

*Dedicated to the Health  
Of the Whole Community*



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## **Section D.3.....Consistency with Three-Year Program and Expenditure Plan**

The Morgan Hill TAY Project is entirely consistent with Santa Clara County’s Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan in the way it was developed (planning process), philosophy, objectives, targeted population, and implementation design.

Planning Process: Santa Clara County’s MHSA CSS planning process was extraordinarily inclusive and participatory, incorporating the thoughts, beliefs, concerns, needs and preferences of 10,000 Santa Clara County residents through a year-long process of inreach and outreach. Likewise, Santa Clara County’s MHSA Housing Program planning has included thirteen consumer focus groups at self-help and community centers located in geographic areas throughout the county, and a consumer housing program survey that resulted in 562 responses. Input was gathered through meetings with mental health service providers, health care program managers, Call Center staff, adult custody mental health services staff, members of the Mental Health Department’s Ethnic Community Advisory Committees, participants in the Santa Clara County Refugee and Immigrant Forum, and the County’s Mental Health Board. 136 individuals who devoted a half-day to expressing their opinions and sharing their experiences concerning supportive housing needs and priorities attended a large stakeholders meeting. Translators facilitated the contribution of this diverse group of participants for Spanish, Vietnamese, Tagalog, and Chinese speakers. Through all of these venues, information was gathered concerning housing options, service types and locations, staffing, tenant selection, and the other key housing plan elements.

Philosophy: The philosophy emanating from the inclusive planning process for MHSA supportive housing includes an emphasis on being consumer and family driven, culturally competent, supporting wellness and recovery, promoting self-sufficiency, utilizing graduated levels and flexible mixes of services, respecting privacy and human rights, and meeting the needs of consumers at all the ages and stages of their lifespan. This is entirely consistent with the MHSA CSS Plan, which includes the key elements: “a lifespan approach, community engagement and support, cultural competence throughout, a social ecology focus, an emphasis on connectedness, guided by recovery and resiliency-based models, consumer and family-driven, and based in strong system partnerships.”

Objectives: A key objective of Santa Clara County’s MHSA CSS Plan is to “reduce homelessness and increase safe and permanent housing.” Along with supporting this critical element of the CSS Plan, the Santa Clara County MHSA Housing Plan and this housing development also further the achievement of other key CSS objectives, which include a “reduction of subjective suffering from mental illness, increase meaningful use of time and capabilities, increase natural network of supportive relationships, reduction in disparities in service access, and increase in self help and consumer/family involvement.”

Targeted Population: Consistent with the MHSA Housing Program regulations, at this housing site the Santa Clara County Mental Health Department (MHD) will be serving seriously mentally ill, low-income young adults (TAY) who meet the criteria for MHSA services and who are homeless or at risk of homelessness.

As reported in Santa Clara County’s MHSA CSS Plan, of the estimated 4,341 transition age youth with SMI/SED living at or below 200% of Federal Poverty Level, 3,891 or 89% received some type of services in FY03, although very few youth, about 3%, were fully served in an AB34 or Wraparound service. Utilization patterns also showed that more than one-third of transition age youth seen in the public mental health system were “underserved.” About 26%, or 1,147 of these transition age youth, are considered “unserved” and not receiving any kind of treatment in the public mental health system. Utilization patterns and prevalence estimates showed young adults, particularly Latino and Asian youth, as more likely to be unserved compared to White youth and African American youth.

Many TAY clients have been involved with the juvenile dependency and/or juvenile justice systems. Foster care youth, because of their early life experiences in high-risk and often dysfunctional family settings and the trauma of being removed from their biological family and being placed in foster care, exhibit a higher prevalence of mental health problems than youth in the general population. Aging out of the foster care system has been associated with higher rates of drug use, involvement with the legal system, unintended pregnancy and poor educational and career outcomes. Likewise a high percentage of adolescents in the juvenile justice system have severe mental health problems. A 2000 Juvenile Probation Needs Assessment Report showed that among youth in county custody: 78% had experienced severe traumatic experiences that still had an impact on their lives; 69% had severe substance abuse; 32% had suicidal thoughts; and 32% had major thought disturbances that seriously affected their ability to accurately perceive the external environment.

Chronically mentally ill clients have frequently alienated their families and have no support system. Many clients stop taking their psychotropic medications for a variety of reasons and revert to street drugs. They come in under the influence and are seen initially as requiring detoxification. The need for mental health treatment does not make itself apparent until later. At any given time, there are more people with untreated severe mental illnesses living on the streets than are receiving care in hospitals. Santa Clara County EPS evaluates approximately 35 individuals each day (all ages). Police bring in approximately 75–85% of those individuals, approximately 28 per day. Jails typically house a larger volume of mentally ill people than all other programs combined. Approximately 17% of the average 4,000 Santa Clara County adult jail population receives mental health services while in custody.

Of the 7,631 unhoused people in Santa Clara County (a conservative number since it does not include the marginally housed), 34% were chronically unhoused—approximately 2 times the national average. 56% of homeless survey respondents indicated they had been homeless for one year or more, and almost 37% indicated they received no government assistance through General Assistance, Food Stamps, SSI/SSDI, CalWorks, Medi-Cal, or Veterans Administration benefits. Nearly 51% of respondents had experienced at least one mental health issue and unaccompanied youth under 18 years old comprised 17% of the homeless population. (*Santa Clara County Homeless Point-In-Time Census and Survey, 5/13*).

Therefore, targeting transitional age youth for this project is consistent with the criteria used for selection of initial populations for the first three years of MHSA CSS funding, which included:

- Current inequity in service utilization,
- Prevalence of problems with meeting basic human,
- Most closely related to loss of liberty and independence,
- Incurring the greatest societal costs (institutionalization, placement, hospitalization and incarceration),
- Most closely related to individual and community safety, and
- Most often selected as important to consumers, families and other stakeholders.

Implementation Design: The proposed project is consistent with Santa Clara County’s MHSA CSS Full Service Partnerships Work Plan in that it provides, per the CSS Plan: “stable housing and needed mental health supports, including building life skills for recovery and successful community tenure.” It fulfills the CSS Work Plan goal of furnishing “a broad scope of integrated services” that will include “psychiatric, medical, social supports, self-help and family involved.