

Mendocino Coast Clinics/ Mendocino Coast Hospitality Center

Final Report on the Homeless Mental Health Intervention Program

The Primary goals of the Homeless Mental Health Intervention Program (HMHIP) were:

- To link homeless individuals who exhibit untreated mental health disorders to effective services, providing concurrent mental health, addiction, and other health services as needed;
- To provide patient advocacy to ensure access to benefits and services for which clients are eligible, such as Social Security, disability, Medi-cal, etc.
- To promote interagency cooperation in providing wrap-around care and services in order to promote best outcomes while reducing overuse and unreimbursed use of agency services such as emergency room visits and law enforcement interactions.

Mendocino Coast Clinics Perspective:

At the end of a grant period, it is good to reflect, acknowledge the successes and challenges and recognize the value of lessons learned. In 2012, the City of Fort Bragg received a Community Development Block Grant (CDBG) which we named the Homeless Mental Health Intervention Program (HMHIP), whose goal was to demonstrate that providing intensive case management services, behavioral health, substance abuse counseling, medical services, psychological testing, and assistance with applying for programs that cover health care services would be beneficial to our neediest residents.

A known challenge from the outset was that this population is difficult to engage: substance abusing, homeless people with mental health issues who are likely to have been incarcerated at some point in their lives.

A significant change occurred after the grant was awarded. The implementation of the Affordable Care Act (ACA) transitioned the majority of California's County Medical Services Program (CMSP) eligible patients to the Expanded Medi-Cal Program. The impact on this grant was that a core group of them who would have been eligible for the grant services because CMSP did not cover mental health or substance abuse services were now covered. However, there was still a large number of people who remained eligible for services under the HMHIP grant.

The successes of the grant were many. Over the 30 months of the grant, many stories emerged and I would like to share a few of them:

- A Vietnam-era veteran previously living in his car was assisted in obtaining a VA pension.
- A homeless client went through transitional housing and now has a place to live.
- People lacking adequate cooking facilities who were already on federal disability were helped in applying for an extra food allowance which they did not know they were entitled to.
- Many people were helped with existing Social Security benefits and pending applications.
- A long-time homeless client now has housing after receiving federal disability.
- Recently released prisoners were assisted with reinstating the Social Security benefits they lost while incarcerated.
- Assisted with replacing a Legal Permanent Resident Card for an individual who had their belongings stolen while homeless.
- Availability of psychological testing services was critical to ensuring that disability applications were reviewed and approved in a timelier manner.

The lessons learned are the big takeaways for any organization that participates in a grant activity.

There were three organized Hope Expos and each one attracted more than 40 people. There was food, music, activities and haircuts by local stylist Jacque Armstrong, owner of Barbbery on the Coast, who volunteered her talent and time.

The clients who received haircuts were so proud of their new look, stood up straight and had smiles on their faces. We took a lot away from watching this small gesture have a huge impact on the participants.

The interaction between MCC's Patient Advocates and staff and the clients demonstrated their ability to establish trust and rapport – even off site - and made the clients more likely to show up for their appointments. The clients felt more comfortable at the clinic, less judged, and more open to receiving services at MCC. MCC staff who were key contributors in making this grant a success were Albert Anderson, Patient Advocate; Logan Bengston, MFTI; and Jessica Ehlers, MSW. Their hard work and extra hours are appreciated.

MCC staff appreciated working with staff from MCHC. Meeting to discuss case management issues gave each participant insight into the work the other organization does on a daily basis.

MCC staff felt good about working with the target population and were encouraged that they were providing a good resource for them and had a part in improving the clients' quality of life.

Mendocino Coast Hospitality Center Perspective:

1. Statistics.

- 114 people homeless people with mental illness enrolled by M.C.H.C.
- 87 (71%) referred to M.C.C. for behavioral health and substance abuse counseling
- 67 (55%) made appointments at M.C.C.
- 30 (25%) received M.C.C. income benefit assistance
- 29 (24%) improved housing status

2. Main achievements.

- The wonderful experience of working closely in partnership with our local Mendocino Coast Clinics, an experience which has left lasting benefits, and helped M.C.H.C. staff to work collaborative day by day in helping folk with major challenges.
- One example of the kind of client who was uniquely helped by this program is a man with serious mental illness (schizophrenia), who lived hearing hallucinations in the form of threatening voices, under Pudding Creek Bridge for many years. (He has given consent for his details to be publicized.) It is hard to imagine sleeping every night huddled in blankets against the place the bridge meets the ground, while traffic thunders overhead, all the time hearing voices making threats. This man received medication and counseling at M.C.C., he received case management and daily support from M.C.H.C., he lived in the Hospitality House and in Transitional Housing and now has his own apartment. This man has helped to clean up the homeless trash left by others at places including Hare Creek Beach.

3. Challenges.

- No definitive data was collated to demonstrate reduction in E.R. use or law enforcement interactions. Both areas proved very challenging in terms of getting the data within the need for clients to given written consent. Very small data sets were finally put together (12 clients (10.5% of total clients) in terms of ER use; and 10 clients (8.7% of total clients) in term of arrest records). Neither group showed any statistically verifiable shift

in use of the E.R. or in law enforcement data. Anecdotally, staff know of many occasions when clients were assisted in getting treatment at MCC instead of at the E.R.

4. Lessons learned.

- M.C.H.C staff learned so much from the partnership with M.C.C. staff. A coherent approach to planned care between agencies demonstrated good results for clients. Staff who worked hard on this program to make it a success at M.C.H.C included Susan Stever, Lesli Langslet, Jacqueline Loomans MSW, and leading from the front was the M.C.H.C. Pathways Manager Natalie Gregory. Natalie's motivational leadership and resilience and ability to engage clients was at the heart of the success of the program.

Report Authors: Paula Cohen, M.C.C.; Anna Shaw, M.C.H.C.

Photographs of Hope Expo Events:







