



# Mental Health Services Act (MHSA) – Innovation Project Brief

## Project: Animal Care for Client Housing Stability and Wellness

### Overview

- **BHSA Component:** Behavioral Health Services and Supports (BHSS) and possibly Housing Interventions
- **Population Served:** Adults and Older Adult Clients
- **Total Cost:** \$930,000 (\$750K service delivery for 3 years, \$80K BHRS administration, \$100K evaluation)
- **Duration of Project:** 4 years (3 years of services, 6 months start-up, 6 months post evaluation)

### Background

San Mateo County’s MHSA Three-Year Plan and the Behavioral Health Services Act (BHSA) prioritize strategies to strengthen the housing continuum and provide integrated treatment and recovery supports for individuals living with mental health and/or substance use challenges. The proposed project was identified in the 2022 MHSA Innovation (INN) stakeholder submission process and is being brought forward for a current round of INN funding as the County transitions to the BHSA.

### The Challenge

Animal companionship provides meaningful support for individuals with mental health and/or substance use challenges in ways that align with the four dimensions of recovery outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA): *health, home, purpose, and community*.<sup>1</sup> Animals provide a sense of purpose, are a source of empathy and emotional support, provide social connectedness, serve as family in the absence of or in addition to human family members, and support individuals’ self-efficacy and self-esteem.<sup>2</sup> Additionally, some individuals with mental health and/or substance use challenges may use service animals—including psychiatric service animals—that are trained to work, provide assistance, or perform tasks to support them with their disability.<sup>3</sup>

Both the literature and local San Mateo County behavioral health providers indicate that animal companionship is a common source of support for individuals with mental health and/or substance use challenges. Research studies on pet ownership by individuals living with SMI have found that at least one in five study participants were pet owners; in several cases, close to half or more than half of study participants were pet owners.<sup>4</sup> The Mental Health Association of San Mateo County (MHA) estimates

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<sup>1</sup> SAMHSA. (2024, March 26). *Recovery and Recovery Support*. <https://www.samhsa.gov/find-help/recovery>

<sup>2</sup> Wisdom, J. P., Saedi, G. A., & Green, C. A. (2009). Another breed of “service” animals: STARS study findings about pet ownership and recovery from serious mental illness. *American Journal of Orthopsychiatry*, 79(3), 430–436. <https://doi.org/10.1037/a0016812>; Kosteniuk, B. M., & Dell, C. A. (2020). How Companion Animals Support Recovery from Opioid Use Disorder: An Exploratory Study of Patients in a Methadone Maintenance Treatment Program. In *Vol. 12, Numéro 1/Vol. 12, Issue 1* [Journal-article]. <https://pdfs.semanticscholar.org/3639/ba3c072070662d46729ffd3885609afaf8a7.pdf>

<sup>3</sup> Animals are classified into three different categories: (1) pets, (2) emotional support animals (ESA), and (3) service animals (SAs). A SA is a dog (or miniature horse) that aids those with a physical or mental disability. An ESA provides emotional, cognitive, or other similar support to an individual with a disability, and does not need to be trained or certified. A pet is a domesticated animal that provides companionship and is not considered a service animal or an emotional support animal. The term “animal” is used throughout this plan to encompass pets, ESAs, and SAs, unless otherwise noted.

<sup>4</sup> Zimolag, U., & Krupa, T. (2009). Pet ownership as a meaningful community occupation for people with serious mental illness. *American Journal of Occupational Therapy*, 63(2), 126–137. <https://doi.org/10.5014/ajot.63.2.126>; Wisdom, J. P., Saedi, G. A., &



that of the 600 individuals they serve in supportive housing and shelters, approximately 400 of whom are BHRS clients, about one-third have animals.

Given the role of animal relationships in recovery, and the substantial proportion of individuals living with mental health and/or substance use challenges who have animals, there is a need for programs and policies to sustain the human-animal relationship when an individual needs a higher level of care to support their recovery. During such times, lack of animal care can be a barrier to clients' recovery by impacting decisions to seek treatment and/or by impacting housing stability, as described below.

- **Receiving timely treatment:** Service providers have found that a reason clients with animals decline higher levels of care (e.g., residential care, hospitalization) is the uncertainty around care for their animal during this time. Because of the strong emotional bond with their animal, clients who cannot bring their animals with them to a higher level of care (either because the animal is not accepted or because the individual is unable to care for the animal) can experience parental concern, separation anxiety, and grief if their animal does not have a safe place to go.<sup>5</sup>
- **Maintaining stable housing and wellness:** Clients who are in supportive housing settings may experience periods of crisis or unwellness, during which they may not be able to maintain care for their animals. This may result in unhealthy living conditions for both the animal and the client (e.g., not being able to take animals out for walks, animals may urinate/defecate in the home), which may also put a client at risk for eviction.

Recognizing the importance of animal companionship in supporting behavioral wellness, San Mateo County has implemented policies and services for individuals who have animals and are seeking housing and behavioral health treatment.

- **For unhoused individuals:** In 2022, San Mateo County made a commitment to achieve "functional zero" homelessness and implemented animal-friendly shelters as a strategy in realizing this goal. The San Mateo County Housing Navigation Center added kennels and allows ESAs, and free veterinary care is available for pets of clients who are unhoused.
- **For clients enrolled in Full Service Partnership (FSP) and/or in permanent supportive housing (PSH) settings:** Animals are allowed in some cases based on the policies of the facility. Clients' case managers and/or peers sometimes provide support with short-term, low-effort pet care needs such as dog walking; however, these limited supports are insufficient for clients who need a safe home for their pet while they are receiving medical and/or behavioral health treatment during a period of unwellness.

While the above-mentioned policies and supports are an important step in supporting individuals to maintain their relationships with their animals, animals are not accepted at the county's residential crisis treatment facility, Serenity House, which serves as a barrier for any client needing crisis mental health care. In addition, providers observed that even though certain substance use treatment facilities accept animals in some cases, it can be difficult for clients to receive approval to bring their animals.

San Mateo County Behavioral Health and Recovery Services (BHRS) providers and contractors do not formally collect data on the number of clients who face barriers to treatment or housing due to a need for animal care, but providers shared several anecdotal experiences. MHA has had at least two recent

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Green, C. A. (2009). Another breed of "service" animals: STARS study findings about pet ownership and recovery from serious mental illness. *American Journal of Orthopsychiatry*, 79(3), 430–436. <https://doi.org/10.1037/a0016812>

<sup>5</sup> Cleary, M., West, S., Visentin, D., Phipps, M., Westman, M., Vesik, K., & Kornhaber, R. (2020). The Unbreakable Bond: The Mental Health Benefits and Challenges of Pet Ownership for People Experiencing Homelessness. *Issues in Mental Health Nursing*, 42(8), 741–746. <https://doi.org/10.1080/01612840.2020.1843096>



cases where clients declined to seek residential treatment because they could not find a suitable place for their pets. At least two BHRS providers reported attempting to receive temporary support from the local SPCA while clients were accessing a higher level of care.

As the county prepares to transition to Behavioral Health Services Act (BHSA), this INN project was prioritized as it directly removes a known barrier to care that will enable the most vulnerable clients to engage in needed services including higher levels of treatment as needed, and to remain housed.

## The Proposed Project

The proposed project will serve individuals living with mental health and/or substance use challenges and experience a change in their condition wherein temporary animal care would support wellness and housing stability. In this way, the project will 1) facilitate entry into higher levels of care (e.g., crisis or treatment residentials, hospitalization), and 2) help housed clients maintain housing, all while preserving the crucial human-animal relationship that supports clients' recovery.

The project will provide temporary animal foster care by appropriately trained peer volunteers during the time their humans are experiencing need for respite care, hospitalization, criminal justice encounter, or higher level of care. As clients are able, animals will visit their human, sustaining the relationship for both the animal and the client until reunification is possible. Having peers with firsthand experience of the types of challenges that program clients are experiencing will promote trust that their animals are in the care of someone who understands what they are going through. The project will also provide short-term services (e.g., veterinary care, grooming, dog walking) in cases where temporary support would help clients maintain wellness and housing for themselves and their animal.

## Target Population

The project will serve adult and older adult clients living with serious mental illness (SMI) and/or substance use disorders (SUD) with animals for whom animal care is an **urgent and temporary barrier** to receiving a higher level of care treatment or maintaining their housing stability and wellness.

The project will be piloted with a small set of clients who are enrolled in FSP services or living in PSH settings. The next phase will open the program to referrals from mental health and substance use residential settings and behavioral health crisis and emergency settings.

## Services

- **Recruitment, training, and support of peer animal caregivers (PACs).** Training will follow established procedures for animal fostering, including the foster home environment and health status of other animals in the home.
- **Assessment and referral from BHRS and its network of care providers.** BHRS and its network of care providers and community-based organizations will identify individuals who meet this criteria and refer them to the program.
- **Free, temporary foster care placement for animals.** PACs will provide care and attention for the animal, keep the animal safe and healthy, and ensure the animals receive necessary veterinary care including screening, vaccination, and treatment of any issues.
- **Client-animal visitation.** When possible, the program will support visits between the client and their animal until reunification is possible.



- **In-home animal care support.** For individuals in supportive housing settings who do not need full foster care for their animal, but need temporary support caring for their animal, peer volunteers will visit clients in their homes to support dog-walking, grooming, and vet visits. These visits may also include teaching and coaching for clients on housing retention and animal care.

### The Innovation

- **MHSA Innovative Project Category:** Makes a change to an existing practice in the field of behavioral health, including but not limited to, application to a different population
- **MHSA Primary Purpose:** Increases access to behavioral health services, including but not limited to, services provided through permanent supportive housing

Other similar programs exist to provide foster homes for pets while their owners experiencing homelessness, mental illness or addiction receive urgent medical, mental health, or substance abuse treatment. The innovative components of the proposed project include:

1. Peers as the animal caregivers
2. Human-animal visitation
3. Inclusion of ESAs and SAs in addition to pets
4. Addition of in-home animal support services for housing retention

### Learning Goals

Through an independent evaluation, this project seeks to learn:

1. Does offering temporary animal care for individuals with mental health and/or substance use challenges who have assistance animals or companion animals:
  - **Increase engagement in higher level of care** for individuals who otherwise would not have engaged?
  - **Improve housing retention** for individuals who are at risk of losing housing?
  - **Improve indicators of recovery**, including recovery time, mental wellness indicators, and substance use indicators?
2. Does providing **peer-to-peer services** impact client engagement in the program?
3. What are the **essential elements** of the project that could be scaled or replicated?

### Behavioral Health Services Act (BHSA) Transition

The project aligns with the county’s Prop. 1 transition to BHSA by expanding and increasing the types of housing stability and maintenance support available to the most vulnerable and at-risk individuals. The project removes a barrier to care that will enable the most vulnerable clients to engage in needed services including higher levels of treatment as needed, and to remain housed.

BHSA Transition Questions	Response
How does the proposal align with the BHSA reform?	The project focuses on housing interventions and recovery supports for the “most ill and vulnerable” population.



BHSA Transition Questions	Response
<b>Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?</b>	Yes, the project will remove barriers to maintaining housing for individuals who are at risk of eviction.
<b>Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?</b>	No
<b>Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?</b>	Yes, the project will serve individuals who are enrolled in FSPs that may need added supports during a functional decline in their health or may need a higher level of temporary treatment (e.g., residential setting, hospitalization) but decline due to a lack of animal care.
<b>How will the County continue the project, or components of the project, after its completion without the ability to utilize certain components of MHSa funding for sustainability?</b>	The pilot project will include a deliverable to develop a sustainability plan that is vetted and informed by an established advisory group for the pilot term. The goal of the plan will be to leverage diversified funding for ongoing sustainability of the program including opportunities for Medi-Cal billing if approved (as a CalAim Community Support) or through Housing Interventions. If DHCS does not allow pet-related supports as part of Housing Intervention funds, then Behavioral Health Services and Supports funds can be used. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. If the innovation evaluation indicates that the proposed project is successful and an effective means of supporting SMI and/or SUD clients with their recovery goals, high-level treatment needs and accessing and maintaining their housing, a proposal of continuation would be brought to the BHSA Community Program Planning process.
<b>How does the project assist the county's transition to the behavioral health reform?</b>	BHSA expands and increases the types of support available to the most vulnerable and at-risk individuals. The project removes a barrier to care that will enable the most vulnerable clients to engage in needed services including FSPs, higher



BHSA Transition Questions	Response
	levels of treatment as needed, and to remain housed.