San Joaquin County mhsa MENTAL HEALTH SERVICE ACT Stakeholders' Information Site

Transforming Mental Health Services

MENTAL HEALTH SERVICES ACT HOUSING PROGRAM

Ad Hoc Committee Meeting

Agenda

DATE: August 19, 2008
TIME: 9:00 a.m. – 11:30 a.m.
LOCATION: San Joaquin County Behavioral Health Services
Dorothy Chase Room
1414 North California Street, Stockton

I. Welcome/Introduction, Agenda Review 9:00 – 9:10

II. MHSA Housing Program 9:10 – 9:30
A. Program Overview
B. Program Process

III. Material Review 9:30 – 10:30
A. Community Meeting Summary
B. Survey Summary
C. Map Analysis

V. Develop Recommendations 10:30 – 11:30
A. Prioritizing data
B. Develop points for the Stakeholder Committee to consider

Mental Health Services Act (MHSA) Housing Program
San Joaquin County August 2008

Background

The passage of the Mental Health Services Act in November 2004, created the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel, and other resources to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system. The MHSA Housing Program component of the Act was signed into law in May 2006 with the stated goal of creating 10,000 additional units of permanent supportive housing for this population. This is a collaborative program administered by the California Housing Finance Agency and the State Department of Mental Health. Developed in collaboration with the California Mental Health Directors Association and other stakeholders, this program is anticipated to receive MHSA funding for the next 20 years, if successful. Funding and program requirements were released in August 2007 and applications to the state are now being accepted. This program provides funding for permanent housing (shared or rental) to individuals who are eligible for MHSA services and meet eligibility criteria as homeless or "at risk" of becoming homeless. Counties are required to provide ongoing support services as well as authorize CalHFA to serve as the fiscal agent for these funds.

Planning

During the next few months, San Joaquin County will begin to implement the MHSA Housing Program. The county has an initial funding distribution of $6,339,500, of which a maximum of $2,113,200 can be used for operating subsidies. The remainder of the funding must be used for new construction/renovation of permanent housing. A team of consultants has been hired to assist the county with this process. A stakeholder input process is being conducted which consisted of focus groups with mental health consumers, families of consumers, mental health service providers, and non-profit developers, as well as a written survey for mental health consumers and their families.

Next Steps

- Present the results of the stakeholder input process to the SJC MHSA Housing Program Ad Hoc Committee and receive public comments.
- Post a notice of the county's intent to authorize CalHFA to administer San Joaquin County's allocation of MHSA Housing funds. This was posted to the www.sjmhsa.net site on August 1, 2008, and comments will be accepted through September 4, 2008.
- Develop and distribute a Request for Qualifications (RFQ) for non-profit housing developers wishing to partner with the county in developing housing projects.
- Assist housing developers to pair with appropriate service providers and develop housing programs in accordance with local needs and priorities.
- Review applications and collaborate with selected developers to ensure that applications are complete.
- Post application tenant selection and service plans for required thirty-day public review and comment period.
- Submit one or more project applications to the state for review and approval.

SJC MHSA Housing Program
Glossary of Terms

1.	Affordable Housing	The generally accepted definition of affordability is for a household to pay no more than 30 percent of its annual income on housing. Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation, and medical care.
2.	At Risk of Homelessness	At risk of homelessness includes the following: • Transition-age youth exiting child welfare or juvenile justice systems; • Individuals discharged from: - hospitals, including acute psychiatric - hospitals, psychiatric health facilities (PHF); - skilled nursing facilities (SNF) with a certified special treatment program (STP) for the mentally disordered; - mental health rehabilitation centers (MHRC); - crisis and transitional residential settings; and - city and county jails; • Individuals temporarily placed in a Residential Care Facility upon discharge from one of the above; and • Individuals who have been assessed and are receiving services at the County Mental Health Department, and who have been deemed to be at imminent risk of homelessness, as certified by the County Mental Health Director.
3.	Board & Care	A Board and Care Home is a housing facility for seniors or for individuals with disabilities who want or need to be in a group living situation and who may need assistance with personal care and daily living activities. Typically, a Board and Care facility is selected when 24-hour, non-medical supervision is needed or desired. Board and Care homes were the first widely recognized form of assisted living, and as such, they have been regulated by government agencies; but many Board and Care homes are of the "mom and pop" variety and not licensed. Thus, if a Board and Care home is under consideration, licensure status should be verified with a county or state licensing office. Board and Care homes can be a converted single-family home with up to 6 residents or may be a large building similar to an apartment building with over 100 residents. A characteristic feature of Board and Care is that communal meals are provided, and there is daily contact with staff.

SJC MHSA Housing Program
Glossary of Terms

4.	Chronic Homelessness	An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.
5.	Congregate Housing	Apartments or cottages in which residents pay a monthly fee which includes rent, utilities, one to three congregate meals, housekeeping/chore services, 24-hour emergency response, and essential transportation. Personal care services are individually contracted between residents and private vendors.
6.	Efficiency Unit	A small dwelling unit, often consisting of a single room. In most cases, kitchen and bath facilities are not complete.
7.	Homeless	Homeless is defined as: • living on the streets, or • lacking a fixed and regular night time residence. This includes shelters, motels, and other temporary living situations in which the individual has no tenant rights.
8.	Independent Living Facility	Independent Living provides the greatest versatility and freedom. Independent Living refers to residence in a compact, easy-to-maintain, private apartment or house within a community. It offers the ability to maintain one's residence and lifestyle without custodial or medical assistance.
9.	Integrated Housing	Integrated housing provides integration of services and integration within the community. For example, in the past the housing was bundled or all in one place within the community where today scattered housing throughout the community is a more desirable approach.
10.	Mixed Population	A development that has set aside a specific number of units within a development to house the MHSA Housing Program target population. The other units are open to occupancy by persons who are not members of the MHSA Housing Program target population.

SJC MHSA Housing Program
Glossary of Terms

11.	Permanent Supportive Housing	MHSA Housing Program developments must offer permanent supportive housing to the target population. Supportive housing means housing with no limit on length of stay that is occupied by the target population and that is linked to on-site or off-site services. Services must help the tenant retain the housing, support recovery, and resiliency, and maximize the ability to live and work in the community. Types of permanent supportive housing that may receive funding under the MHSA Housing Program include: • Apartment buildings; • Duplexes, triplexes, fourplexes, and; • Single family homes and condominiums.
12.	Scattered Housing	Designated housing units or developments that are "scattered" or dispersed throughout the county instead of congested into one local area.
13.	Section 8 (Voucher Program)	Currently, the main Section 8 program involves the Voucher Program. A voucher may be either "project-based" (where its use is limited to a specific apartment complex; Public Housing Authorities (PHA's) may reserve up to 25% of its vouchers as such) or "tenant-based" (where the tenant is free to choose a unit in the private sector, is not limited to specific complexes, and may reside anywhere in the United States or Puerto Rico where a PHA operates a Section 8 program, though in practice such portability is very difficult). Under the voucher program, individuals or families with a voucher find and lease a unit (either within a specified complex or in the private sector) and pay a portion of the rent (based on income, but generally no more than 30% of the family's income). The PHA pays the landlord the remainder of the rent, subject to a cap referred to as "Fair Market Rent" (FMR) which is determined by HUD. FMR is determined by several factors, including: • the geographic area (city or county) where the unit is located (generally, a unit in a metropolitan area will have a higher FMR); • the unit size (in terms of the number of bedrooms, generally, the more bedrooms the higher the FMR, while a studio apartment would be at the low end), and; • whether the owner or tenant will pay utilities (generally, FMR is higher for units where the owner pays utilities). • The landlord cannot charge a Section 8 tenant more than FMR, even if the landlord does so for non-Section 8 tenants in similar units. Section 8 is currently managed through SJC Housing Authority. Their wait list has been closed since 2006.

14.	Shared Housing	• A Shared Housing Development is a residential building that contains one or more traditional residences. All bedrooms in a Shared Housing Development shall be occupied by an MHSA eligible resident. • For purposes of the MHSA Housing Program, a bedroom in a Shared Housing Development is a unit. Each residential housing unit funded by the MHSA Housing Program must be occupied by an MHSA eligible resident, as determined by DMH and the sponsoring county mental health department. • All residences in a Shared Housing Development shall be rented to and shared by two or more unrelated adults, each of whom is a member of the MHSA Housing Program eligible residents. • While this program is intended primarily for unrelated adult house-mates, nothing in this definition excludes the spouse, adult partner, and/or child of an MHSA eligible resident from sharing the bedroom of the eligible resident, up to housing occupancy limits. • To qualify for funding, a Shared Housing Development must provide a lease and a separate lockable bedroom for each MHSA eligible resident, the MHSA eligible resident must be responsible for paying rent, and all bedrooms in each residence must be occupied by an MHSA eligible resident. • Each Shared Housing residence must also contain a living area, a kitchen and full bathroom. Kitchens and living rooms need to be appropriately sized to accommodate the number of residents in each residence. • Each residence with three bedrooms shall contain a minimum of a bathroom and a half-bath. Residences with four or five bedrooms shall contain two full bathrooms. A bathroom shall consist of a toilet, sink, and shower and/or bathtub. A half-bath shall consist of a toilet and a sink. • The maximum number of bedrooms per Shared Housing residence is five. • A Shared Housing Development may consist of a 2- to 4-unit building, provided that all units (bedrooms) in the building are targeted for use as Shared Housing. • Single-family homes, condominiums, and half-plexes may also qualify as a Shared Housing Development provided that they have a minimum of two bedrooms. • Shared Housing Developments cannot be located in Rental Housing Developments • One apartment/bedroom may be made available for a manager's apartment/bedroom, at the borrower's option, even if Shared Housing Development is not required by California law to have a manager's unit.

SJC MHSA Housing Program
Glossary of Terms

15.	Single Population	Development in which all the units are dedicated to housing the MHSA Housing Program target population
16.	Single Room Occupancy (SRO)	An SRO unit is a one-room unit intended for occupancy by a single individual. It is distinct from a studio or efficiency unit, in that a studio is a one-room unit that must contain a kitchen and bathroom. An SRO unit is not required to have either one, although many may have one or the other
17.	Skilled Nursing Facility	A place where nurses provide constant care: an institution where round-the-clock care is provided to patients by trained nurses.

IDENTIFIED MENTAL HEALTH NEEDS & DISPARITIES IN SAN JOAQUIN COUNTY[1]

According to the Department of Finance's July 1, 2004 general population estimates, 643,100 persons reside within San Joaquin County. Many of the county's residents who have a serious mental illness or are seriously emotionally disturbed (SMI/SED) have an unmet need for mental health services. It has been estimated by DMH that approximately 40,408 of the general county population are SMI/SED.

The intent of the MHSA is to provide services to low-income and poor residents (i.e. residents whose annual incomes are <200% the Federal Poverty Line) who are underserved, and underserved/inappropriately served by the Public mental Health System and are SMI/SED. Annually, more than 18,900 of the county's residents meet this target population definition.

In fiscal year 2004-2005, San Joaquin County Behavioral Health Services served approximately 10,996 individuals with 707 of these individuals being fully served. Fully served is defined as intensive services that closely assist and monitor a consumer's multiple needs, including psychosocial needs, medication, housing, and employment support. Intensive service provision for all consumers has been a challenge due to severe budget cuts. It is anticipated that the Full Service Partnership component of MHSA will help alleviate some of the need.

Prevalence data from the DMH indicates that the county's Latino population is greatly underserved, regardless of the age grouping, when compared to the SJC-BHS client population in the fiscal year 2004-2005. As Table 1 exhibits, as a group, 59% of the fully served were children and youth followed by adults (22%) and transitional age youth (18%). However, more than 10,000 county residents who received services from SJC-BHS during this said fiscal year remain underserved/inappropriately served.

Table 1. Age Group with Mental Health Prevalence and % Fully Served

Age Group	Est. # County Residents with SED/SMI	% Share of Total County Residents with SED/SMI	# Fully Served	% Share of Fully Served
Children & Youth (0-15)	11,192	30%	416	59%
Transitional Age Youth (16-25)	8,188	18%	125	18%
Adult (26-59)	16,671	41%	158	22%
Older Adult (60+)	4,357	11%	8	1%
Total	**40,408**	**100%**	**707**	**100%**

Children/Youth, Ages 0-15

Forty-nine percent of the low-income children/youth with SED in the county and are likely to need public mental health services are Latino; 18% are Caucasian, 18% are Asian, 9% are African American, and 1% are Native American. Albeit, African American children comprise only 7.29% of

[1] Information was obtained from the San Joaquin County Mental Health Services Act Community Services and Supports Three Year Program and Expenditure Plan

the county's total child/youth population, they comprise 22.7% of the county's foster care population. When looking at race/ethnicity, African American (17.9%) and Latino (17.8%) children have the highest percentage of recurrence in the use of mental health services.

Table 2. Children & Youth Service Need and Utilization

Children and Youth (0-15)	Fully Served		Underserved & Inappropriately Served		Total Served		County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	34	31	172	101	338	16.9%	7,476	8.8%	12,447	7.2%
Asian / Pacific Islander	5	4	33	18	60	3.0%	14,536	17.0%	22,083	12.7%
Latino	53	46	230	134	463	23.2%	42,527	49.8%	66,442	38.3%
Native American	1	3	11	8	23	1.2%	513	0.6%	898	0.5%
White	100	78	518	280	976	48.9%	15,789	18.5%	62,663	36.1%
Other	40	21	39	35	135	6.8%	4,596	5.4%	8,915	5.1%
TOTAL	**233**	**183**	**1,003**	**576**	**1,995**	**100.0%**	**85,435**	**100.0%**	**173,449**	**100.0%**

Transition Age Youth, ages 16-25

San Joaquin County's transitional age youth (16-25) is greatly unserved/underserved. Native Americans comprise 0.7%, other 3.1%, African Americans 6.1%, Asian/Pacific Islanders 10.7%, Latino 27% and Whites 52.4%. Latinos, Asian/Pacific Islanders and 'other' are all underserved, accounting for 31.1% of the total served including inappropriate service, the underserved, and those fully served. Two populations demonstrated the least number of fully served members. Among the Native American and 'other' populations a total of eight transitional age youth received full services, four from each group. During the planning process, 84 homeless individuals were contacted and 5% were between the ages of 18 and 24.

Table 3. Transitional Age Youth Service Need and Utilization

Transition Age Youth (16-25)	Fully Served		Underserved & Inappropriately Served		Total Served		County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	17	15	119	111	262	16.8%	3,289	7.9%	5,671	6.1%
Asian / Pacific Islander	3	7	81	63	154	9.9%	6,304	15.1%	9,973	10.7%
Latino	14	9	107	155	285	18.3%	16,703	40.0%	25,267	27.0%
Native American	3	1	45	26	75	4.8%	399	1.0%	631	0.7%
White	29	21	335	352	737	47.3%	13,611	32.6%	48,981	52.4%
Other	1	3	20	21	45	2.9%	1,490	3.6%	2,913	3.1%
TOTAL	**67**	**56**	**707**	**728**	**1,558**	**100.0%**	**41,796**	**100.0%**	**93,437**	**100.0%**

Adults, ages 26-59

It is no surprise, considering the current information, that the SMI Adult (26-59) Latino population is severely underrepresented in the county's mental health treatment system. Among the many factors that contribute to this disparity are the following:

- Limited knowledge concerning mental health services and acknowledgement of mental health issues;
- Barriers such as language and cultural diversity of providers;
- Stigma associated with mental illness and seeking services;
- Culture of family and informal support that encourages handling problems within the family and culture;
- Lack of transportation;
- Financial constraints;
- Limited services, locations, and availability, and;
- Fear of deportation.

Asian/Pacific Islanders represent 10.7% of the county population, 15.1% of the poverty population and 20% of consumers served, and African Americans represent 6.1% county population, 7.9% county poverty population and 12.7% of those served, while Hispanics represent 27% of the county population, 40% of the poverty population and only 13.3% of those served in the adult age group. While African Americans appear to be well served, they are often not served appropriately with diagnosis only after their illness has escalated, putting them into higher levels of care or within the justice system.

Table 4. Adult Service Need and Utilization

Adults (26-59)	Fully Served		Underserved & Inappropriately Served		Total Served		County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	19	21	291	466	797	12.7%	5,971	7.9%	16,593	6.1%
Asian / Pacific Islander	2	5	414	833	1,254	20.0%	11,446	15.1%	29,181	10.7%
Latino	7	16	292	521	836	13.3%	30,326	40.0%	73,930	27.0%
Native American	2	3	125	124	254	4.0%	725	1.0%	1,846	0.7%
White	27	55	1,202	1,776	3,060	48.7%	24,712	32.6%	143,314	52.4%
Other	0	1	40	35	76	1.2%	2,705	3.6%	8,524	3.1%
TOTAL	**57**	**101**	**2,364**	**3,755**	**6,277**	**100.0%**	**75,884**	**100.0%**	**273,388**	**100.0 %**

Older Adults, 60 and older

There are 90,392 persons aged 60 years and older living in San Joaquin County, representing 15% of the total population in 2004. The projected number of persons, aged 60 plus in 2010 will be 112,072. In contrast to younger ages, where male and female populations are similar, the female population

comprises 61%. While the rest of the population is projected to grow by 15.3%, the population of over 60 is projected to grow at a rate of 20%. This trend compels us to reach out to this often isolated population.

Whites represent 52% of the population with Latino following at 27%, Southeast Asian at 11%, and African American at 6%. The population living under 200% of the Federal Poverty Level (FPL) in the Older Adult age group is 27,353 or 12% of the poverty population. Relatively speaking, older White, African-American and Asian/Pacific Islander adults are more strongly represented in the treatment system while Latino older adults are highly underrepresented (total served Latinos represent 11.5%, yet comprise 40% of the county poverty population).

Across all age groups, a consistent finding in San Joaquin County's penetration and usage data analysis is that Latinos and African-American are underrepresented in the mental health system.

Table 5. Older Adult Service Need and Utilization

Older Adults (60+)	Fully Served		Underserved & Inappropriately Served		Total Served		County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	0	0	44	56	100	8.6%	2,152	7.9%	5,486	6.1%
Asian / Pacific Islander	0	0	110	155	265	22.7%	4,126	15.1%	9,648	10.7%
Latino	0	0	64	70	134	11.5%	10,931	40.0%	24,444	27.0%
Native American	0	0	11	10	21	1.8%	261	1.0%	610	0.7%
White	2	4	211	395	612	52.5%	8,908	32.6%	47,385	52.4%
Other	0	0	15	19	34	2.9%	975	3.6%	2,818	3.1%
TOTAL	**2**	**4**	**455**	**705**	**1,166**	**100.0%**	**27,353**	**100.0%**	**90,392**	**100.0%**

Initial Populations Identified for Full Service Partnerships

Children & Youth, 0-17

Full Service Partnerships (FSP) for children and youth target those with severe emotional disturbances who are uninsured, underinsured, unserved, underserved, and inappropriately served in the 0 to 17 age range.

Latinos have the greatest need in terms of ethnicity in this age group in San Joaquin County, with African Americans considered inappropriately served in the Foster Care system. Both African Americans and Latinos are overrepresented in the Juvenile Justice System. The children targeted for FSP have one or more of the following situational characteristics:

- Those at risk of, or involved in the Juvenile Justice System;
- Those at-risk of out-of-home placement;
- Dependents at risk of residential treatment or stepping down from residential treatment;

- Homeless or at risk of homelessness;
- Those in need of crisis intervention and/or at serious risk of psychiatric hospitalization;
- Those having problems at school or at risk of dropping out, and/or;
- High-level service users and/or those at risk due to lack of services because of cultural, linguistic, lack of insurance, or economic factors.

Transition Age Youth (TAY), ages 16-25

Full Service Partnerships target unserved/underserved and inappropriately served TAY ages 16 to 25 years old. Ethnic groups with the greatest need for services include Latinos, Southeast Asians, and African Americans in San Joaquin County. The TAY targeted for Full Service Partnerships have one or more of the following situational characteristics:

- Have a serious mental illness;
- Repeated use of emergency mental health services;
- Have co-occurring disorders;
- Homeless or at risk of homelessness;
- At risk of involuntary hospitalization or institutionalization, and/or;
- High-risk youth with serious emotional disturbance in the Justice System and out-of-home placement, and/or recidivists with significant functional impairment.

Adults, ages 26-59

Adults targeted for FSP services range in age from 26 to 59 years old and have one or more of the following situational characteristics:

- Seriously mentally ill;
- Homeless or at risk of homelessness;
- Co-occurring substance abuse problems;
- Involved in the criminal justice system, and/or;
- Frequently discharged from psychiatric hospitals and/or are frequently hospitalized or are frequent users of emergency room services for psychiatric problems.

Forensic Full Service Partnership Court Program

This program will serve the seriously mentally ill offender in San Joaquin County who is involved with the criminal justice system and who may have co-occurring disorders and may exhibit functional impairments with daily living skills. Many times the mentally ill offender is homeless.

The Forensic FSP will provide 24/7 supportive services as needed to all participants who have been determined to be incompetent to stand trial and other consumers involved in the court process. Program options will focus on a "whatever it takes" philosophy using treatment strategies learned from the AB 2034 programs and the Mentally Ill Offender Crime Reduction Program. AB 2034 provides intensive services to homeless persons with serious mental illness. Services will be culturally competent and sensitive to individual ethnic, religious and personal sexual orientation needs.

Older Adults, Ages 60 and Older

Older adults identified to participate in the GOALS FSP are 60 years of age or older with serious mental illness and functional impairments. Individuals may also have co-occurring substance abuse disorders and/or other physical health conditions.

Older Adults targeted for FSP services have one or more of the following situational characteristics:

- Homeless or at risk of homelessness;
- Frequent users of emergency room services for psychiatric problems or are frequently hospitalized;
- Reduced personal and/or community functioning due to physical and/or health problems, and/or;
- Isolated and at risk for suicide due to stigma surrounding their mental health problem.

San Joaquin County mhsa Mental Health Services Act

Transforming Mental Health Services

Past data from the original MHSA Community Services and Supports (CS&S) Planning conducted in 2005 and information gathered during community input meetings during the month of August 2008 has led to the identification of priorities for Mental Health Services Act Housing Program funds in San Joaquin County.

CSS Plan Data

In San Joaquin County, an extensive CS&S Planning process was implemented that included input from over 5,000 community members and stakeholders. Issues concerning housing were generated during that process through two separate surveys, one concerning Mental Health Services within San Joaquin County as well as a survey conducted by Central Valley Low Income Housing that focused directly on housing needs and concerns for San Joaquin County residents that have a serious mental illness (SMI) and/or serious emotional disturbance (SED) which brought in over 500 responses.

One of the top priorities for the MHSA target population was identified as housing by many of the participants and was a focus of many of the meetings. Levels of concern ranged from 0% among certain focus groups such as the Middle Eastern/Muslim population to being one of the three top priorities identified by others such as the Black Awareness Community Outreach Program (B.A.C.O.P.). The overall message was that there is an extreme need for safe and affordable housing for those living with SED and/or SMI in San Joaquin County. Priorities identified during the CS&S Planning process included:

- A need for Section 8 assistance;
- Assistance in obtaining housing;
- Safe, affordable housing;
- Rent subsidies, and;
- Homeless and transitional housing.

Specific components identified through the housing survey were:

- 44.7% identified single family homes as the preferred housing type;
- 52.7% responded that they currently live in a situtation with others who they are not related to;
- 45.5% replied that they would prefer to live alone;
- 48.9% indicated that they are paying $700 or more per month on rent;
- 50.4% of respondents would like their rent to be $350 or less per month;
- 69.5% did not have a source of rental assistance such as section 8 at the time of the survey;
- 46.9% would like to reside near other mental health consumers;
- 86.7% rely on public transit, family/friends or walking as a means of transportation, and;

Specific components identified through the housing survey (continued)

- 75.8% believe there should be activities sponsored by SJC Behavioral Health Services where they live.

MHSA Housing Program Community Meeting Data

Please note that SJC MHSA Housing Program Community Feedback Meeting 8/14/08 comments have been added in blue below.

Gathering of the community data during August 2008, was facilitated through a series for focus groups with mental health consumers, family members, non-profit personnel, community agency representative, behavioral health personnel, developers, community members, and other service providers. This process included five community meetings and responses to a survey that targeted key issues pertaining to the use of MHSA Housing Program funds within San Joaquin County. The survey was available at the community meetings as well as online at www.sjmhsa.net.

Data sources are as follows:

1. Five (5) one and a half hour community feedback meetings conducted in Stockton, Lodi and Tracy during the day and evening in August 2008;
2. One (1) three hour MHSA Housing Program Ad Hoc Committee meeting;
3. One (1) presentation to the MHSA Stakeholder Committee, and;
4. Compiled survey data.

Meetings focused on an overview of the MHSA Housing Program and its requirements as well as the overall process that San Joaquin County plans to use in order to meet the obligations of this component. After the presentation the floor was open to the public for a question and answer period as well as a way to generate feedback about consumer, family, and community expectations.

Areas of concern and questions generated from the meeting are listed below.

- How does Section 8 fit in?
- Would tenants have to be already in Full Service Partnerships?
- Could funding be used for expansion?
- How will the housing program be tied into the Community Support and Services program?
- Will they be able to stay a long time?

Top Priorities by Category

Location

- Imperative that there are units in Lodi – north county – not just Stockton.
- Need decentralized and easy access services.
- Housing close to public transportation – within blocks.
- Central location of services.
- Scattered housing and support services within the community.

Location (continued)

- Distribute units through out the community based on available funds ~18 in Stockton, 5 in Manteca, 5 in Tracy, 5 in Lodi, 5 in Lathrop, and 4 in rural locations.
- Move BACOP transcultural services (FSP) into central location with rental units.
- Additional shared housing spread throughout entire county instead of all in one location (to Lodi, Lathrop, Manteca, etc.)
- Be within walking distance of facilities, services, and shopping.
- Ability for public transportation access.
- Close to stores and other community services.
- Within walking distance of mental health department.
- Scattered okay, but remember that Stockton has highest population – Lodi – Manteca.
- Worry about scattered because movement time between sites to support services – have consolidated area wherever the community development is.
- Look at rationale for Stockton and north and south county.
- It is frightening to go outside of the community you are familiar with – going from Stockton to Lodi, etc., disjoints family support, community, and friends.

Service Characteristics

- Need to have on site support services 24/7.
- Cleaning services as a support services.
- Nursing technician services and general medical issues for support services.
- Meal management – dietician.
- Designate services throughout the county, not just in central Stockton.
- Need for medical – nursing/ psych tech support.
- Easy access.
- Recreational classes and activities.
- Within walking distance of services.
- Transitional age youth (TAY) support from child mental health services to adult.
- Services in every community – not just Stockton.
- Close to bus line and walking distance to stores, employment, and bank.
- Integrated services.
- Build self efficiency skills.
- Senior and older adults as different level of needs and support.
- Adult and dual diagnosis.
- Homelessness assistance.
- Increased financial leverage if build a center-based, one large building project instead of scattered site - operational long term support services more difficult to get and cost less if centralized.
- Cooling and warming stations needed for the homeless.
- Those coming into the Tracy Shelter have a high frequency of dual diagnosis.
- High functioning individuals who need a little more help train with others who are in recovery.
- Helping person with emergency care and keeping placement in the house / apartment.

Service Characteristics (continued)

- As much management as possible at the tenant's home.
- Coping, safety, and life skills.
- Housing and employment as stabilizers and as part of therapy.
- HEART model worked – consider that model for services.

Applicant Process & Characteristics

- Ensure there is outreach and assistance with the application process for services and housing.
- SMI and/or SED to get in-the-door with management group also screening tenants.
- Clear and individual look at possible tenants.
- Not necessarily needing to be in Full Service Partnerships (FSPs) if they meet MHSA target population standards.
- Many consumers can't qualify for Section 8 – keep in mind as applications are reviewed.

Development Characteristics & Strategies

- Large trailer park so that the money can go further.
- Look at the $ value of foreclosures.
- Security and reputation of development itself is important.
- Access to public transportation near housing – not just services.
- Consumers eventually as property management, facility development, and maintenance workers.
- Property managers to be educated on SMI / SED with a focus on tolerance and understanding.
- Employment and volunteer opportunities need to be available and easy to access from housing.
- Increase interest in property – sense of ownership and community.
- Faith-based support of housing and the community.
- TAY (transitional age youth) leaving foster care, group homes, and juvenile justice are in high need of housing solutions.
- Permanent housing – yes – long term if consumer wants that.
- Include, for example, Tracy Clinic Services and expand site size with combination of FSP and other services.
- Need public policy that requires all developers to allocated a certain % of development and/or funds to affordable/low income housing.
- Low cost laundry facilities on-site – explore income flow back into building.
- Include community /family feeling in all housing developments – ownership feeling and sense of investment by the consumer tenants.
- Would like to consider and see more bedrooms in a unit so we can handle families and partners.
- Development with employment to offset costs:
  - Maids/cleaning service;
  - Security, and;
  - Vendors.

Development Characteristics & Strategies (continued)

- Beautiful area.
- Employment for consumers.
- Transportation access.
- Idea of community within a community.
- Consider use of foreclosed properties.
- Resources to empower to get people to services.
- SPICE program at Central Valley Low Income Housing – shared housing.
- Shared housing offers the ability to benefit and support each other.

Partnerships

- Salvation Army in Lodi – work with those groups that are doing temporary housing and extend to these groups (MHSA target population).
- Work with organizations that are already working with the homeless.
- Tracy Clinic.
- Tracy Community Resource Center as a resource.
- Collaborative effort between agencies and non-profits.
- Look at current housing map and needs in SJC.
- Work with WorkNet.
- Focus on "community" setting vs. separate living situations.

Community Outreach

- Encourage "adoption" of MHSA housing developments by the surrounding community.
- Make the development part of the community.
- Community education around awareness of mental illness and updates on successes in housing.
- Support of each other (mentally ill).
- Consumers doing majority of outreach.
- Familiarity with care providers and community members – trust level – understand resources and how to access.

Current Housing Plans or Advocacy to Consider

- Lodi is working toward direct and expanded HUD funding.
- Lodi has a Community Development Block Grant going to State as a competitive opportunity:
    - $600,000 -$800,000 program vs. current $200,000, and;
    - 5-7 million dollar project.
- Tracy Surland Development – Older Adult community.

General Comments Included

- Salvation Army is branching out to transitional housing.
- Housing is the single most important thing for stability and recovery.
- Importance of options in both areas and services.
- There is a feeling of safety at the mental health building in Stockton.

General Comments Included (continued)

- Housing is critical for stability and ability to cope.
- It is a challenge to follow thru with services and medications if you are homeless and there is a need for close support to keep housing and be functioning.
- Housing is a life domain it is essential.
- Housing provides stability for children of families with mental illness.
- Housing fosters a feeling of being productive and in control – pride.

SJC MHSA Housing Program
Survey Summary

SJC MHSA Housing Program Community Feedback

1. Two population types of housing developments are covered through MHSA Housing Program Funds: • Single population developments in which all units are dedicated to the MHSA Housing Program target population and • Mixed population developments which set aside a specific number of units within the development to house the MHSA Housing Program target population Of the two types which do you feel is more appropriate for our community? Please choose only one.

	Response Percent	Response Count
Single population development	7.0%	3
Mixed population development	18.6%	8
Single and mixed population developments	**74.4%**	32
answered question		43
skipped question		0

2. There are two types of housing models that are allowable under MHSA Housing Program funding: • Shared Housing developments are rented to and shared by two or more unrelated adults, each of whom is a member of the MHSA Housing Program target population and • Rental Housing developments which are apartment buildings with 5 or more units with single and multiple occupancy options Of the two models which do you feel is more appropriate for the target population within your community? Please choose one.

	Response Percent	Response Count
Shared housing development	7.0%	3
Rental housing development	32.6%	14
Rental housing and shared housing developments	**60.5%**	26
answered question		43
skipped question		0

3. Which type of living situation do you feel is more appropriate for the MHSA Housing Program target population within your community? Please choose all that apply.

	Response Percent	Response Count
Studio Apartments (efficiencies)	44.2%	19
One bedroom apartments	**65.1%**	28
2-3 bedroom apartments	53.5%	23
One bedroom single family homes	27.9%	12
2-3 bedroom houses	41.9%	18
answered question		43
skipped question		0

SJC MHSA Housing Program
Survey Summary

4. Where do you think MHSA Housing Program developments should be placed in San Joaquin County? Cities? Rural areas? You may choose up to three areas.

	Response Percent	Response Count
Other	0.0%	0
August (East Central Stockton)	11.6%	5
Acampo	9.3%	4
Country Club (North West Stockton)	14.0%	6
FarmingtonEscalon	2.3%	1
French Camp	16.3%	7
Garden Acres (Southeast Stockton)	4.7%	2
Kennedy (south central Stockton)	4.7%	2
Lathrop	9.3%	4
Linden	0.0%	0
Lincoln Village (Central Stockton)	7.0%	3
Lockeford	4.7%	2
Manteca	20.9%	9
Morada	0.0%	0
Lodi	58.1%	25
Ripon	0.0%	0
North Woodbridge	0.0%	0
Mountain House (West Tracy)	4.7%	2
South Woodbridge	4.7%	2
Stockton	**62.8%**	27
Taft Mosswood (South Stockton)	2.3%	1
Tracy	48.8%	21
Vernalis (14 miles west of Modesto)	2.3%	1
Banta (Northeast Tracy)	4.7%	2
Victor (North East Lodi)	2.3%	1
Other (please specify in box below)	4.7%	2
	explanation	10
	answered question	43
	skipped question	0

SJC MHSA Housing Program
Survey Summary

QUESTION #4 EXPLANATIONS / COMMENTS

Where do you think MHSA Housing Program developments should be placed in San Joaquin County? Cities? Rural areas?

1. An area that has good and convenient public transportation available for clients to access services.
2. There is currently NO housing in Lodi for people needing a place to live. Group homes are also needed that are not senior-only.
3. Many are limited in transportation and need to be in convenient locations to survive and maybe even find work.
4. We don't have that many options in Tracy.
5. Modesto, in city limits, would also be a good choice.
6. They should be located close to transportation and shopping centers.
7. Housing should be available in all areas so that they are accessible.
8. Throughout the county with access to transportation that will provide access to services.
9. Need for access to transportation.
10. Where the patients live - where there is an identified need.

SJC MHSA Housing Program
Survey Summary

5. If multiple developments are created do you think the sites should be close together or scattered throughout the county? Please choose one.

	Response Percent	Response Count
Close together	9.3%	4
Scattered throughout the county	**79.1%**	34
Other (please specify in box below)	11.6%	5
	explanation	11
	answered question	**43**
	skipped question	**0**

QUESTION #5 EXPLANATIONS / COMMENTS

1. Access to needed services and transportation availability.
2. Should be in areas where public transportation is available and convenient to all services.
3. Each city/community should have sites developed for this purpose, so in that aspect they need to be scattered throughout the county. However, within those cities/communities, there should be an effort to centralize those units to allow more efficient access by service providers.
4. They should have access to public transportation and be monitored - clients need follow up.
5. If the developments are scattered, it gives more options in location where necessary and helps clients adjust to normal living conditions in a realistic environment.
6. Closer is better.
7. Too broad of a question without knowledge of other info, e.g. services, transportation, etc.
8. They should be serve people in the area they are comfortable with.
9. Proximity to consumers and where their families / friends live is essential.
10. Same as above.
11. We shouldn't create MH gulags based on resistance, but create housing based on need.

6. Are there any specific needs that you think should be considered for the following age groups?
Youth (0-15)
Transitional Age Youth (16-25)
Adults (26-59)
Older Adults (60+)

QUESTION #5 EXPLANATIONS / COMMENTS

Youth

- Education on mental illness.
- Severity of need.
- Family dynamics and their roles.
- Use his own bathtub - for 15 use holding bars.
- Foster care children.
- Adult supervision and programs to keep them in school.

Transitional Age Youth

- Risk factors.
- Retraining for jobs that are needed.
- Shower mat.
- Foster care terminates at age 24.
- Support system to prevent drug and alcohol addictions - supervision should be consistent.

Adult

- Severity of need mental health factors.
- Transition to older jobs - brain, not brawn - counseling for family transition.
- Walker.
- Improve conditions at existing board and cares.
- Programs to assist with independent living, recreation to keep them occupied, and assistance to obtain part-time employment.
- Places that are not almost all seniors with activities and supervision.

Older Adult

- As needed.
- Department of aging.
- Training to live alone - options that fit their needs.
- Shower chair.
- Access to services and transportation.
- Recreation with socialization and assist with transportation needs to medical appointments.

SJC MHSA Housing Program
Survey Summary

7. Full Service Partnership participants who are homeless or at risk of being homeless are designated as potential tenants. How do you think tenants should be chosen? Please choose only one method.

	Response Percent	Response Count
First – come, first - serve basis	16.3%	7
By severity of need	**69.8%**	30
Based on the Property Management application requirements	2.3%	1
Through a lottery	0.0%	0
Other (please specify in box below)	11.6%	5
	explanation	7
	answered question	**43**
	skipped question	**0**

QUESTION #7 EXPLANATIONS / COMMENTS

1. Economic potential to better themselves and willingness to follow protocol - get with the program.
2. Depends on availability of interim shelters available - Families with children should have priority.
3. Should be determined by the need. First-come would leave out people who are not functioning well themselves.
4. Either first-come, first-serve, or by severity of need, or a combination of the two.
5. By types of needs particularly for children and continued participation in a mental health program.
6. Look at other examples like Habitat for Humanity.
7. Not answered.

SJC MHSA Housing Program
Survey Summary

8. What are the top three housing–related needs for those living with SMI and/or SED within San Joaquin County?

QUESTION #8 EXPLANATIONS / COMMENTS

#1

1. **Affordability.**
2. Not answered.
3. Stability.
4. Suitable housing.
5. Affordable housing that has reliable access to transportation, jobs & education.
6. Having own house.
7. Homeless.
8. Affordability is a primary issue.
9. Available living units.
10. Supervision and coordination of programs.

#2

1. **Safety.**
2. Consistency.
3. Support.
4. Right to choose where they live and with whom - some click and some do not.
5. Running water.
6. About to be homeless.
7. Safety from drug abuse environment and crime.
8. Available supportive services.
9. Activities and programs close by (not a 2 hour bus ride).
10. Not answered.

#3

1. Stability.
2. **Employment.**
3. Sustainability.
4. Job opportunities.
5. Reasonable life situations that vary with the person's illness - phobias & other conditions must be understood and supported.
6. Bed to sleep in.
7. Older adults.
8. Availability of public transportation for access to services.
9. Integration into the community.
10. Work opportunities.

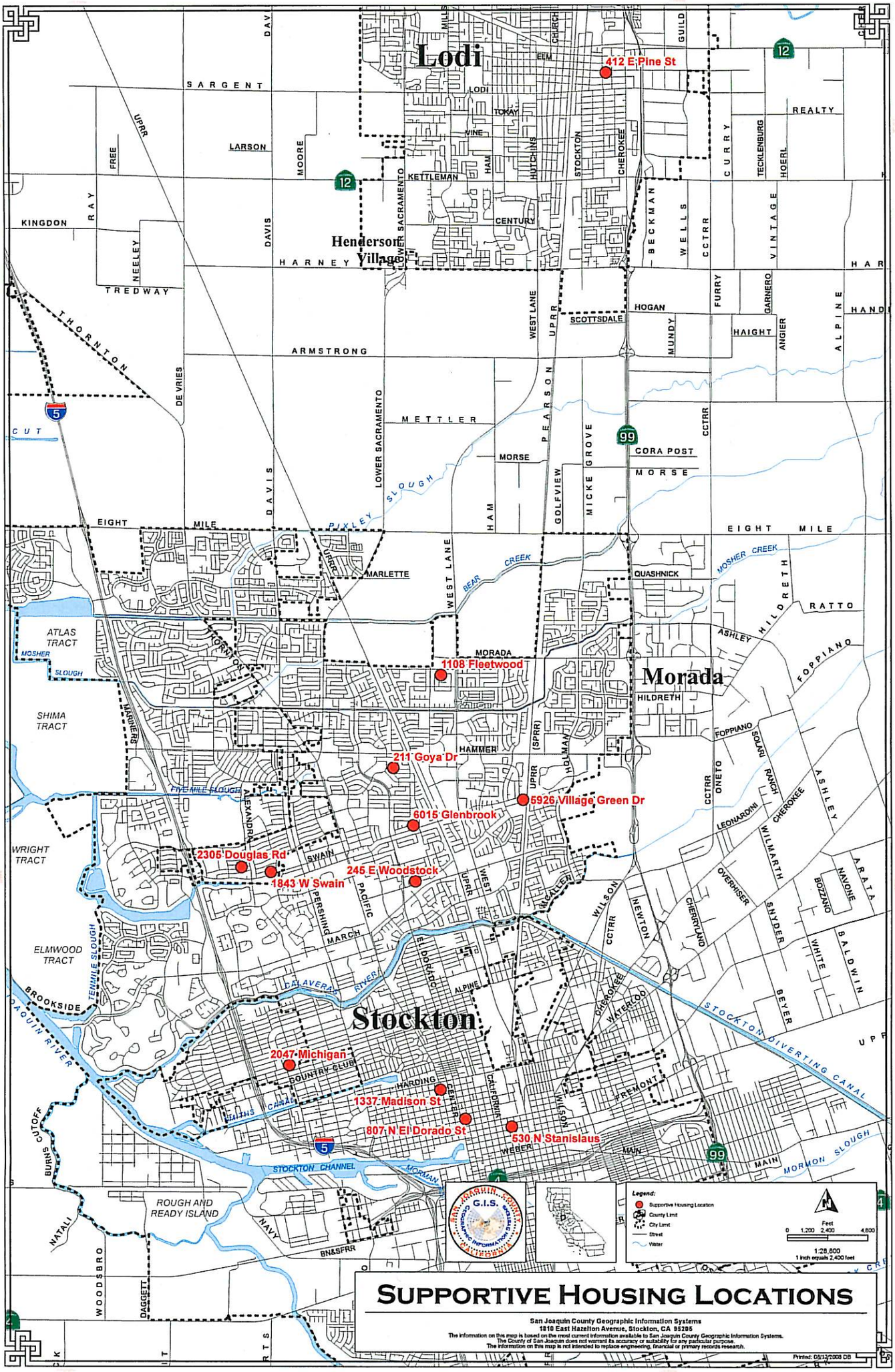
SJC MHSA Housing Program
Survey Summary

9. I am most representative of (please choose only one response)

	Response Percent	Response Count
Family member of a consumer	14.0%	6
Consumer	16.3%	7
Non Profit	27.9%	12
Developer	0.0%	0
Property management	2.3%	1
Public Service Agency	20.9%	9
Community member	9.3%	4
Mental Health Professional	9.3%	4
Other (please specify in box below)	0.0%	0
	explanation	0
	answered question	43
	skipped question	0

QUESTION #9 EXPLANATIONS / COMMENTS

There were no explanations or comments made for this question.



SUPPORTIVE HOUSING LOCATIONS

San Joaquin County Geographic Information Systems
1810 East Hazelton Avenue, Stockton, CA 95205

The information on this map is based on the most current information available to San Joaquin County Geographic Information Systems.
The County of San Joaquin does not warrant its accuracy or suitability for any particular purpose.
The information on this map is not intended to replace engineering, financial or primary records research.

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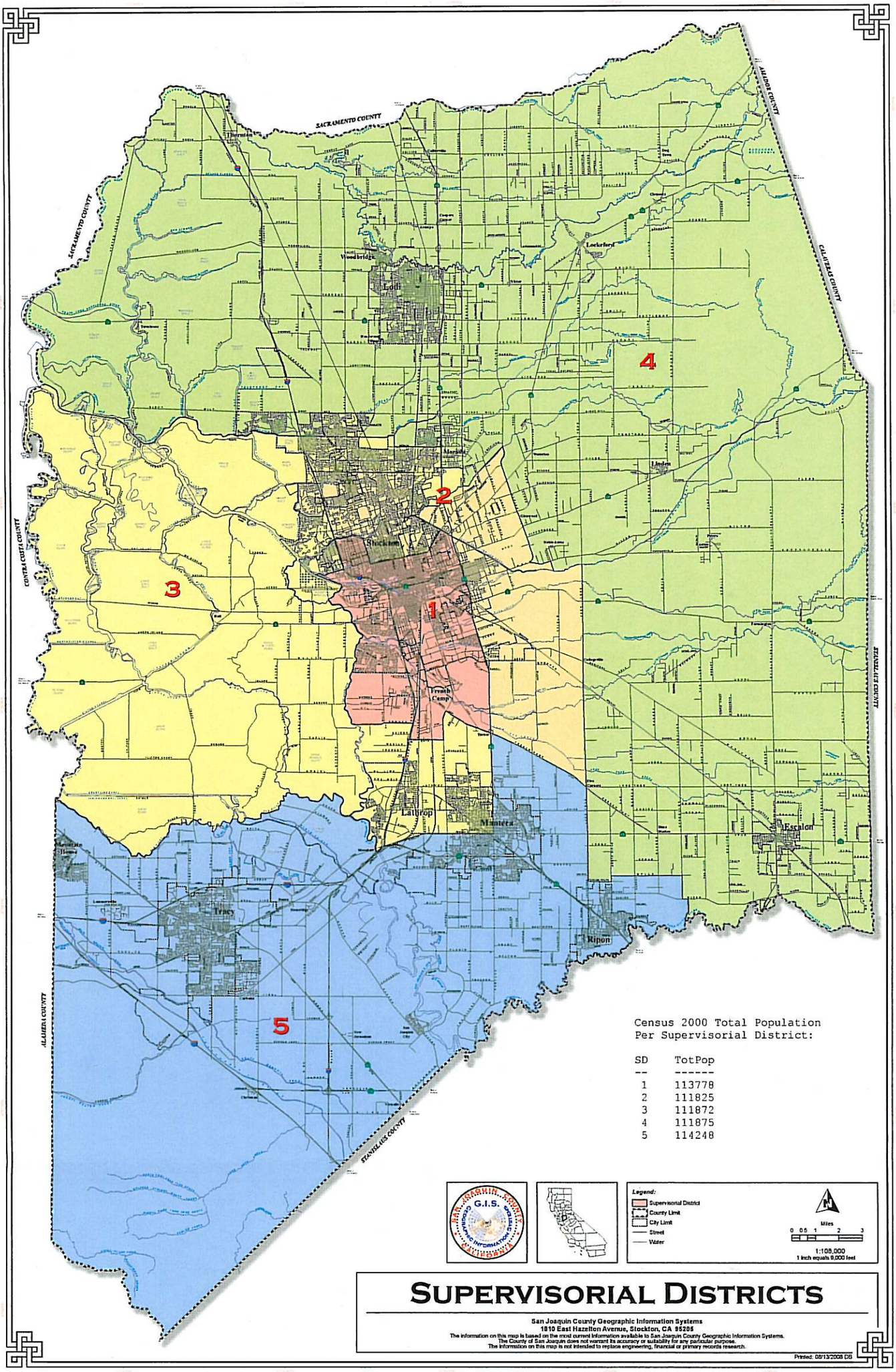

Census 2000 Total Population
Per Supervisorial District:

SD	TotPop
1	113778
2	111825
3	111872
4	111875
5	114248

SUPERVISORIAL DISTRICTS

San Joaquin County Geographic Information Systems
1810 East Hazelton Avenue, Stockton, CA 95205

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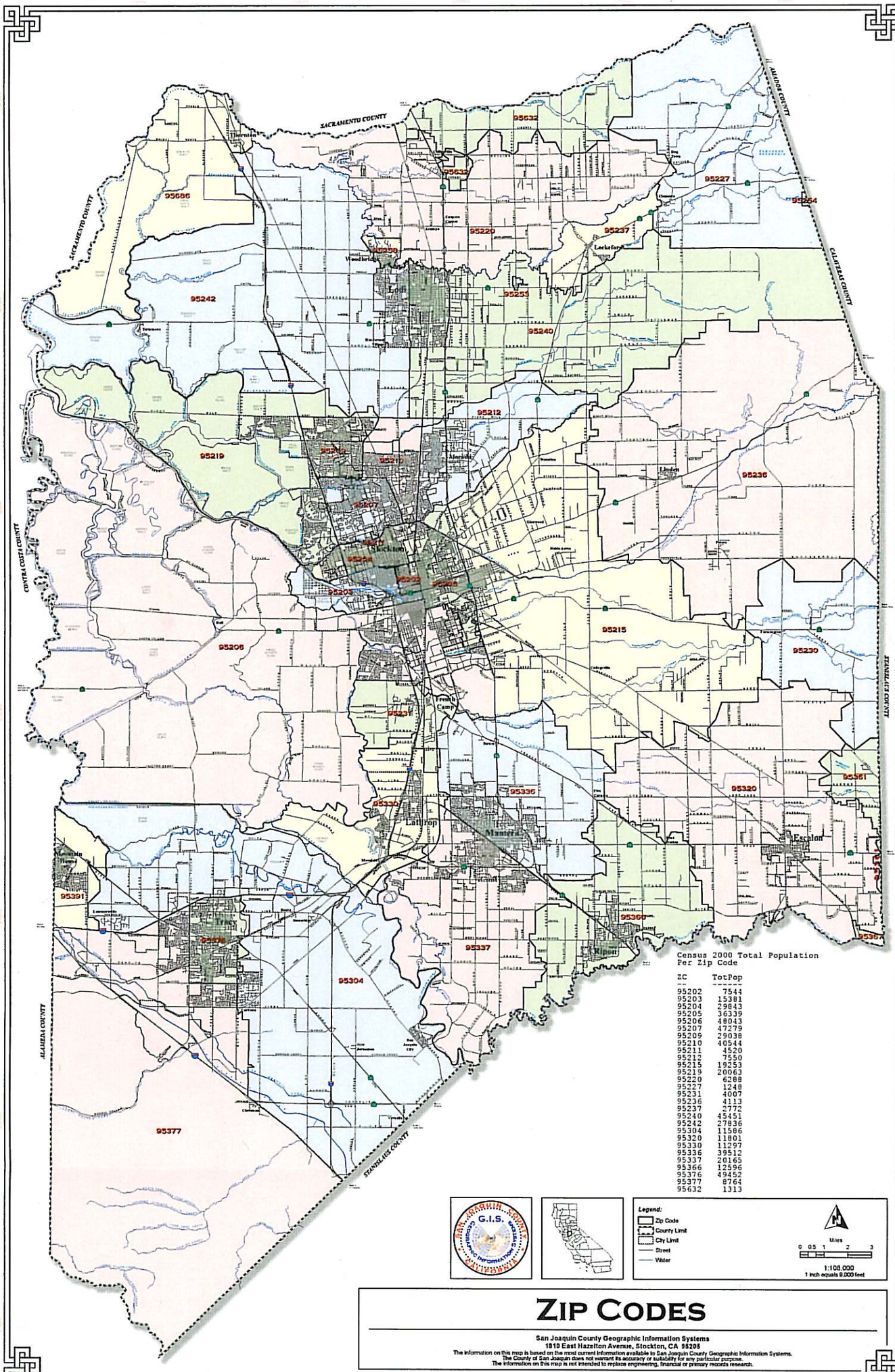

Census 2000 Total Population
Per Zip Code

ZC	TotPop
95202	7544
95203	15381
95204	29843
95205	36339
95206	48043
95207	47279
95209	29038
95210	40544
95211	4520
95212	7550
95215	19253
95219	20063
95220	6288
95227	1248
95231	4007
95236	4113
95237	2772
95240	45451
95242	27836
95304	11586
95320	11801
95330	11297
95336	39512
95337	20165
95366	12596
95376	49452
95377	8764
95632	1313

Zip Codes

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