

**Orange County Health Care Agency
Behavioral Health Services**



Mental Health Services Act (MHSA)

Stakeholder Meeting Report

Category/Title: Housing - Adult

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| Date: August 5, 2005 Time: 9:00 - 11:00 | | Coordinator: Dorothy Hendrickson Contact No.: 834-3697 Facilitator: Rochelle Pierre Recorder: Danielle Craycroft | |
| Meeting Location: 405 W. 5 th Street, room 512, Santa Ana | | Total number of Attendees per meeting: <u>17</u> | |
| Breakdown by Gender: <u>5</u> Male <u>12</u> Female _____ Other _____ Decline to State | Breakdown by role in the MH System: <u>4</u> Client/Consumer <u>1</u> Family Member <u>12</u> Service Provider _____ Other | Breakdown by Primary Language: <u>16</u> English _____ Spanish _____ Vietnamese _____ Other <u>1</u> | Breakdown by Ethnicity <u>1</u> African American <u>1</u> Asian/Pacific Islander <u>0</u> Latino <u>0</u> American Indian <u>15</u> Caucasian _____ Other |
| Breakdown by: <u>3</u> Total # of Ralph's Vouchers Distributed <u>3</u> Total # of OCTA Bus Passes Distributed _____ Total # of consumers transported _____ Total # of family members transported _____ Total # of childcare recipients _____ Other _____ | | Breakdown by: <u>0</u> Total # of people requesting a Spanish Translator <u>0</u> Total # of people requesting a Vietnamese Translator | |

Stakeholder Group Questions:

1. What are the problems you face?

- ❖ Mentally ill are separated from other populations
- ❖ Community not educated about mental illness so discriminate regarding housing
- ❖ Failed placement seen as total failure instead of one step towards independence. May become a negative mark in landlord eviction database. May be used against them in future placements. Need to reframe placement failure as part of steps toward the recovery process.
- ❖ No transitional housing for mentally ill
- ❖ Not enough intensive case management, especially during the first year of placement
- ❖ Not enough housing in Orange County for mentally ill
- ❖ Not enough low income and extremely low income affordable housing in Orange County
- ❖ Some clients do not want to move from an area that they have become comfortable with. Need a variety of housing in one setting (emergency, transitional, permanent)
- ❖ No place for those in board and care to move to
- ❖ Permanent housing programs like Shelter Plus Care are for homeless only, not those at risk. Homeless criteria is very specific and leaves out many who are near homeless and need housing.
- ❖ Housing also does not accommodate pets
- ❖ Problems with OC Housing Authority working collaboratively with Fair Housing
- ❖ Need specialized board and care for clients with medical issues and those non-ambulatory
- ❖ No housing for mentally ill clients with children (emergency, transitional, permanent). Housing providers for the general population do not want mentally ill tenants
- ❖ Property in Orange County is too expensive to obtain housing
- ❖ At times, poor coordination between agencies that can assist in housing. Need close contact between agencies
- ❖ Clients having problems accessing services
- ❖ No emergency after-hour assistance
- ❖ Lack of cooperation with law enforcement. Need to work together with police as a collaborative team.
- ❖ Clients not getting enough intensive case management to move from one level of housing to another. More assistance with transitioning from emergency to transitional to permanent housing.
- ❖ People sent from hospitals via taxi to shelters with no planning or telephone call from hospitals

- ❖ Not enough free legal services to assist consumers with legal issues related to housing

2. What do you need to make better?

- ❖ Need more appropriate discharge planning and follow up
- ❖ Need an "in-between" facility before board and care, and after discharge from hospital with intensive services to prepare for transitioning to the community
- ❖ Smoke-free facilities/housing or areas designated as smoke-free
- ❖ Different types of housing (board and care, shelter, transitional, extremely low income) in consolidated plan
- ❖ R&B's with case management and support
- ❖ Case management assistance with housing for clients in private sector or on MediCare
- ❖ Follow up after conservatorship ends and transition after conservatorship, especially for those resistant to treatment
- ❖ Higher quality R&B's
- ❖ Consumers want to live in R&B's without support
- ❖ More money for all types of housing for mentally ill
- ❖ Housing with minimum income requirements
- ❖ Help with security deposits

3. What are the outcomes you want?

- ❖ Housing for people with all types of disabilities who cannot work. Some housing for the disabled require that you work. Definition of "work" changed to include volunteer work. People don't want to lose benefits if they work or volunteer
- ❖ Less homelessness
- ❖ Less hospitalizations
- ❖ More collaboration with correctional institutions and Parole
- ❖ Services for hard to serve, such as mentally ill sex offenders
- ❖ Eliminate stigma in housing
- ❖ More quality of life
- ❖ Less restrictions on funds to be able to apply to all living situations, whether homeless or not
- ❖ More support to keep clients in housing
- ❖ Lower HUD requirements so non-profits can afford to acquire property
- ❖ RFP to provide security deposits (money for deposits)
- ❖ Funds for legal services & medication (for eviction prevention, etc.)
- ❖ More housing specialists to work with clients
- ❖ More education on mental illness for housing owners, general nonprofits, and housing providers
- ❖ Less evictions
- ❖ Smoke-free units in affordable housing

4. What kinds of services need to be in place to achieve them?

- ❖ Collaborative teams to address housing issues
- ❖ SSI clinics for problems regarding SSI
- ❖ More housing specialists
- ❖ Various services provided in one building
- ❖ Housing for substance abusers
- ❖ More outreach to homeless
- ❖ Intensive case management
- ❖ More programs like PACT, AB2034
- ❖ Transportation to appointments and to get services
- ❖ Funds for move-in expenses
- ❖ Funds for shelters to work with apartment owners association
- ❖ Funds for caregiving families
- ❖ More outreach workers
- ❖ More funds to hire additional staff
- ❖ Legal services readily available so clients won't fall through the cracks
- ❖ Case management and life coach services
- ❖ Crisis services to see an M.D. immediately
- ❖ Funds to assist with 3-day notices
- ❖ Educational services in-house at board and care facilities
- ❖ Educate shelters regarding mental illness
- ❖ Family support and education
- ❖ Affordable extremely-low-income housing of all types