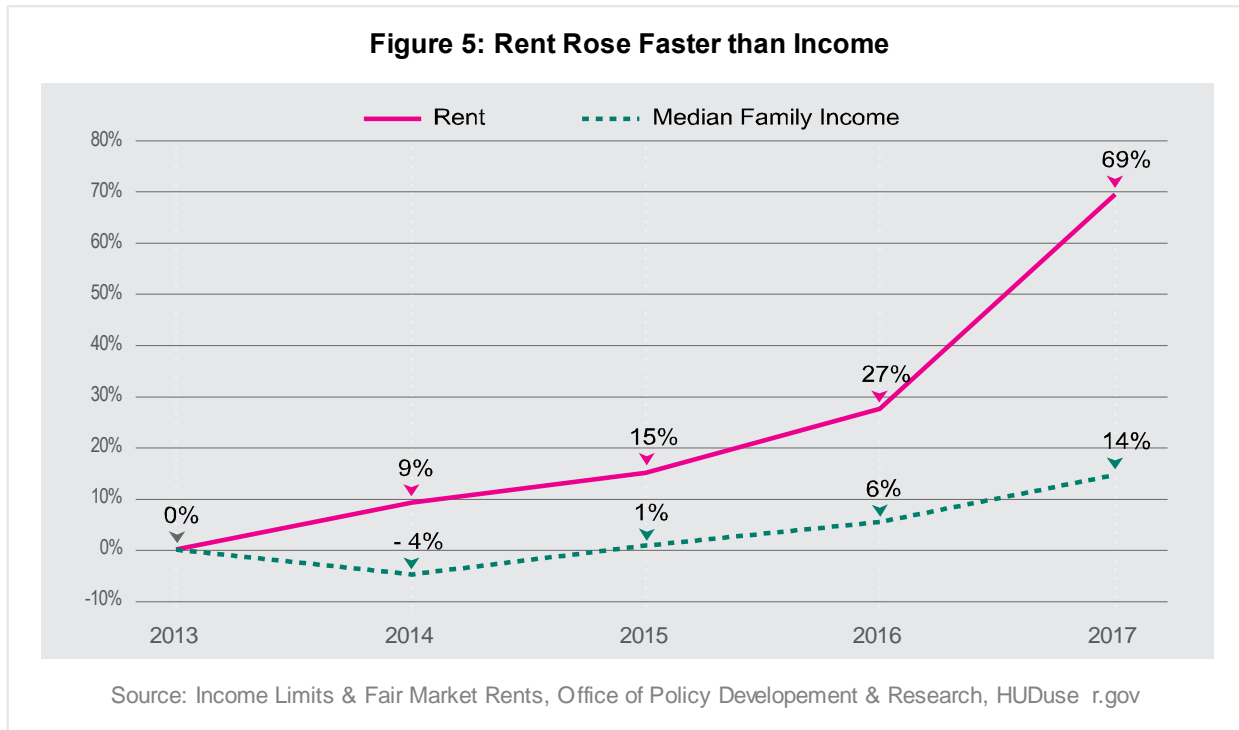
A chronically homeless person is defined in the 2016 Strategic Plan as one who is currently unsheltered or in emergency shelter, has been continually homeless for at least a year (or four or more times within the last three years), and has a disability that significantly impairs their ability to secure and maintain housing.⁵

The percentage of the homeless population made up of those experiencing chronic homelessness has remained stubbornly stable over time, as shown in Figure 4.



⁵ Human Services Agency. July 2016. “Ending Homelessness in San Mateo County.” Page 9. <https://www.smcgov.org/media/32031/download?inline>, accessed June 6, 2022.

The County’s homelessness problem is compounded by the high cost of living and lack of affordable housing in the County. Between 2013 and 2017, the average median income for a family of four increased by 14%, while rents for one-bedroom and two-bedroom apartments increased by 69%, as shown in Figure 5.:



While rents have risen faster than income, subsidized housing also remains scarce. The length of time needed for a resident to utilize a Housing Choice voucher to move into subsidized housing is still measured in years.⁶ It is unclear whether the length of the wait list decreased since 2017. As of when this report was finalized, housing statistics later than June 2017 have not been updated on the Department of Housing website.⁷

Mental Illness and Substance Abuse

Nationwide, 26.2% of individuals living in shelters had a severe mental illness and 34.7% had chronic substance use issues.⁸ Of the persons experiencing chronic homelessness, approximately

⁶ Housing Choice is the largest subsidized housing program in the County.

⁷ County San Mateo Department of Housing, Housing Indicators, June 2017. <https://smcd92021.prod.acquia-sites.com/housing/housing-statistics>. Accessed June 6, 2022.

⁸ The Staff of the Menninger Clinic. The Complex Link Between Homelessness and Mental Health: Many Americans are at heightened risk of homelessness due to the pandemic. Psychology Today, posted May 21, 2021. <https://www.psychologytoday.com/us/blog/mind-matters-menninger/202105/the-complex-link-between-homelessness-and-mental-health>. Accessed June 6, 2022.

30% had mental health conditions and 50% had substance abuse problems.⁹ County officials recognize that those homeless persons who suffer from mental health and substance issues require a greater number of services. Programs continue to be developed to better serve this population.

County Health officials believe that California conservatorship laws designed to protect the rights of individuals with mental illness can impede efforts to bring services to homeless persons with mental illness. Recently proposed legislation to address how individuals who suffer from severe mental illness or substance use issues is known as C.A.R.E. (Community Assistance Recovery and Empowerment) Court.¹⁰

According to the California Department of Health and Human Services, C.A.R.E. Court is a proposed framework to deliver mental health and substance use disorder services to the most severely impaired Californians who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need. It connects a person in crisis with a court-ordered Care Plan for up to 12 months, with the possibility to extend for an additional 12 months. The framework provides individuals with a clinically appropriate, community-based set of services and supports that are culturally and linguistically competent. This includes short-term stabilization medications, wellness and recovery supports, and connection to social services, including housing. Housing is an important component – finding stability and staying connected to treatment, even with the proper supports, is next to impossible while living outdoors, in a tent or a vehicle.¹¹

Addressing Homelessness Is Complex and Involves Many Agencies

Programs that serve the homeless are implemented through many County agencies that coordinate and oversee those programs. In July 2016, the County Human Services Agency (HSA) issued a strategic plan titled “Ending Homelessness in San Mateo County,” which we refer to in this report as the 2016 Strategic Plan.¹²

The 2016 Strategic Plan identified several agencies that it considered to be key to all homelessness programs:¹³

- The County Executive’s Office, which directs resource allocation and system-wide performance assessment.

⁹ The Staff of the Menninger Clinic. The Complex Link Between Homelessness and Mental Health: Many Americans are at heightened risk of homelessness due to the pandemic. Psychology Today, posted May 21, 2021. Accessed June 6, 2022. <https://www.psychologytoday.com/us/blog/mind-matters-menninger/202105/the-complex-link-between-homelessness-and-mental-health>.

¹⁰ <https://www.gov.ca.gov/2022/05/25/california-senate-votes-to-support-care-court-as-leading-state-business-organizations-join-expanding-coalition/>

¹¹ “CARE Court.” 2022. California Health and Human Services - Updates on CHHS Data Initiatives. California Health and Human Services Agency. March 10, 2022. <https://www.chhs.ca.gov/care-court/>

¹² County of San Mateo Human Services Agency. “Ending Homelessness in San Mateo County. July 2016,” <https://www.smcgov.org/hsa/center-homelessness>, accessed June 6, 2022.

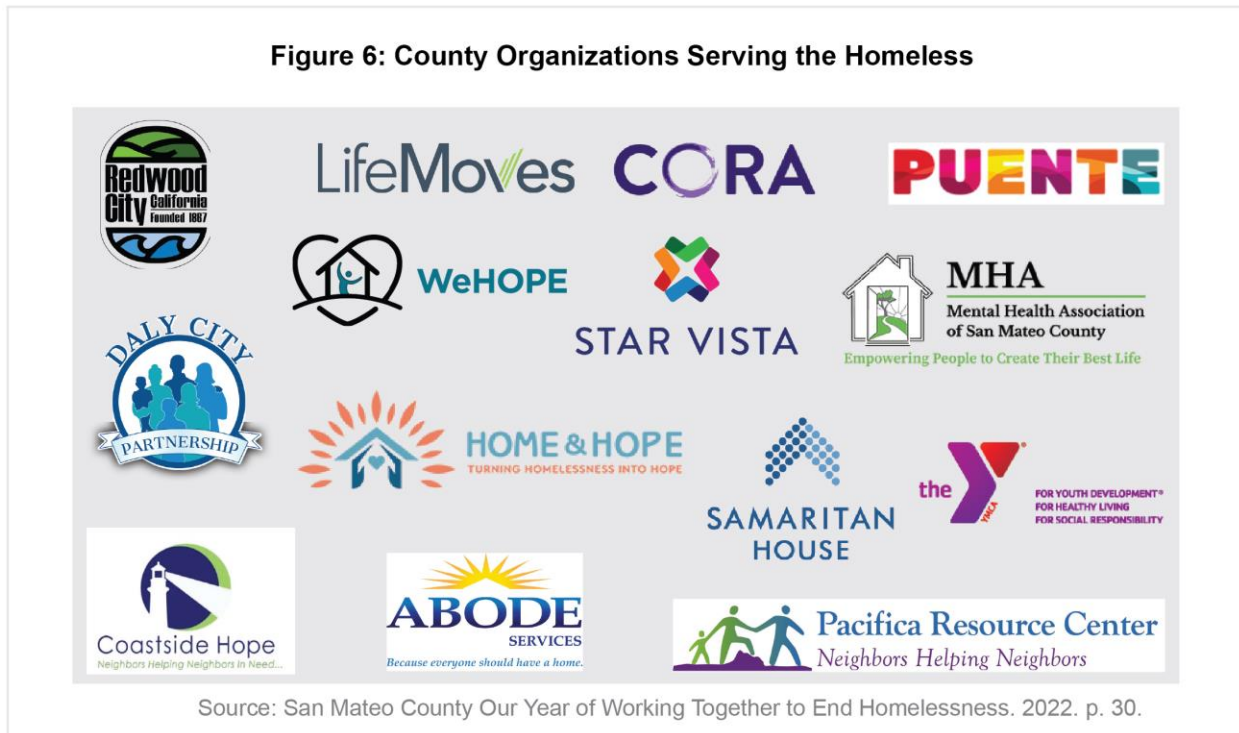
¹³ County of San Mateo Human Services Agency. July 2016. “Ending Homelessness in San Mateo County.” Page 12. <https://www.smcgov.org/media/32031/download?inline>

- The HSA, which leads the development and implementation of homeless system planning.
- County Health, and other health care providers, which provide medical services to homeless.¹⁴
- The Department of Housing, which oversees subsidized housing voucher programs for qualifying residents.¹⁵
- The County Sheriff's Office and Probation Department, which participate in outreach programs and provide support for homeless individuals exiting the criminal justice system.

Service Delivery

To deliver services, the County contracts with nonprofit organizations that have domain expertise in administering specific programs. The County's partners include the Core Service

Agencies as well as nonprofits that run programs such as shelters and permanent supportive housing. Some of those organizations are shown in Figure 6.



¹⁴ These include the San Mateo Medical Center, Behavioral Health and Recovery Services, Correctional Health, the Healthcare for the Homeless/Farmworker Health Program.

¹⁵ The Department of Housing partners with the Human Services Agency and continuum of care homeless assistance programs to operate the majority of the permanent supportive housing units, and in collaboration with the Veterans Administration it provides permanent supportive housing to veterans.

Core Service Agencies provide crisis intervention and referral services to County residents needing food, emergency housing assistance, emergency utility assistance, shelter, and other basic needs. Each of these eight organizations covers a specific geographic area of the County, and they collectively administer programs delivering specific services:

- **Outreach and Engagement:** In partnership with cities and nonprofits, the County organizes outreach teams to engage with homeless persons, identify their service needs, and execute plans to get them sheltered.
- **Emergency Shelter:** Shelter programs provide temporary housing and connections to services. The County’s hotel voucher program, an emergency shelter program, saw a notable increase in persons served during the Covid pandemic, when the County decided to move away from congregate settings to available hotel space.
- **Transitional Housing:** Through partnerships with nonprofit organizations, the County owns and operates an inventory of transitional housing for single adults and families with children. These programs are designed to offer longer stays and intensive case management to help residents make the transition to permanent housing upon exit. Many emergency shelter programs are designed as “feeder” programs into transitional housing.
- **Rapid Re-Housing:** Provides a short-term rental subsidy to help get people into housing, with the expectation that clients become responsible for paying their own rent within approximately six months.
- **Permanent Supportive Housing:** These programs are designed to serve homeless residents who face the greatest number of challenges, including behavioral mental health and substance abuse issues. This type of housing typically has no limit duration of occupancy, offers subsidized rent and provides wrap-around support services. Permanent supportive housing units are owned and operated by several nonprofits.
- **Homeless Prevention Programs:** These programs, operated by the Core Services Agencies, provide services designed to help prevent people at risk from falling into homelessness. Programs include food pantries and one-time financial assistance on rent and utilities.¹⁶

¹⁶ County of San Mateo, Chief Executive’s Office. “2022: Our Year of Working Together to End Homelessness.” Slide 30. Accessed June 6, 2022.

How Homeless Services Are Funded

The National Alliance to End Homelessness estimated that in 2021, the federal government spent more than \$51 billion on programs addressing homelessness.¹⁷ The California State budget provided a total of \$7.2 billion in fiscal year 2021-22 for homelessness programs.¹⁸ San Mateo County uses funding it receives from the state, as well as allocated Measure K funds intended for programs that “enhance the quality of life for San Mateo County residents.”¹⁹

San Mateo County’s 2016 Strategic Plan to End Homelessness

In July 2016, the HSA issued a strategic plan titled “Ending Homelessness in San Mateo County,” which we refer to as the 2016 Strategic Plan.²⁰ The 2016 Strategic Plan identified several subgroups within the homeless population and identified strategies and tactics to address each one. The plan’s overarching goal was to reduce homelessness in the County to a level characterized as “functional zero” by 2020. Functional zero meant there was a system in place to ensure all households experiencing homelessness are offered immediate shelter and rapid access to permanent housing.²¹

The 2016 Strategic Plan was based on five core principles:

1. **Systems Orientation:** To create a system that responded effectively and rapidly to the crisis of homelessness.
2. **Housing First:** People experiencing homelessness need housing above all else. Secure housing would be used as a starting place to address other issues.
3. **Data Driven:** All programs require performance metrics that could be used for continuous quality improvement.
4. **Client Centered:** All programs had to ensure easy access for everyone – particularly those who experience challenges navigating the complexities of such programs.
5. **Context Specific and Aligned with Best Practices:** The plan should be tailored to reflect the specific strengths and challenges of San Mateo County.

Based on those core principles the County established five ambitious goals:

1. Create system to end homelessness in San Mateo County;
2. End veteran homelessness by 2017;

¹⁷ The National Alliance to End Homelessness, “FY23 Funding (in Millions) for Selected Homelessness and Housing Programs.” <https://endhomelessness.org/legislation/fy23-funding-process-for-homelessness-programs/>, accessed May 19, 2022.

¹⁸ Legislative Analyst’s Office | The California Legislature’s Nonpartisan Fiscal and Policy Advisor (blog). October 29, 2021. “The 2021-22 California Spending Plan Housing and Homelessness,” <https://lao.ca.gov/Publications/Report/4468>, accessed June 6, 2022.

¹⁹ County of San Mateo, Chief Executive’s Office, “Measure K: Frequently Asked Questions.” <https://www.smcgov.org/ceo/measure-k-frequently-asked-questions>, accessed May 19, 2022.

²⁰ County of San Mateo Human Services Agency. “Ending Homelessness in San Mateo County. July 2016,” <https://www.smcgov.org/hsa/center-homelessness>, accessed June 6, 2022.

²¹ County of San Mateo Human Services Agency. “Ending Homelessness in San Mateo County. July 2016,” <https://www.smcgov.org/hsa/center-homelessness>. Page 8. Accessed June 6, 2022.

3. End family homelessness by 2020;
4. End youth homelessness by 2020; and
5. Eliminate discharging into homelessness any individuals exiting County institutions.

Where Are We Now?

Solving homelessness in the County has been a high priority for years. With the 2016 Strategic Plan complete, the Grand Jury thought it both timely and important to take a look at the current status of County homelessness programs and lessons learned from the plan. In addition, in spring 2022, the County announced that it would have enough temporary housing to bring homelessness to functional zero by the end of the calendar year.²²

DISCUSSION

The Grand Jury reviewed the 2016 Strategic Plan in detail. Through our interviews with key officials from County agencies and nonprofit organizations, it became clear that the County believed several of the goals had been achieved. For the purposes of this report, we will first examine three constituencies that the County specifically targeted as groups for whom homelessness would be eliminated.

Ending Homelessness for Families, Veterans, and Youth

County officials informed the Grand Jury that the County achieved the functional zero goals of the 2016 Strategic Plan to end veteran, family, and youth homelessness as of various dates between 2017 and 2020.²³ It is important to note that achieving functional zero for these groups means that every homeless person in the target population is offered shelter. This achievement is important and reflects County successes in both outreach and greater shelter inventory. However, the Grand Jury notes that temporary shelter is not a sustainable long-term housing solution.

Some families remained unsheltered in 2019. The 2019 One Day Count noted that there were family households who were unsheltered – most (11 of 16 families) were living in RVs. In addition, more than half the residents in emergency shelters and transitional housing were families.²⁴ Despite the numbers looking good in terms of people being off the streets, temporary shelters and RVs are not adequate housing long term, and permanent subsidized housing remains in very short supply.

The County made significant progress in reducing the number of homeless veterans: 5.4% of those counted in the 2019 One Day Count were veterans (down from 10.6% in 2017 and 22.7% in 2011). Despite progress, those veterans who were identified as homeless in 2019 were still unsheltered or living in emergency shelters, neither of which provide a stable housing situation.

²² <https://www.lames.com/california/story/2022-03-20/san-mateo-county-wants-to-end-homelessness-in-2022>

²³ Grand Jury interviews

²⁴ Human Services Agency. June 2019. “2019 San Mateo County One Day Homelessness Count and Survey,” <https://www.smcgov.org/media/33506/download?inline>, accessed June 6, 2022.

The Grand Jury was informed that progress on veteran homelessness was partly attributable to federal funding for Supportive Housing vouchers for veterans specifically – a program not available to other populations.

Ending Youth Homelessness was another goal of the 2016 Strategic Plan. The County made it a priority given the vulnerability of this population despite its historically small numbers. County officials informed us that youth homelessness had been adequately addressed and this population is now largely sheltered.²⁵

A Missing Group

The 2016 Strategic Plan omitted goals focused on reducing those whom it referred to as chronically homeless, overwhelmingly single adults. The chronically homeless are the most challenging, and the most visible, group requiring homelessness solutions.

In the 2019 One Day Count, the chronically homeless accounted for approximately 21% of all homeless individuals, which is a similar percentage as was recorded in counts in years other than 2016, indicating that it remains a persistent problem.

In 2021, 51% of the chronically homeless reported having a serious mental illness and 41% had a substance use disorder.²⁶ County officials believe that the actual incidence of serious mental illness and substance use disorder among the chronically homeless is even higher than these self-reported numbers would indicate.²⁷

This group requires a disproportionate share of resources available for homelessness programs. Although specific County data was not available, data from Santa Clara County for 2012 showed that the average amount spent on homeless services was \$5,148 per person. However, it topped \$100,000 per person for those deemed chronically homeless, due to the higher need for services. Five percent of those homeless individuals, the most difficult cases, accounted for 47% of all expenditures associated with serving the homeless.²⁸

Despite the fact that the chronically homeless population posed the most difficult challenges, the 2016 Strategic Plan did not explicitly identify it as a key constituency. The plan contained occasional recommendations for how to address this population, but no comprehensive strategy was offered for the chronically homeless as an addressable population group.

A Policy of Housing First

In approaching its 2016 Strategic Plan, County authorities adopted a policy of “Housing First.” That policy “is guided by the belief that people need basic necessities like food and a place to live, before attending to anything less critical, such as getting a job, budgeting properly, or

²⁵ Grand Jury interview

²⁶ Grand Jury interview and correspondence

²⁷ Grand Jury Interview

²⁸ County of San Mateo Chief Executive’s Office. “2022 Our Year of Working Together to End Homelessness,” Slide 50. <https://www.smcgov.org/media/120491/download?inline>, accessed June 6, 2022.

attending to substance use issues.”²⁹ It is based on the philosophy that client choice is critical to success. If clients are given the opportunity to participate in the process, the likelihood of them remaining housed increases.

Creating a System to End Homelessness in San Mateo County

The overarching goal of the 2016 Strategic Plan was broader than the plans for specific homeless populations. In particular, the overarching goal was to “transition from a collection of homeless programs to a system that ends homelessness, in which all people experiencing homelessness in San Mateo County are able to rapidly return to housing.”³⁰

To achieve this goal the County focused on creating a Housing Crisis Resolution System, founded upon the philosophy of Housing First. The three key elements of the Housing Crisis Resolution System are a single point of entry, right sized housing programs, and system performance metrics. The single point of entry is called the Coordinated Entry System (CES), and it streamlines housing access for people who do not have a place to live. The housing programs to be right-sized include programs addressing shelter, Rapid Re-Housing, and Permanent Supportive Housing. Appropriate system performance metrics must be established and monitored for the system to improve program outcomes.

Develop Coordinated Entry System

Prior to the introduction of the Coordinated Entry System (CES), the process of identifying shelter beds available for homeless residents was inefficient, inconsistent, and often based on information available only to particular caseworkers. Various nonprofits, outreach teams and even hospitals would call around to shelters to find a bed, with varying degrees of success. Often, caseworkers would know just the right questions to ask a client to improve the chances of finding a shelter bed. As a result, the system wasn’t always equitable.

The County sought to increase the percentage of unsheltered people who entered shelter and housing programs, reduce duplicative assessment and screening processes, and improve the match between client need and services offered.

CES, implemented in 2017, was designed to be a system under which all referrals go through one central entry point and consistent assessment tools are applied to each client, leveling the playing field. CES is comprised of front-line staff that use standardized tools, processes and software to screen clients and assess housing needs. It currently only operates during business hours.

The software that CES uses is called the Clarity Homeless Management System, a secure online database that stores client level data and housing availability in connection with homelessness programs in the County. Clarity serves as an intake tool for CES, allowing it to assess client need and the availability of interim housing. Those who are the most difficult to house are given the

²⁹ County of San Mateo Human Services Agency. “Ending Homelessness in San Mateo County. July 2016,” <https://www.smcgov.org/hsa/center-homelessness>. Page 15. Accessed June 6, 2022.

³⁰ County of San Mateo Human Services Agency. “Ending Homelessness in San Mateo County. July 2016.” <https://www.smcgov.org/hsa/center-homelessness>. Page 22. Accessed June 6, 2022.

highest priority. CES also serves those homeless individuals being discharged from institutions such as jails or hospitals.

The County believes the CES has been successfully implemented.³¹ Some officials recommended that the CES would operate more effectively if its hours of operation were extended. To date, safety concerns for CES staff and current contractual budgets have precluded expansion. Currently, if clients need shelter outside of business hours, they are directed to call 211 for assistance.

The 2016 Strategic Plan included a goal that there would be an “increase in the percentage of unsheltered people who enter shelter and housing programs.”³² However, because the 2016 Strategic Plan failed to establish baseline numbers for this metric, and failed to set a quantified target for what the improvement should be, the Grand Jury was unable to assess the ultimate effectiveness of this plan in achieving its goal.

Right-Size Housing Programs

The goal of right-sizing housing programs sought to align the inventory of shelter, transitional housing, and rapid re-housing beds with actual population needs. The County hoped that doing so would ensure rapid exit to permanent housing or permanent supportive housing.

For some groups, such as families and the elderly, County officials reported that better results had been achieved.

Re-imagining Shelters

One of the unforeseen benefits of the Covid pandemic was that the County moved quickly to establish non-congregate shelters to protect them from Covid exposure. Early in 2020, the County began to leverage available hotel space to meet some of its needs for non-congregate shelters. In June 2020, San Mateo County received \$33 million to acquire and rehabilitate properties for this purpose. The County acquired two properties that were designed to shelter vulnerable residents – one to provide emergency temporary shelter and the other to serve as long term housing for vulnerable seniors.³³ These facilities enabled the County to recruit more homeless into shelters.

The hotels proved to be successful for those residents who did not require extensive wrap-around support services, especially services related to mental health and/or substance abuse. What also became clear is that, for a certain segment of the homeless population, non-congregate housing is a strong model.³⁴ This model improves personal security and provides more privacy than the traditional shelter model. While hotels will not work for everyone, for a subset of the population

³¹ Grand Jury interviews

³² County of San Mateo Human Services Agency. “Ending Homelessness in San Mateo County. July 2016,” <https://www.smcgov.org/hsa/center-homelessness>. Page 22. Accessed June 6, 2022.

³³ County of San Mateo Home, “Project HomeKey.” <http://www.smcgov.org/project-homekey>, accessed June 6, 2022.

³⁴ Grand Jury interviews

they are a good fit. The County has recognized this and has implemented long-term plans to convert some of these hotels into permanent housing.³⁵

Recognizing the utility of the hotel model, and with new funding that became available, the County acquired three more hotels.³⁶ These hotels have and will serve a variety of purposes, including temporary shelter as well as permanent supportive housing.

In April 2022, the County also began to build a “Navigation Center” in Redwood City, providing 240 beds in individual units. The \$57 million facility provides temporary shelter, on-site meals, case managers and support services to connect clients with employment opportunities, health services, social service benefits and permanent housing.³⁷ The Navigation Center also includes amenities such as a dog run, barbecue area, shared dining area, an electric commercial training kitchen to serve residents, a community center, and space for on-site counseling, vocational training and other services. Parking space for 68 vehicles and 140 bicycles will be available.³⁸ The County is projects that the center will open by the end of 2022.

County officials believe that, with the opening of the Navigation Center, the County will have enough shelter beds to get 100% of the homeless off the streets if they so desire it.³⁹

Rapid Re-Housing Programs

Rapid Re-Housing programs promote short-term rental assistance and services for formerly homeless people. The rationale behind these programs is that homelessness is primarily a housing problem – the longer one is unhoused, the more one’s health and well-being declines. Thus, the faster unsheltered homeless people, or those on the brink of losing their housing, return to housing, the less they suffer from subsequent complications.

The County’s Rapid Re-Housing services have been provided since 2016. They target individuals who are unsheltered, disabled, low-income, recently evicted, or have other barriers to housing. Temporary financial assistance and services are provided to return clients to permanent or permanent supportive housing. Based on County data, the average wait time for Rapid Re-Housing was 57 days in 2018 and 48 days in 2020.⁴⁰

Permanent Subsidized Housing

Once people get into permanent subsidized housing, they usually stay. In particular, only 16% of those housed up to two years cycled back into homelessness.⁴¹ Accordingly, the County is taking

³⁵ Grand Jury interviews

³⁶ Daily Journal staff, Sierra Lopez. "San Mateo County seeks new hotel for the homeless." *San Mateo Daily Journal, The (CA)*, January 5, 2022. For detailed summary of the hotels purchased see Appendix B: San Mateo County HomeKey Funded Hotel Acquisitions.

³⁷ Climate Online Redwood City. April 13, 2022. “Ground broken on 240-unit Redwood City Navigation Center,” <https://climaterwc.com/2022/04/13/ground-broken-on-240-unit-redwood-city-navigation-center/#>, accessed June 6, 2022.

³⁸ County of San Mateo, County Executive’s Office, “Navigation Center Updates,” <https://www.smcgov.org/ceo/navigation-center-updates>, accessed June 6, 2022.

³⁹ Grand Jury interviews

⁴⁰ Grand Jury interviews and correspondence

⁴¹ Grand Jury interviews and correspondence

steps to build more subsidized housing.⁴² The County also acknowledged that this solution takes considerable time to implement. For example, while the County is working with developers to refurbish or build more than 3,000 units of subsidized housing, most of those projects are in the “pre-development stage,” and it will likely be years before families take up residence in these units.⁴³

Permanent Supportive Housing

Permanent supportive housing programs, which provide long-term housing combined with supportive services for persons with disabilities and for some chronically homeless, serve those who face the most challenges. Extensive wrap-around services, such as mental health supports and substance abuse treatment are often required. Many clients of permanent supportive housing programs are single adults and characterized as chronically homeless. Since 2011 the size of this population has barely budged.⁴⁴

According to County officials, the County’s permanent supportive housing programs are still not right-sized to the target population, and are not flexible enough to accommodate the needs and challenges they face. For example, often wrap-around services are not delivered on-site, so a client may not be able to access them easily. In addition, clients receiving housing distant from their familiar neighborhood may experience increased loneliness and isolation.⁴⁵

County officials also pointed out that some chronically homeless people who have been unsheltered for long periods of time might not be housing-ready. Sometimes permanent supportive housing rules (such as prohibiting smoking) create barriers that make it difficult for some residents.

Some permanent supportive housing is sourced through private landlords. If chronically homeless individuals move in and cause damage, landlords are unlikely to agree to rent their properties to this group again.

Despite recognition that the chronically homeless require far more services and consume a large percentage of the homeless services budget, goals associated with solving the challenges of the chronically homeless were only sprinkled throughout the 2016 Strategic Plan. For example, plan goals included a “decrease in the number of chronically homeless people,” and an “increase in the percentage of high need chronically homeless households entering permanent supportive housing.”⁴⁶ Yet, the number of chronically homeless has not improved significantly since 2011.

⁴² Grand Jury interviews

⁴³ County of San Mateo Department of Housing, “DOH Affordable Housing Dashboard” <https://www.smcgov.org/housing/doh-affordable-housing-dashboard>, accessed March 22, 2022. Pre-development refers to any activities that take place before a hammer hits a nail

⁴⁴ County of San Mateo Human Services Agency. June 2019. “2019 San Mateo County One Day Homelessness Count and Survey. <https://www.smcgov.org/media/33506/download?inline>. Page. 22, Chart 10. Accessed June 6, 2022.

⁴⁵ Grand Jury interviews

⁴⁶ County of San Mateo Human Services Agency. July 2016. “Ending Homelessness in San Mateo County.” <https://www.smcgov.org/media/32031/download?inline>. Page 22. Accessed June 6, 2022.

County public health officials recognize this as an issue, and they have proposed modifications to how this group is served. At a meeting of County public health officials to discuss chronic homeless, recommendations focused on expanding the inventory of permanent supportive housing inventory, whether controlled by the County or private landlords. Inventory directly controlled by the County allows for more tolerance of behaviors that private landlords might not be willing to allow. Expansion of private inventory would also play a role for those chronically homeless that may not have needs as severe.⁴⁷

Because the 2016 Strategic Plan failed to establish baseline numbers for this metric, and failed to set a quantified target for what the improvement should be, the Grand Jury was unable to assess the ultimate effectiveness of this plan.

Use Data for Continuous Quality Improvement

Under the 2016 Strategic Plan, the County sought to use data-driven decision-making to implement programs to combat homelessness. However, that plan itself included no quantifiable metrics in any of its goals, leaving planners with no way to measure success rigorously.

County agencies and partner organizations use Clarity to track the homeless population and measure the success of programs. When the 2016 Strategic Plan was written, not all organizations were using Clarity, and the plan encouraged more organizations, especially the CSAs, to adopt it. The Grand Jury learned that this did happen over time, with varying degrees of satisfaction with the software.⁴⁸

Clarity is used to generate program level reporting that is HUD compliant, reducing the need for extensive formatting prior to submitting reports. One of the primary objectives was to allow the County and its partners to “implement regular program performance monitoring and quality improvement processes.”⁴⁹

The Clarity software allowed the County to move closer toward performance-based contracting. In issuing RFPs for any programs that served the homeless, the County specified performance metrics on which contractors would report, and it has developed data dashboards to track performance against metrics.

HUD has established four system performance metrics for any housing crisis resolution system:

- Number of new entries to homelessness;
- Rates at which people leave the system into permanent housing;
- Time that people spend being homeless; and
- Frequency of subsequent returns to homelessness.

Despite the abundance of County data on these metrics, the 2016 Strategic Plan failed to establish baseline numbers for them, and failed to set quantified targets for what the

⁴⁷ Grand Jury interviews and correspondence

⁴⁸ Grand Jury interviews

⁴⁹ County of San Mateo Human Services Agency. July 2016. “Ending Homelessness in San Mateo County.” <https://www.smcgov.org/media/32031/download?inline>. Page 22. Accessed June 6, 2022.

improvements should be; as a result, the Grand Jury was unable to assess the ultimate effectiveness of this plan.

FINDINGS

The Grand Jury directs the following findings to the San Mateo County Board of Supervisors:

- F1. The 2016 Strategic Plan did not target programs addressing the large population of chronically homeless among the homeless population, diminishing the ability of the plan to deal with that group effectively.
- F2. The 2016 Strategic Plan failed to establish baseline numbers for important metrics, and failed to set a quantified targets for what the related improvements should be, making it difficult to assess the ultimate effectiveness of this plan.
- F3. Once homeless persons enter permanent housing or permanent supportive housing programs, the rate of return to homelessness is low, indicating that these programs can be an effective way to reduce homelessness.
- F4. The absence of updated housing statistics on the Department of Housing website for any period after 2017 makes it difficult for the public to find relevant information on a matter of public interest.

RECOMMENDATIONS

The Grand Jury directs the following recommendations to the San Mateo County Board of Supervisors:

- R1. By March 31, 2023, the Board of Supervisors should consider directing Human Services Agency staff to include programs targeting the chronically homeless in its forthcoming strategic plan on homelessness.
- R2. By March 31, 2023, the Board of Supervisors should consider directing Human Services Agency staff to include quantifiable metrics to measure progress toward its goals in its forthcoming strategic plan on homelessness.
- R3. By March 31, 2023, the Board of Supervisors should consider directing Human Services Agency staff to make specific recommendations on how to increase inventory of permanent housing and permanent supportive housing.
- R4. By December 31, 2022, the Board of Supervisors should direct the Department of Housing to update the statistical housing information on its website.

REQUEST FOR RESPONSES

Pursuant to Penal Code Section 933.05, the Grand Jury requests responses as follows:

From the San Mateo County Board of Supervisors, to all Findings and Recommendations.

The governing body indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda, and open meeting requirements of the Brown Act.

RESPONSE REQUIREMENTS

California Penal Code Section 933.05, provides (emphasis added):

(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall report one of the following:

- (1) The respondent **agrees** with the finding.
- (2) The respondent **disagrees** wholly or partially with the finding; in which case the response shall **specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.**

(b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:

- (1) The recommendation has been implemented, **with a summary regarding the implemented action.**
- (2) The recommendation has not yet been implemented, but will be implemented in the future, **with a timeframe for implementation.**
- (3) The recommendation requires further analysis, **with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.**
- (4) The recommendation will not be implemented because it is not warranted or is not reasonable, **with an explanation therefor.**

METHODOLOGY

The Grand Jury's initial fact finding for this report was based on the report from July 2016 "Ending Homelessness in San Mateo County," from the County of San Mateo Human Services Agency. We then conducted several interviews, collected relevant documents from cities, county agencies, nonprofits within San Mateo County, State and Federal agencies.

Documents

The Grand Jury reviewed documents from San Mateo County and its agencies, particularly the Human Services Agency, Department of Housing, and County Executive Office.

Interviews

The Grand Jury conducted interviews with 12 representatives of departments, divisions, and offices of San Mateo County including: Human Service Agency, County Health, Division of Behavioral Health and Recovery Services, and Department of Housing. The Grand Jury also conducted interviews with representatives of Core Services Agencies and nonprofit partners such as Samaritan House, Abode Services, and LifeMoves. These included individuals with general and specific knowledge regarding homelessness in San Mateo County.

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APPENDIX A



Housing our unhoused residents who have mental illness and addictions

A learning journey convened by Health, Human Services,
the County Manager's Office and County Counsel
October 2021 / December 2021

Requested by Supervisor Horsley and County Manager Callagy as part of our County's commitment to find a pathway out of homelessness for all residents

How might we more effectively engage our unhoused mentally ill/co-occurring residents?

- 50+ responses to survey
- 30+ cases reviewed shared by staff of 15+ agencies
- Input from LifeMoves lived experience advisory groups and family members

What barriers should be eliminated, changes, strategies, resources would lead to housing our most challenging to reach?



Findings align with 4 general groups

GROUP 1:

Unhoused residents who are mentally ill and/or have addictions, who generally accept supports and would be willing to be housed, but for whom there are no housing options.

GROUP 2:

Unhoused residents who are seriously mentally ill, isolative and reject most assistance including for housing.

GROUP 3:

Unhoused residents who have such serious disabling addictions that they are frequently unable to take care of themselves and provide for food, clothing, or shelter.

GROUP 4:

Unhoused residents who also have cognitive problems—sometimes traumatic brain injury or dementia.



RECOMMENDATIONS BASED ON FINDINGS

GROUP 1:

Unhoused residents who are mentally ill and/or have addictions, who generally accept supports and would be willing to be housed, but for whom there are no housing options.



Terrel*

Is a Black man in his 80s.

He has been known to San Mateo County since 2009 as a result of multiple APS calls. He has severe depression, lost his wife and "let things go" and has a host of physical challenges for which he mostly refuses treatment: his insulin-dependent diabetes is not well-managed, he suffers from prostate cancer; and he is legally blind.

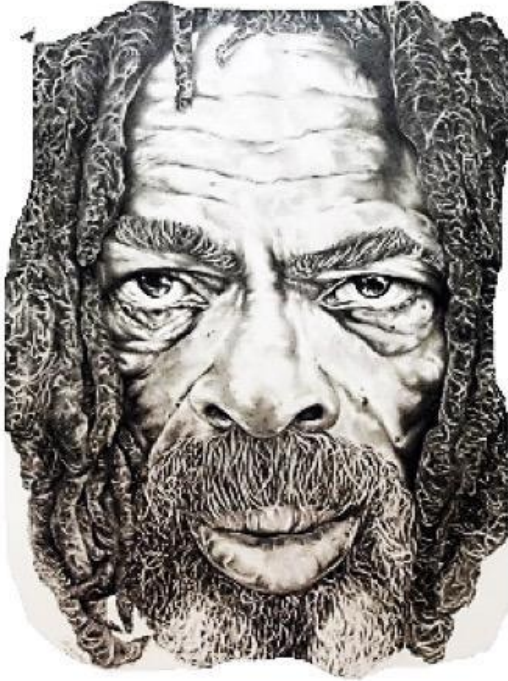
While he is now going through a period of being housed, he has a long history of evictions and homelessness. He is verbally aggressive and unable or unwilling to manage his activities of daily living, including personal hygiene, which has led to his eviction in the past.

**Names and other identifying information changed to protect privacy throughout.*

Julia

is a late-60s age White woman who has been diagnosed with bipolar disorder, personality disorder, polycystic kidney disease, diabetes and suffers from childhood trauma. She does not take medications and is highly dysregulated. Julia used to live in a motel but has been homeless for a number of years since her family stopped supporting her financially. She has been incarcerated for trespassing. Julia has been offered housing but declined those options as they do not meet her specifications. She refuses background checks. Julia has mobility issues and therefore needs only ground floor accommodations. She does not do well in settings with a lot of structure and treats staff badly. Julia is no longer allowed to utilize all homeless shelters on the Peninsula and most of the affordable housing options will not rent to her due to her refusal to comply with the rules.





Xavier

is a Black man in his early 60s. He has diabetes and is confined to a wheelchair. He has been homeless for the past 8 years as he is unable to maintain housing due to his use of alcohol and his challenging behavior. He has been banned from available housing options. Xavier has a criminal history; he experiences restrictions and feels stigmatized as a result.

Bob

is a White man in his 50s with an Irish background. He has been diagnosed with schizophrenia, alcohol dependence, and a host of medical issues such as lower back, stomach, and foot problems. He also has a history of physical and sexual trauma. Bob has visited emergency departments in San Mateo and neighboring counties 191 times and has been incarcerated on many occasions. He has been receiving support from the Bridges to Wellness team since 2017. While under the influence, Bob has suffered falls, blackouts, and fractures several times. When help is offered, Bob engages briefly with a treatment or service but doesn't follow through beyond a couple of days. He is reluctant to continue receiving the services he needs as that will require him to acknowledge his challenges when he believes "I am not like those people". So, Bob pushes away any offers of help for his mental illness and alcohol dependence. Chronically homeless, Bob was recently been matched with a rapid rehousing voucher. He would require housing that tolerates alcohol use.



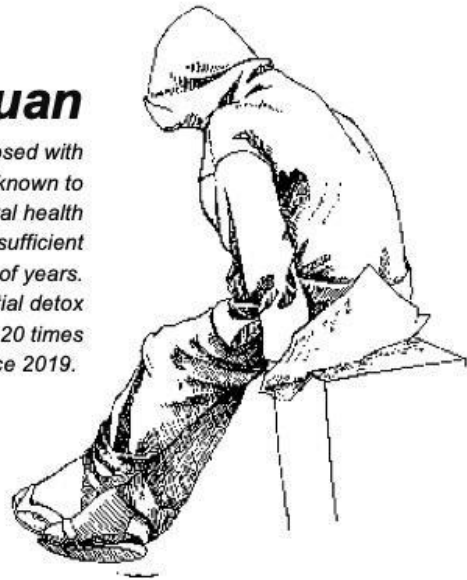


Sam

is a mid-fifties age White man. He has been diagnosed with anxiety disorder, major depressive disorder, alcohol abuse, shortness of breath, and tachycardia. Sam has been homeless for 10 years. Recently he received a housing voucher however, given his struggles with mental illness and alcohol use, he was unable to hold on to the voucher and the housing unit. As Sam suffers from depression and isolation, he prefers living with others in the encampment. He has had contact with law enforcement due to drinking and for welfare checks. Although he needed to be hospitalized three times since 2020, Sam receives most of his care locally at a County Health clinic. Due to his depression and the fact that he doesn't own a cell phone, Sam is hard to reach. He has trusting relations with Abundant Grace.

Juan

is an early fifties-age undocumented Hispanic man. He has been diagnosed with unspecified psychosis, substance abuse, and chronic pain. Juan has been known to Health since 2000 and is currently receiving services from a County mental health clinic. Being undocumented is a barrier to accessing a voucher and sufficient financial support for rent. He has more than 10 PES visits in the last couple of years. He also has a history of multiple DUI violations and has been in residential detox treatments between 2016 and 2020. He's been in Safe Harbor at least 20 times since 2015. His finances have been managed by a Rep-Payee since 2019.



Steven

is a 57-year-old White man who has been diagnosed with severe social anxiety, forgetfulness, bipolar disorder, major depressive disorder, polysubstance dependence, obsessive-compulsive disorder, and borderline personality disorder. He has been known to Health since 2004 and has received services from Caminar Full-Service Partnership since 2016. Steven has been charged with misdemeanors multiple times and is banned from shelters due to his challenging behaviors. He has been homeless for 18 years even though he has a mainstream housing voucher now. Steven has multiple health and dental issues but avoids seeking treatment due to his social anxiety. He has received psychiatric emergency and inpatient care as well as multiple residential detox treatments since 2014. In spite of all challenges that confront him, Steven does well when supported by stable thoughtful connections and help navigating county system and services.



Burt

is a mid-fifties-age White man who has been diagnosed with schizoaffective disorder, personality disorder, and hypothyroidism. He has been enrolled in the Telecare Full-Service Partnership program since February 2007. Multiple attempts to house him have been unsuccessful due to his inability to conform with rules and guidelines of congregate living facilities and numerous assaultive incidents and inappropriate behavior with staff and other clients. Burt has lived in an encampment since July 2021. He does better when he has more freedom and is not in a crowded space. Burt manages his physical health well and steers clear of substances but struggles with invasive symptoms and declines to take medications for his mental illness. Conservatorship investigations were conducted in 2005 and 2006 but did not lead to Burt being conserved. Burt receives SSI and has a Rep-Payee.



Miguel

is a late-forties age Native American and Latino man who has been diagnosed with schizophrenia, alcohol use, intellectual disability, obesity, seizure disorder, asthma, diabetes, and hypertension. He lives in a homeless encampment. He receives primary care services through the Street and Field Medicine program and was enrolled in a Full-Service Partnership in April 2020.

Miguel refuses all programs that treat alcohol use disorders, which carry significant stigma in his view; he also failed to qualify for housing due to convictions for crimes that caused grave bodily injury. Miguel has a high degree of difficulty with his alcohol use, conforming to rules and guidelines, and engaging positively with others. His application for SSI benefits is currently pending.



Recommendations for GROUP 1

- Expand inventory of permanent housing directly under County control (versus private landlords) that would be operated by entities with experience with mental illness and addictions and more tolerant of smoking, drinking, drug use; consider separate units/tiny homes.
- Realtime consultation for frontline outreach staff to escalate and problem-solve specific cases that are most challenging and require boundary spanning resources.
- Higher, earlier and more extended level of housing locator/navigation support.
- Financial subsidy needs to be greater for certain populations that don't qualify for voucher.
- More intensive supports for maintaining housing: coaching for making transition to housing; intensive case management with more frequent touches; SUD strategy, harm reduction, contingency management; pathway to personal care services and cleaning.

RECOMMENDATIONS BASED ON FINDINGS

GROUP 2:

Unhoused residents who are seriously mentally ill, isolative and reject most assistance including for housing.

Anne

is an early seventies-age White woman who demonstrates psychotic delusions and unaddressed mental health needs and appears to be developing severe medical problems. Community members report that she yells racial slurs and throws rocks at passers-by. She spends her days in an encampment and shelters in a bus during bad weather. She has lived in San Mateo County for the last 10 years and lived in another county prior to that. She was seen in emergency care four times in 2004 and was delusional at that time but did not meet criteria for a 5150 hold.

Anne declines most services offered by LifeMoves and by the Street Medicine team so her medical status remains unclear. She was briefly in touch with the Psychiatric Emergency Response Team in June 2021 but has recently declined any further contact with them. She gets upset when any services are offered. Anne doesn't receive social security and is not on Medi-Cal. She accepts food and supplies from local businesses and residents and has some contact with a chaplain who visits her regularly .



Kurt



is an early sixties-age US Army veteran of Native American and Hispanic origin who speaks English and Spanish. He lives on the beach or under the freeway. Kurt has been receiving food and services from Pacifica Resource Center (PRC) since 2015 and is connected nominally to the Veteran's Administration in San Francisco, where he has received medical care in the past but will not engage with them for mental health care. He does not have any contact with County Health, other than services from Street Medicine. Per the outreach staff, Kurt struggles with unclear mental health issues, alcoholism, drug use, post-traumatic stress disorder, and medical problems that require surgical intervention. He is on the donor list for a liver transplant. Veterans Administration staff have tried to connect with Kurt through PRC, but high levels of alcohol and drugs prevent him from getting the surgery he needs. Kurt has also expressed challenges with the immigration system and believes his 14-year-old-son was taken when he attempted to cross the border. PRC connected Kurt with subsidized housing for veterans, but without any on-site mental health support, Kurt was unable to cope with this transition. His symptoms worsened and he reported hearing voices. He ended up destroying the property, which resulted in his eviction. Kurt has had some brushes with law enforcement and has been incarcerated twice since 2018. Recently, defying previous attempts, Kurt was able to again acquire housing in a new housing complex with on-site support.

Julian

is a late forties-age White man who has been diagnosed with bipolar disorder. He has been known to Health since 2006 but is not engaged in services as he has no desire for treatment. Julian lived in an RV, which was impounded because he didn't pay his parking fines; this led to his homelessness. Julian has family in this area who are very supportive. During times he is doing well, he is able to stay with his family. Julian has multiple 5150 holds, psychiatric hospitalizations, and conservatorship investigations since 2010 but never meets criteria. He has had a Rep-Payee since August 2012, which helps him manage his funds well.





Albert

is a late-seventies age White man who has been diagnosed with bipolar disorder, chronic obstructive pulmonary disease, and other medical complications. He was temporarily housed in the Vagabond Inn but started living in his car when it closed. Around the same time, he lost his mother, which may have further contributed to his decline. He then had a brief unsuccessful stint at the Coastside Inn but left. He is minimally ambulatory, so he remains in his car and is unable to take care of his personal hygiene and toileting. Albert has a history of accepting services from the Street Medicine team and LifeMoves but later began refusing any services despite increased symptoms; he prefers to be left alone. Albert has been cited for trespassing but doesn't keep his court appointments. The police considered removing him from his car, but this was deemed risky due to his fragile physical state. He has been on a 5150 hold thrice and on a 5250 hold twice; however, these holds did not result in longer term holds. He was referred to BHRS AOT team in November 2021 but has not engaged.

Recommendations for GROUP 2

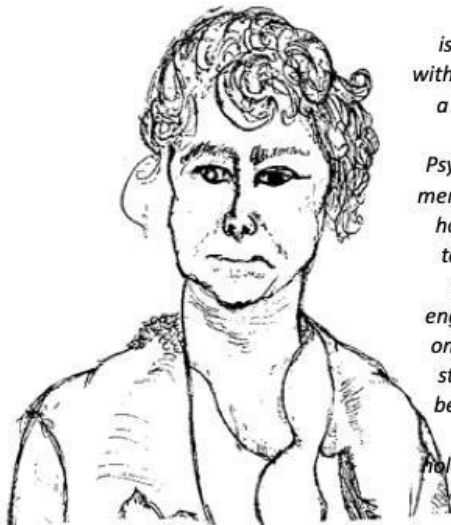
- Find ways to enlist and support the volunteers in these individuals' lives, the people who have nominal positive connections to do more, as they are able and willing. Avoid representatives of the "system" and stigmatizing mental health branding.
- Support our frontline workers to have greater support: tighten up the structure and systems for coordination in the field to provide for training, consultation, escalation of cases and coordinated planning including, when appropriate, to the involuntary treatment system. Tighter coordination with EDs/PES so plans will be implemented. Support of these frontline workers wellness and resilience to sustain this hard work.
- Consider joining statewide advocacy efforts to reform the laws that govern involuntary detentions and treatment to address the person's self-neglect-- inability as a result of a mental illness to attend to their own physical/medical condition.
- Consider reforming law to reduce threshold for Assisted Outpatient Tx (Laura's Law).

RECOMMENDATIONS BASED ON FINDINGS

GROUP 3:

Unhoused residents who have such serious disabling addictions that they are frequently unable to take care of themselves and provide for food, clothing, or shelter.

Angela



is an early forties-age White woman, English speaker who is diagnosed with schizoaffective disorder, psychosis, and stimulant abuse. She has had a history of homelessness since 2009. She has not engaged with Health for any planned services but has had more than 33 contacts with Psychiatric Emergency Services since 2019. Due to lack of treatment, her mental health has declined and led to drug use and reoccurring crisis and homelessness. She is known to sleep in piles of garbage and not able to take care of basic personal hygiene. Angela rejects all offers of support and resources but that was not always the case. 6 years ago, she was engaged and received detox and residential treatment for substance use on multiple occasions. Since then, she has relapsed and has been on the street. Angela has had multiple brushes with law enforcement. She has been on 5150 hold 10 times since 2012 and been booked 19 times since 2015 on drugs or warrants. In spite of the numerous Grave Disability holds, her symptoms clear up quickly in PES, and she is discharged as she does not meet the criteria for hospitalization.

Michael

is a late-thirties-age man of Middle Eastern descent who struggles with mental illness of unclear diagnosis, depression, alcohol dependence, and marijuana and amphetamine abuse.

Michael has never accepted any offer for shelter. He has had more than 100 visits to the emergency room or Psychiatric Emergency Services. He also has had dozens of brushes with law enforcement and incarcerations. Police patrol officers are hesitant to initiate 5150 holds as they don't see anything coming out of it. Michael was attempted to be engaged through Caminar AOT from May 2017 to April 2021. He agreed to a Rep-Payee and has had one since November 2017.



Janet

Is a mid-fifties-age White woman.

She has been diagnosed with major depressive disorder, bipolar disorder, psychosis, meth abuse, and a host of physical health challenges. After moving to California, she was divorced, fell out with her family, and started living in her car. She received medication support services from a County mental health clinic starting in 2014 for a few years. The clinic referred Janet for housing to a nonprofit. However, her labile and aggressive behavior, especially when she is not on medications, caused her to get evicted. While in housing, she brandished a knife at her roommates. Janet's aggressive behaviors also caused her partner to lose his permanent supportive housing voucher. She is currently banned from all shelters, lives at a train station, or, at times, couch-surfs at her friends' house. Jane's behavior has led to multiple police interventions, but she manages to evade a 5150 hold most of the times as her appearance and conduct fits an 'upper middle class' norm. She had a conservatorship investigation in 2018. She was referred to the Bridges to Wellness team in August 2021 but attempts to contact her were unsuccessful and she was eventually closed to that program.



Emily

is a mid-twenties age single White woman who has a history of significant trauma and toxic relationships. She has been diagnosed with major depressive disorder, schizoaffective disorder, alcohol dependence and stimulant abuse. Emily is not engaged in treatment and usually misses her appointments. She repeatedly gets taken to the emergency department and to Psychiatric Emergency Services and is eventually discharged. She lives in abandoned buildings and has been charged with trespassing 12 times since March of 2021. Emily is well known to law enforcement and field crisis teams. There have been several conservatorship investigations for Emily but, as her symptoms clear up, the conservatorships have not been granted. Emily has been opened to the Caminar AOT team since June 2021. She does not yet have skills to be independent; Emily keeps going back to a boyfriend who has a criminal record and reinforces her drug use. She has trusting relationships with staff involved in homeless outreach and with a nun who is a positive influence on her. As of mid-November 2021, Emily and her boyfriend had qualified for a housing voucher but have yet to find housing.



John

is an early-forties-age White man who suffers from unspecified psychosis, delusions, and stimulant abuse.

After leaving his dad's home, he lived in the canals of central valley, smoking marijuana. He had just been admitted to a college and wanted to be a design engineer. John tried to move away from marijuana and switched to meth, which caused him to unravel faster. Known to Health since 2012, John was open to a County mental health clinic from November 2012 to May 2020. He seldom came for his appointments, refused to see a doctor, or get medications, but wanted to be referred for shelter placement. John has been to Psychiatric Emergency Services 10 times since 2018 and has also been hospitalized in the psychiatric inpatient unit a couple of times in 2020. He has been arrested/booked 12 times since July 2019. He is currently in custody. John was under a brief conservatorship investigation in April 2019: the locked facility discharged him to an unlocked residential program less than two weeks after referring him. John has been housed multiple times with a nonprofit and benefits from having structure. When he is relatively stable, he enjoys doing design work.



Recommendations for GROUP 3

- Continue to engage via IMAT, Bridges, sustained case management approaches to support and engage people who struggle with addictions.
- Harm reduction approaches tied to housing and other recommendations for Group 1.
- Low barrier low key access to SUD treatment continuum—motivational activities.
- Various efforts to reform involuntary treatment law or use existing law more assertively—learn more about what other counties are doing. Question remains, if the law were changed, what treatment, approaches and settings would make a difference?

NOTE: *Involuntary Commitment: Cal. Welf. & Inst. Code Ann. § 5201 allows anyone to file a petition requesting that an evaluation of a person's condition be made because that a person is "a danger to others, or to him [or her]self, or is gravely disabled." Cal. Welf. & Inst. Code Ann. § 5225 provides that when a criminal defendant is in court because of "chronic alcoholism or the use of narcotics or restricted dangerous drugs" and is deemed to be "a danger to others, to him [or her]self, or to be gravely disabled, the judge may order an evaluation of that person, where he or she may be detained for 72 hours. Under Cal. Welf. & Inst. Code Ann. W&I Code 5340 provides that the "custody, evaluation, and treatment" of people suffering from substance use disorders follow the same procedures set forth for those with mental illness and chronic alcoholism.*

RECOMMENDATIONS BASED ON FINDINGS

GROUP 4:

Unhoused residents who also have cognitive problems—sometimes traumatic brain injury or dementia.

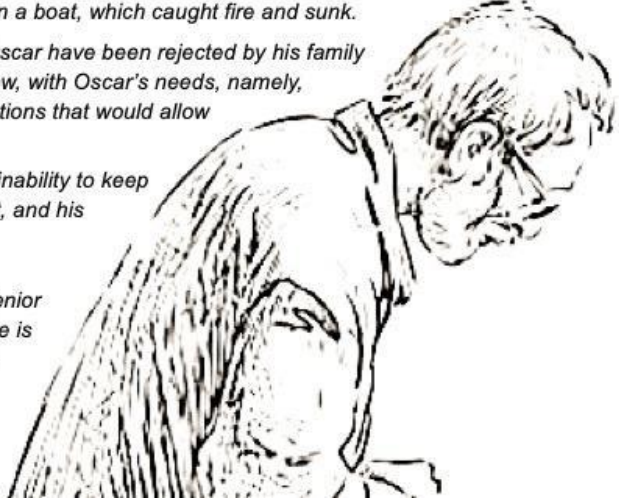
Oscar

is an eighties-age man of Hispanic origin who has been diagnosed with severe disabling anxiety and cognitive problems resulting from dementia. He was referred to Adult Protective Services (APS) in 2020. Oscar is homeless and lives in his car, after having lived in a boat, which caught fire and sunk.

The housing options that have been offered to Oscar have been rejected by his family on the basis that they are not aligned, in their view, with Oscar's needs, namely, appropriate housing for his age and accommodations that would allow smoking, as this is non-negotiable for him.

His homelessness episode was triggered by his inability to keep the parking spot associated with his sunken boat, and his repeated parking violations.

APS connected Oscar with the Ron Robinson Senior Care Center of San Mateo Medical Center, but he is not compliant with any physical or mental health treatment indicated for him.



Jane

is a mid-forties-age woman of Hispanic origin. She first arrived in a shelter in 2010 and has been frequenting the shelter since. She has been diagnosed with bipolar disorder, psychosis, alcohol and stimulant abuse, post-traumatic stress disorder, epilepsy, and cardiovascular issues. Although she lives in San Mateo, she frequently goes to San Francisco. She has been a sex worker from a young age.

Jane has a host of social and behavioral needs, and cognitive deficiencies. She isn't able to practice self-control, exhibits tumultuous behavior, and is not able to participate in treatment though she benefits from structure. She has had 110 episodes since 2004 –mostly in Psychiatric Emergency Services or substance use disorder services. Jane has had multiple 5150 holds and has been on temporary conservatorship for several months. Jane has also been arrested/booked six times since June 2018. She received 17 detox and substance use disorder residential treatment services since 2013 but, rarely participated beyond a couple of days.

Jane is unwilling to engage in any services offered to her. She has a daughter with whom she would like to reconnect but is unable to do so, as she relapses every couple of months.

Brad

is in his 30s and has been homeless for about a decade. He has a history of alcohol dependence and cognitive problems due to brain injury from unaddressed seizures. Brad suffers from severe forgetfulness and had difficulty recognizing the doctor and other staff attending to him during his inpatient stay at the San Mateo Medical Center. He has been cooperative and would like housing, but his forgetfulness and other cognitive challenges are big barriers to his applying for and acquiring housing. Due to his young age, cognitive decline didn't initially get considered as a probable reason for Brad's condition, and it was attributed to a mental health or substance use disorder. It is challenging to tease out traumatic brain injury or dementia diagnoses. Fortunately, SMMC's Psychiatric Emergency Services was able to learn about Brad's previous contact with Mills Peninsula and obtain information on his medical history; they were also able to identify a family member who is willing to support Brad.



Recommendations for GROUP 4

- Early identification/appropriate diagnosis of cognitive problems via neuropsychiatric evaluation.
- Specialized housing with supports, residential care facilities.
- In Home Support Services when appropriate.
- Consideration of probate dementia conservatorship when appropriate.



**SAN MATEO
COUNTY HEALTH**

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APPENDIX B

San Mateo County HomeKey Funded Hotel Acquisitions

Year	Hotel Name	City	Rooms	Shelter Type	Operated by
2020	Emergency Shelter Formerly: Pacific Inn	Redwood City	75	Temporary Shelter	Samaritan House
	Shores Landing Formerly: TownPlace Suites	Redwood Shores	95	Long-term housing dedicated to housing low income & formerly homeless seniors	MidPen
	Coast House Formerly: Coastside Inn	Half Moon Bay	52	Temporary Shelter	LifeMoves
2021	Stone Villa Inn	San Mateo	44	Temporary Shelter	Under Renovations No Contract Awarded Yet
2022	Comfort Inn & Suites	Redwood City	51	Permanent housing & high quality support services	Alta Housing & Mental Health Association of SMC

Source: Various Media & Grand Jury Interviews