



*Dedicated to the Health  
Of the Whole Community*

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## **Section D.1.....Consistency with Three-Year Program and Expenditure Plan**

The Gilroy Sobrato Center 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 and Cultural 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 adults who meet the criteria for MHSA services and who are homeless or at risk of homelessness.

Of the 7,202 unhoused people in Santa Clara County (a conservative number since it does not include the marginally housed), 29% were chronically unhoused. Slightly more than 51% of homeless survey respondents indicated they had been homeless for one year or more, and almost 45% indicated they received no government assistance through General Assistance, Food Stamps, WIC, SSI/SSDI, CalWorks, Medi-Cal/Medi-Care, Social Security or Veterans benefits. Nearly 52% of respondents said they were experiencing a disabling condition—including physical disability, developmental disability, mental illness, depression, PTSD, alcohol or drug use, HIV/AIDS, or chronic health problems. 23% indicated that they were experiencing mental illness, while 37% were experiencing depression and 13% were experiencing PTSD. (*Santa Clara County Homeless Census and Survey, 4/07*).

A 2002 study of emergency room visits at five of Santa Clara County’s 13 hospitals showed 558 adults making eight or more ER visits during the previous 12-month period. Of these 558, 120 patients were selected for an in-depth assessment, and it was found that 71% had a history of mental health problems (*New Directions Report, Santa Clara County, 2004*).

Therefore, targeting adults 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 needs,
- 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.”