



Program Dispatch

First Edition, Fiscal Year 2010-2011



Mentally Ill Homeless Case Management and Outreach Services

Mental Health Services Act Dollars
Working in the Community!

Service Goals

- **Reduce homelessness** and the risk of becoming homeless, hospitalized or incarcerated
- Develop Full Service Partnership teams that **provide services** to adult consumers
- **Develop a system of care** that increases the access of behavioral health services for the unserved and underserved homeless
- **Provide a strategic outreach** component for at risk/homeless adults
- **Provide linkages to affordable housing** including shelter beds, temporary and permanent low income housings
- **Provide social resources** such as consumer run Clubhouses
- **Provide** employment support services
- **Provide** substance abuse services

Why was Homeless Intensive Case Management Created?

The latest (2007) County data on the number of homeless individuals indicate there are approximately **7,300 homeless persons** countywide. Data from the 2007 census indicate that the profile of mentally ill homeless population is about **20%** Transitional Age Youth (TAY), **56%** adult, and **24%** older adult. The ethnic breakdown is **43%** Euro-American, **25%** African-American, **23%** Latinos and **9%** other.

The goal of the program is to provide services to unserved and underserved homeless populations within the County of San Bernardino who are mentally ill and without treatment, homeless or at risk of being homeless or at imminent risk of being incarcerated or hospitalized due to their mental illness.

The Homeless Program aims to reduce homelessness by preventing vulnerable individuals and families from becoming homeless in the first place through identifying individuals with mental illness/co-occurring disorders on the verge of homelessness and working with them to find the help they need.

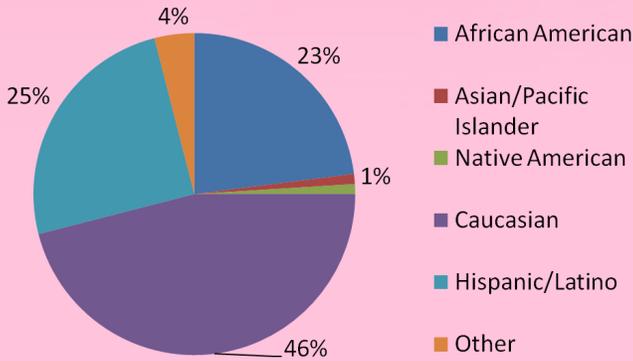


Positive Results

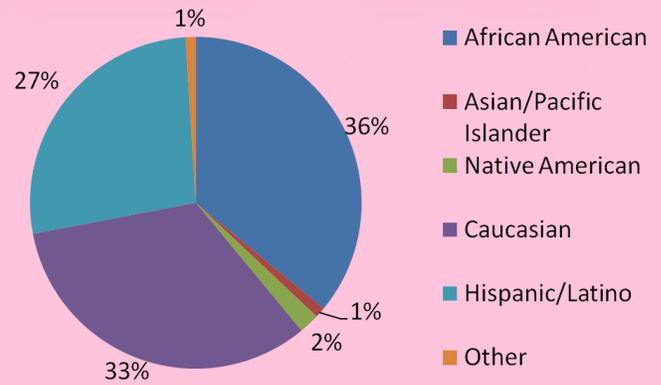
- **25%** of the homeless Full Service Partners obtained and sustained permanent housing
- **40%** of these individuals completed daily enrichment activities such as volunteer work, continuing education or employment
- **95%** did not utilize emergency hospital services
- **80%** were assisted in obtaining entitlements (i.e. SSI, Medi-Cal, specialized DBH housing subsidies, etc.)
- **10%** obtained and maintain regular employment
- **100%** of available services provided to a total of **1,084** unserved and underserved adults

Program Data

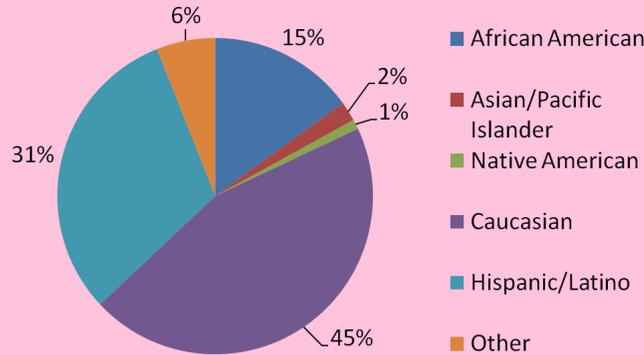
System Development Ethnicities



Outreach and Engagement Ethnicities



Full Service Partnership Ethnicities



Making A Difference

**"IF IT WEREN'T FOR THESE PEOPLE AND THIS PROGRAM,
I KNOW I WOULD BE DEAD."- CLIENT COMMENT**

"THIS PROGRAM CHANGED MY LIFE"- CLIENT COMMENT

**" I DON'T KNOW WHAT I WOULD HAVE DONE....WITHOUT YOU PEOPLE"
- ANONYMOUS**

Challenges

- **Shelter Beds:** Finding appropriate housing and shelters for the homeless mentally ill is very difficult, especially since many of them have alcoholism or substance abuse issues. Often times community members are referred from hospitals or are coming out of jails or other locked facilities. Many of the individuals present difficult behaviors (i.e. poor impulses, following house rules, getting along with other residents). Currently there is a need for education of the shelter placement staff on how to best assist these community members.
- **Medical problems:** Providing appropriate care and developing a treatment plan is a collaborative effort between our psychiatrists, staff, medical doctors and the community member. Many who are referred to our program have serious medical issues such as diabetes, high blood pressure and gastrointestinal problems. Most of those referred lack entitlements (such as Med-Cal), and they are unable to access good medical care. The Homeless program has developed a Full Service Partnership team to assist our partners and ensure they are linked to health services on an urgent basis.
- **Benefits:** Usually no more than 5% of the homeless mentally ill community members have entitlements or income. The Homeless system development component and the FSP component have provided focused services to assist individuals in acquiring needed benefits. Since the inception of these MHSAs programs, **80% of invested consumers receive benefits prior to successfully completing our program.**

Collaborative Partners

Shelter Care Homes

Diversion Teams

Crisis Response Teams

Social Security Benefits
Team

Consumers/participants
who received services

Solutions in Progress

- Improving shelter and housing services
 - Providing training for Shelter Home staff on techniques to use in working with community members
 - Better coordination with DBH housing program through meetings, education, and collaboration
- Increased collaboration with community resources to ensure there is a system of care that may be utilized
- Increased collaboration with Crisis Walk-In programs, Arrowhead Regional Medical Center Emergency Unit, coordination with regular medical physicians, Board and Care facilities, Transitional Age Youth program, and a variety of community resources.

For information regarding services please call:

ACCESS UNIT

(888) 743-1478 (888) 743-1481 (TTY)

Dial 2-1-1 to get information and referrals for health and social services.
Get connected with a live operator 24 hours a day, 7 days a week.