



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:** TBD
- **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

Companion animals (pets) and emotional assistance animals (ESAs) provide 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.¹ Pets and ESAs 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.² In these ways, the human-animal relationship is commonly considered a main source of support in recovery.³ 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 for a person with a disability.

Individuals who have animal relationships at the time when they experience instability in their mental health and recovery journey have bonds with their animals (and likewise animals have bonds with their human). Sustaining this mutually beneficial relationship can contribute to better quality of life for individuals living with serious mental health and/or substance use challenges. Lack of animal care can be a barrier to clients' recovery by impacting health and wellness as well as housing stability, as described below.

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

² 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>

³ Brooks, H., Rushton, K., Walker, S., Lovell, K., & Rogers, A. (2016). Ontological security and connectivity provided by pets: a study in the self-management of the everyday lives of people diagnosed with a long-term mental health condition. *BMC Psychiatry*, 16(1). <https://doi.org/10.1186/s12888-016-1111-3>



- **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; among individuals who are unhoused, this has been referred to as “choosing pet over place.”⁴
- **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.

The Mental Health Association of San Mateo County (MHA) estimates that of the 600 individuals they serve in supportive housing and shelters, approximately 400 of whom are BHRS clients, about one-third have pets. 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.⁵ MHA has observed that there is a great need for pet care, as there is not enough available and affordable pet care when clients are in crisis or need treatment in a residential setting or hospitalization; MHA has had at least two recent cases where clients declined to seek residential treatment because they could not find a suitable place for their pets.

San Mateo County has implemented supports for unhoused individuals with pets: pets are allowed in some shelters (about one-quarter of clients in MHA shelter have pets with them), the San Mateo County Housing Navigation Center added kennels and allows emotional support animals, and veterinary care is available for pets of clients who are unhoused.

For clients enrolled in Full Service Partnership (FSP) and/or in supportive housing settings, 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.

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 peers and volunteer fosters during the time their humans are experiencing need for respite care, hospitalization, criminal

⁴ Cleary, M., West, S., Visentin, D., Phipps, M., Westman, M., Vesk, 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>

⁵ 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., & 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>



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. Priority will be given to fosterers who are peers. 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 pets, ESAs, or service 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 begin with a pilot for a small set of clients who are enrolled in FSP services, unhoused, or living in supportive housing settings. As the project model is formalized, the target population will be expanded to include other BHRS clients.

Services

- Assessment and referral from BHRS and its network of care providers
- Free, temporary foster care placement and services for animals
 - Veterinary care including screening, vaccination, and treatment of any issues
 - Licensing of unlicensed animals
 - Dog-walking
 - Grooming
- Human-animal visitation until reunification is possible
- Recruitment, training and support of peer fosterers
 - Recruitment and training in animal foster care
 - Training to support communication between fosterers and individuals with mental health and substance use challenges
 - Support from a certified peer specialist
- In-home assistance for individuals in supportive housing settings. Peer volunteers and veterinarians to visit various supportive housing settings throughout the county.

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. Focus on FSP participants and supportive housing settings
2. Human-animal visitation
3. Training for fosterers on communicating with program clients



4. Peers as the fosterers
5. Addition of other animal support services including dog walking, grooming, etc.

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:
 - o **Increase engagement in higher level of care** for individuals who otherwise would not have engaged?
 - o **Improve housing retention** for individuals who are at risk of losing housing?
 - o **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. |
| Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness? | Yes, the project will remove barriers to maintaining housing for individuals who are at risk of eviction. |
| Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling? | No |
| Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness? | 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. |



| BHSA Transition Questions | Response |
|---|--|
| 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? | 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. |
| How does the project assist the county's transition to the behavioral health reform? | 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 levels of treatment as needed, and to remain housed. |