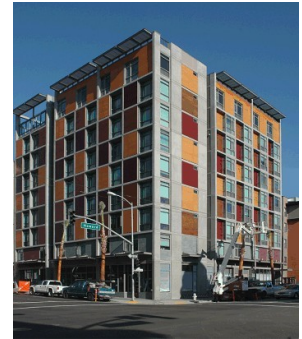


Direct Access to Housing Program, San Francisco

Established in 1998, the San Francisco Department of Public Health's (SFDPH) Direct Access to Housing (DAH) program provides permanent housing with on-site supportive services for approximately 1,000 formerly homeless adults, most of whom have concurrent mental health, substance use, and chronic medical conditions. Another Housing First program funded by San Francisco's Human Service Agency (HSA) houses an additional 3,000 formerly homeless people. DAH is a "low threshold" program that accepts single adults into permanent housing directly from the streets, shelters, acute care hospitals or long-term care facilities. Residents are accepted into the program with active substance abuse disorders, serious mental health conditions, and/or complex medical problems.



Plaza Apartments



Central YMCA

Currently the DAH program has 13 housing sites ranging in size from 33 to 106 units each. One DAH site is a licensed residential care ("board and care") facility designed to house individuals with chronic medical problems who have spent most of their adult lives in locked psychiatric institutions. Another site has an Adult Day Health Center on site serving about 100 disabled clients, 52 of whom have been chronically homeless. Four sites are restricted to frail elderly (age 55 or over 62, depending on the building). The Plaza Apartments, one of the largest sites, has 106 studio apartments. Approximately 500 more housing units are expected to be opened by 2010, including 174 units of supportive housing in the Central YMCA, to be renovated, which will also house the new Health Center that serves all residents of supportive housing facilities in San Francisco.

Medical services: All DAH sites have some medical staff on site, ranging from once-a-week public health nurses to sites with full-time nurses, psychiatrists and part-time nurse practitioners. Most on-going care is provided at the Housing and Urban Health (HUH) clinic, located on the ground floor of one of the supportive housing sites. Many of the DAH program residents receive primary care services at the HUH clinic which serves about 1000 clients each month. Licensed staff at the supportive housing sites usually are able to engage clients at the bedside and then move them on to longitudinal care at the HUH Clinic. About three-fourths of clinic patients have Medicaid. The Health Center is a Federally Qualified Health Center with a per visit billable rate of \$202. The clinic is staffed primarily by nurse practitioners but also supports 5 full- and part-time psychiatrists and a full-time medical director.

At the RCF, there are around the clock nursing services. One residential hotel has five-day-a-week nursing services, and three-day-a-week urgent care medical services provided by an on-site nurse practitioner and a full time on-site licensed social worker. An additional two sites staffed by nurses offer residents directly observed therapy for psychiatric and HIV medications, as well as other medications, five days a week. The other sites have access to an on-call nurse practitioner for urgent care home visits. At all sites, staff meet at least monthly with the medical director for the DAH program to assist with medical treatment plans and to strategize on how to access appropriate medical and psychiatric care in the community.

Behavioral Health services: Most psychiatric care for permanent supportive housing residents is provided in the Health Department's Housing and Urban Health clinic or at other city funded mental health treatment facilities. A Roving Team serves residents of the HSA Housing First Program, engage people at the bedside, and then provide ongoing care in the clinic. The primary goal of the Roving Team is to prevent eviction resulting from exacerbation of mental health and substance use disorders. Medical Director Josh Bamberger, MD says he wishes the Roving Team had more staff so that they could engage the high-needs clients among the 3000 people living in HSA housing earlier through brief, intensive interventions by primary care providers.

Case management services: All sites have between three and six on-site case managers as well as a site director. Most of the on-site case managers are employees of contracted community based agencies. Case managers are usually Bachelor or Masters level social workers. Site directors are generally Masters-level, licensed social workers or registered nurses. Case managers help residents obtain and maintain benefits, provide individual case management for substance use and mental health problems, life skills and family counseling, assist in accessing medical and behavioral health treatment, assist with accessing food and clothes, and interface with property management to assist in preventing eviction.