

County of Santa Cruz



Community Mental Health Housing Plan 2001-2004

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Health Services Agency

Offices of Mental Health and Substance
Abuse Prevention and Public Health

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County of Santa Cruz

Health Services Agency

Community Mental Health Housing Plan: 2001-2004

Executive Summary

Our vision of our community must include a place for the mentally ill. Members of our community who have mental illnesses must have a home in Santa Cruz County if our community is to be complete. They are our husbands and wives, our children and grandchildren and our friends. Our community cannot thrive if it cannot make room for all of us.

Dr. Neal Adams

The housing problems faced by the mentally ill are the same that we all face; limited choices, over-payment, intense competition. Persons with mental illness face our difficulties with fewer resources and more obstacles. People living with all types of mental illnesses can succeed in the type of housing they most desire, but they need support and they need the opportunity. Our housing market will not create those opportunities on its own—we must create them purposefully, consciously, and as a community.

People with mental illnesses are living in Santa Cruz County in many different situations. They may live independently or with their families outside of the system of care. They may be involved in a treatment program or living in permanently supported shared housing. They may well be homeless and receiving few, if any, services. But the majority of people living with a mental illness in Santa Cruz County live on limited means. If they are lucky they may get disability income. This is likely to mean a monthly income of \$700 a month of which no more than \$210 should be spent on housing to achieve the long-standing Federal measure of housing affordability. There are few to no options for housing in Santa Cruz County for those people with SSI as a sole income source.

Housing opportunities come hard in this time and place. Development of new housing is costly and difficult, competition for existing housing is fierce. To meet the housing needs of people with mental illness many strategies must be employed, creative partnerships must be forged, funding opportunities must be pushed to adapt to the special needs of this population. But most importantly, mental health professionals and consumers must work to educate the people of Santa Cruz to unlearn the fear and stigma associated with mental illness in order to make room for them.

People living with mental illness are individuals with many gifts that enrich our community. We lose those gifts when we see them as a series of symptoms to be managed.

Background

Summary of the population

Santa Cruz County Mental Health and its contract agencies are responsible for providing services to individuals with serious and persistent mental disabilities. The fundamental goal of the Agency and its partners is to support people with psychiatric disabilities in living their lives at the highest level of functioning possible for them. The effort to support the successful integration of its clients into the community continues to be significantly hampered by the lack of safe, affordable housing throughout the County. Prevalence data from the National Institute of Mental Health indicates that a community the size of Santa Cruz will have approximately 5000 adults and older adults with serious mental disorders and 900 children with serious emotional disorders.

The clients served by County Mental Health are generally those diagnosed with a disabling psychiatric disorder, often coupled with substance abuse. The majority of clients served within the County system suffer from a serious and persistent mental illness with a primary focus on psychotic disorders, major depression with psychosis and schizophrenia. Of the clients currently being served by County Mental Health, 18% are under 25, 72% are 25 to 60 years of age, and 10% are over 60.

Currently there are fewer than 360 beds in total within the County's system of care combining all levels of residential care and independent housing. Considering a total of approximately 3,216 people receiving services, the remainder is competing, and at a distinct disadvantage, for sufficient housing in an overheated housing market, over crowded at the low end by a sizable student population from the University of California Santa Cruz and Cabrillo Community College.

Housing Needs

A discussion of the housing needs of the people living with mental illness in the Santa Cruz County community must first acknowledge that those housing needs vary widely from one person to the next. There are many people who will be better served living in housing shared by others in order to help break the isolation that often comes with the disease and is exacerbated by stigma. Some people live with a high level of cognitive disorganization and require the more focused assistance of a supervised facility. Still others prefer to live alone and participate in social activities when they feel comfortable.

A core principle of the Health Services Agency in regards to housing is that both the community and the mentally ill population of Santa Cruz County benefit from integration rather than “ghettoizing” the mentally ill by concentration.

Santa Cruz County Health Services Agency is undergoing an expansion of its philosophy of housing for the mentally ill. That philosophy, centered around a recovery model, has worked to help the mentally ill build independent living skills through a progression of program options. The end goal for most people is to live independently, sometimes in supported housing. With the addition of a new AB 2034 grant through the State of California, County Mental Health has been able to collaborate with the Homeless Person’s Health Project to focus on housing for the homeless mentally ill. This program provides the opportunity to focus housing and services on a very hard to serve population and one that typically does not do well with the system of care.

This discussion of housing need for the mentally ill will look at the particular needs of adults, older adults, young adults transitioning to independence and homeless people with mental illnesses.

Adults and Older Adults

Approximately 375 adults are housed within the current system of care, which includes crisis facilities, transitional housing, social rehabilitation programs, Board and Care facilities and permanent supported housing. There are at least 2,850 other people eligible for supported housing that are not receiving it. The shortage of supported housing for people with mental illness means that people remain in facilities when they are ready to live independently or with a lower level of support. The existing system of care for adults and older adults with mental illness is feeling the pressure of facilities closing down and limited independent housing choices because of the local housing market. There is a huge need for additional permanently affordable housing located throughout the community. Ideally, housing should be located close to a bus line and provide access to community services such as libraries, shopping and recreation.

The housing problems that older adults with mental illness endure are at a crisis point in Santa Cruz County. This population is hard hit by the rapid disappearance of Board and Care facilities. For instance, just 15 years ago there were 56 private board and care homes available to older adults with mental illness, all of which were willing to accept SSI, now only one and a half of those will take people whose sole source of income is SSI.

The reason for the dramatic decline in the number of board and care homes is that the reimbursement rates for the care provided to residents on SSI do not cover the cost of providing the care mandated by the board and care license. Board and Care facilities provide intermediate care. The cost of care per person is about \$1,200 per month, while the reimbursement rate is only \$872 per person per month. Board and Care facilities face different issues than other housing projects, because they are not just housing. They are licensed by the State under Title 22 of the Health and Safety Code which oversees issues such as staffing ratios, cleanliness, and health care, as well as the condition of the facility as housing. Family run facilities of 6 to 8 beds are fewer with each passing year and soon will be gone altogether.

Along with losing board and care beds for adults and older adults, the County is also losing skilled nursing beds that will take Medi-cal for older people with a major mental

illness along with physical illnesses. The County does not have a locked-perimeter facility where people with dementia can safely live.

Two sad consequences of the shortage of facilities for the elderly can be seen in the two homeless elderly cases opened each week and the six to eight people from Santa Cruz County living in skilled nursing facilities outside of the County because of the lack of placement options.

Transition Age

Transition-age youth are young adults between the ages of 18 and 25 who have emerging mental illnesses. They are currently being served by a focused Countywide team with an assertive community treatment model of lower case loads allowing frequent contact with the client and their family members. It is the goal of the County to help to prevent chronic mental illness in young adults by actively focusing on employment and school.

This age group can benefit from support in developing independent living skills. Appropriate housing for this group would be apartments within the community, either individual or shared units. The Transition-age Team does not believe it is beneficial to house these young people with people with long standing illnesses, but rather to normalize how they live in the community.

Homeless

According to the 2000 Homeless Census and Needs Assessment there are 3,293 people in Santa Cruz County who are homeless. Of these, it is unknown how many are living with mental illness. This is a population that is particularly at risk living without shelter. The County is initiating a new effort funded by AB 2034 funds focusing on housing for this difficult to serve group. The Homeless Person's Health Project will be providing intensive case management services to 30 homeless persons who have a low likelihood of success within the system of care. It is hoped that the strategies developed to broaden housing opportunities for this group will concurrently increase the amount of housing available for other people with mental illness.

Current Housing Resources

Identification of housing partners

To develop an effective housing strategy Community Mental Health works with many agencies including The Housing Authority of Santa Cruz County, The Redevelopment Agency of the County of Santa Cruz, and the Cities of Santa Cruz, Watsonville and Capitola. Other organizations with which Community Mental Health partners include the Santa Cruz Community Counseling Center, Front Street, Inc., The Homeless Services Center, nonprofit developers such as Mercy Housing and private facilities.

The primary agencies developing and managing housing for people with psychiatric disabilities are the Santa Cruz Community Counseling Center, which operates 3 treatment programs, 3 transitional facilities and 103 permanent supported housing beds and Front Street inc, which runs four facilities totaling 107 beds and an additional 11 beds of supported housing.

Front Street, Inc.

Front Street, Inc. is the primary provider of social rehab facilities for the County. FSI has been operating since 1990, when it took over the board and care facility on Front Street. Their focus is community-based mental health care for people with a serious and persistent mental illness. FSI has expanded over the last ten years, adding two social rehab programs at Opal Cliffs and Darwin and developing a large board and care in the San Lorenzo Valley along with 11 supported housing beds.

FSI is committed to supporting their clients at the highest level of independence possible so they provide both board and care and independent housing with wrap around services. FSI is finding that people are being placed in less than appropriate situations because of the shortage of appropriate housing choices.

Santa Cruz Community Counseling Center

As the primary provider of supported housing for people with mental illness in Santa Cruz County during a time of escalating real estate prices, the Community Counseling Center has had to be strategic in its planning to address the needs of the community. SCCCC is a non-profit, community-based, 501(c) 3 corporation. Besides supported housing they also operate three social rehabilitation facilities and one specialty outpatient team serving the dually diagnosed. Their current strategies include:

- Adding ten beds of supported housing each year,
- Creatively seeking properties that can be secured through purchase or long-term lease, structuring offers carefully to ensure their viability,
- Actively seeking all funding opportunities with the potential of providing secure housing for their clients,
- Participating in the local Continuum of Care to prevent homelessness of at-risk individuals,
- Providing both housing management and support services to residents.

Owning the housing and providing the support services has been a good match for SCCCC. It has allowed them help residents maintain stable housing even when they've suffered relapses and required hospitalization.

Other Agencies providing housing

Non-profit housing development corporations play an increasingly important role in the development of affordable housing for special needs populations. Mercy Housing is a non-profit developer that has been developing housing in Santa Cruz since 1995. They participate in the Santa Cruz County Continuum of Care and are the recipient of a substantial award to provide moderate rehabilitation to an existing facility with the purpose of housing 25 homeless mentally ill adults. In addition, Mid-Peninsula Housing owns and manages the 18 units at Jesse Street, of which 5 are for mental health clients.

The Homeless Services Center is a non-profit agency providing a wide range of services to people who are homeless in Santa Cruz County. A relatively recent addition to the

services they provide is the 40- bed Page Smith Community House, transitional housing for single adults.

Existing Models of Housing

Housing resources for the psychiatrically disabled in Santa Cruz County exist in several forms; emergency shelter, crisis residential facilities, transitional housing, social rehabilitation programs, board and care facilities and permanent supported housing. The housing resources are described below by type and illustrated with a local example. Further information can be found in Attachment 1.

1. Emergency Shelter. County Mental Health contracts with Community Support Services (CSS) to provide mental health clients with emergency housing at the 32 bed River Street Shelter, a minimum of 19 of which are reserved for mental health clients. The average length of stay is about 22 days.
2. Crisis Residential Facility. The El Dorado Center (EDC) provides 16 beds for crisis residential treatment under contract with County Mental health. This is primarily for clients being discharged from Dominican Behavioral Health Unit and/or those needing intensive stabilization to avoid hospitalization. The program was designed for a two -week stay.
3. Transitional Housing. Community Support Services (CSS) provides 10 beds of transitional housing at T-House. Residents can stay a maximum of 12 months at T-House. The average length of stay is usually about 4 to 6 months before residents move on to supported housing. Counseling staff works individually with residents to prepare them for more independent living. Staff coordinates closely with Care managers around referrals and movement of residents through the system. Clients most often come to T-House from EDC.
4. Social Rehabilitation. County Mental health contracts with Front Street Inc. to provide social rehabilitation programs at two sites, Opal Cliff and Darwin House, and with CSS to operate Paloma House. They each use a Recovery Model that includes educating the client about symptom management and encourages the development of independent living skills. People generally leave before the 18-month limit. The biggest obstacle is finding affordable housing. Clinically, many people shouldn't be at the social rehab facility, but are unable to find appropriate housing.
5. Board and care. Board and care homes are another major source of housing for mental health clients in the County. They are privately owned and operated and licensed by the Sate Department of Community Care Licensing. They offer 24-hour supervision and vary widely in the number of beds and in the quality of he supervision. Their numbers are dwindling under the strain of high costs, limited reimbursements, the ripple effect of the high cost of housing on the job market for low-wage workers. FSI operates the two largest Board and Care facilities in the County, Front Street in downtown Santa Cruz and Willowbrook in the San Lorenzo Valley.

6. Supported Housing. Supported housing is permanent affordable housing that includes support services, which can include case management, peer support, activities, supported referrals to job and school, and supportive property management. The goal of the assistance is to support tenants with psychiatric disabilities to flourish and remain stable in their independent housing. The form this housing takes ranges from individual apartments and houses scattered throughout the community, to apartment projects developed for this purpose such as Casa Linda Apartments.
7. Sober Living Environments. There are a number of privately run housing programs intended to help residents maintain sobriety after treatment. For instance, CSS operates Paloma House as a 90-day residential treatment program for dually diagnosed clients, and it has nearby a five-bed house for graduates of Paloma House.
8. Wrap-around services. The models of housing listed above all assume that the resident goes to a specific site and receives services and housing at that site, whether it be a licensed facility or an apartment leased by a service provider. The idea of wrap-around services is that a person receives support services regardless of where he or she is living, even if it is under a bridge or camping in the woods.

Barriers to Housing

Individuals with psychiatric disabilities face enormous obstacles to finding acceptable housing in Santa Cruz County. Given the housing shortage and market pressures in the community it is difficult for any low-income household to find housing, but it is especially so for individuals coping with mental illnesses.

Shortage of affordable housing: All low-income households in Santa Cruz County—approximately 10.3% of the population according to the most recent community survey—are competing for the limited number of affordable units available. As the housing crisis has escalated over the past five years, more of the affordable housing available requires subsidy by a Federal or State housing program in order to be affordable to people with limited incomes. The non-subsidized housing units that rent for an affordable rent are often in poor repair or over-crowded.

Complex and Expensive Process to Develop new housing: The inflated costs of real estate and limited developable land are only the start of difficulties creating affordable housing. The process is complicated by the necessity of layering multiple funding programs, and by the difficulty of the programs themselves. As a result, each project must retain the services of numerous experts in order to be built at all. This adds to the expense and makes it challenging to include non-housing experts in the process of housing development.

Landlord's Reluctance to accept Section 8 Vouchers: Vouchers were designed to ensure that a low-income household will pay 30% of their

monthly income towards rent and the Federal government will make up the difference up to a mandated fair market rent. In a market of less than 1% vacancy and escalating rents there is little incentive for landlords to take on the additional complexity in rent collection, regular property inspections and hassle when they can easily rent to someone else.

Initial Move-in Expense: Many rents require first and last months rent, plus a security deposit. Few landlords will rent a unit without a substantial amount of cash prior to move in.

Poor Credit or Lack of Credit: The first step in screening potential tenants is a credit check. Applicants who have poor credit, or even no credit history at all are rejected. The credit background of mental health clients rarely fits the norm, management companies have little reason to try to fit a square peg, mental health client into a round hole, system designed to protect the property owners investment and collection of rent.

Lack of Rental History: Many management companies are unwilling to rent to mental health clients because they lack rental history, which is the standard tool for predicting successful tenancy.

Stigma: Prejudice related to mental illness is very prevalent and many landlords are reluctant to rent to individuals with a history of a psychiatric illness, particularly if they can easily rent to someone else.

Lack of Support: Many people living with a psychiatric disability need additional emotional and material support in order to succeed in living independently. Without this support a minor problem can quickly become a major crisis.

The Cyclical Nature of Mental illness: Without a supportive landlord people facing recurrent episodes of mental illness often lose their housing if they require hospitalization. The housing market will often force them into homelessness upon discharge and a renewed cycle through the system of care is initiated.

Three Year Housing Strategies

Housing Activities within the Health Services Agency

Case Managers working in all of the Mental Health Agency Teams face an uphill battle in helping their clients find appropriate housing. Too often this means that people languish in environments that do not suit their needs. The Health Services Agency has recently hired a Housing Coordinator to help address the critical housing issues being faced by people with mental illness in Santa Cruz County. The Housing Coordinator will work within the Health Services Agency to provide housing support to all teams including:

1. Provide support to Case Managers to access appropriate housing for their clients by helping them access Section 8 vouchers and interface with landlords.
2. Create a resource database of landlords with contact information and history with mental health clients.
3. Expand the list of available landlords willing to accept Section 8 vouchers through a concerted education and outreach program.

County-wide Continuum of Care for McKinney Funding

One of the important sources of funds for housing for people with mental illness is the federal McKinney Homeless Program. The McKinney program was established in 1989 with the goal of addressing the growing problem of homelessness throughout the United States. Administered by the Department of Housing and Urban Development (HUD), Funds have been available in the form of grants for acquisition and construction, for operating subsidy and for providing services. In 1995 HUD began urging communities to collaborate and strategically plan their use of limited McKinney dollars. Out of this process the Santa Cruz County Continuum of Care process arose. The Santa Cruz County Continuum of Care is involved in 5 year Plan Development this year with the goal of completing a period of public review and adoption by the County Board of Supervisors and the City Counsels by December of 2001.

Most programs funded by the McKinney program continue for 3 to 5 years with the option of renewal. The need to keep existing programs going has meant that the renewal of past grants for vouchers and other subsidy receives high priority in the rating and ranking of local applicants. This year, three of the top four projects were renewal grants.

1. Santa Cruz Community Counseling Center Stanford House
2. Families In transition: Renewal
3. Families in Transition: Renewal
4. Page Smith: Renewal

AB 2034 Homelessness Grant

Santa Cruz County Mental Health and Substance Abuse Services (SCCMHSAS) successfully applied for funding available through AB 2034 in order to have the resources to address the housing issues of the homeless mentally ill in Santa Cruz County. This funding allows the County Mental Health and Substance Abuse Services to vary its approach of housing people with mental illnesses who are unwilling to receive 'traditional' system of care services.

Serving the homeless mentally ill presents a serious challenge to the care systems of many communities, including Santa Cruz County. Often these individuals are homeless in part because of their difficulty in consistently accessing and utilizing mental health

services. As a result, this subgroup of homeless is the least likely to gain access to other housing programs and resources.

SCCMHSAS's adult system of care, like most California county programs, is built upon multiple service components that make up a linear continuum of care. With a series of step-by-step progressions through various levels of treatment, supervision, and structure, consumers progress towards permanent housing. This approach often referred to as a 'train and place' model, links clinical status to housing access. As a result, homeless individuals who are mentally ill are sometimes unable to access housing because it is contingent upon first accepting treatment. However, by virtue of their illness and vulnerability, they are unable to do so. The limited range of available housing options further complicates this, there are few if any choices of independent living beyond congregate residences and some individuals are unwilling to accept these accommodations.

The alternative is to develop 'place and train' programs. In this model, the emphasis is upon rapid placement of an individual in permanent housing of their choosing and the provision of services and supports they need in order to thrive. There is good evidence in the literature that such approaches succeed.

The local grant will be administered primarily by the Homeless Person's Health Project, which is taking the following steps to meet the grant requirements, of finding permanent housing for 30 currently homeless mentally ill adults. The grant provides flexible funds to be used to secure housing, approximately \$120,000 per year for three years, to assist with placing this difficult to house population into permanent housing. The strategies that have been identified to meet the program goals are as follows:

1. Rental deposits for units to be subsidized by Section vouchers.
2. Partnering with other local Agencies to purchase mobile homes as a permanent housing resource.
3. Direct subsidy when necessary and appropriate.
4. Technical assistance and advocacy for case managers including support, advocacy and problem solving with landlords and potential housing programs.
5. Collaboration with CSS to formalize a landlord support program modeled after the RentPlus program in Long Beach which will serve to market mental health clients as tenants by providing rent guarantees and damage prevention funds and avoid the cost and hassle of evictions. This program will help to develop contacts with property owners to broaden the pool of rentals available to people with mental illnesses with focused outreach on securing supervised housing for mental health clients with felony convictions, particularly at existing SRO projects.

In addition to the strategies focusing directly on the homeless, staffing resources made available through the AB 2034 grant will be used to expand the available housing options to ease the burden on the system of care.

Housing Strategies within the Community

It is clear that the housing needs of mental health clients cannot be met through the slow creation of new units, by leasing and purchasing scattered apartments, by opening up an additional facility, or by any one method. This three-year housing strategy is based on the assumption that no stone will be left unturned to both add additional housing units to the stock available to people living with mental illness and to make it easier for those people to access available housing.

Create more housing opportunities:

1. Actively seek landlords willing to rent units to people with psychiatric disabilities through outreach to the faith community and other charitable organizations active in the community.
2. Explore the creation of a low interest loan program to create 2nd units available to mental health clients.
3. Discuss a Permit Amnesty Program for illegal 2nd units in exchange to rental to mental health clients.
4. Identify housing partners able to integrate AB 2034 and other mental health clients into their tenant base.
5. Explore new models to create more housing, such as the conversion of a mobile home park to non-profit ownership for affordable housing for a mixed population.
6. Support housing development partners in successful application for new grants.
7. Develop a program that markets the advantages of renting to mental health clients and provides support to landlords.

Outcomes of 1996 Housing Recommendations

RECOMMENDATION	OUTCOME
1. Add 6 Bed Crisis Treatment Facility in South County	No. Insufficient Mental Health \$ to provide increased funding necessary to run this program, exacerbated by the escalation in real estate prices
2. Add 12-25 Board and Care Beds	Yes. While family run board and care facilities continue to close down, a 40-bed program (Willowbrook) was added by FSI.
3. Add a 16 Bed Dual Diagnosis Treatment Facility	Yes. Added 12 bed Paloma House funded by State Dual Diagnosis demonstration grant, currently funded by SC County and MediCal.
4. Add 6 bed Transitional residential Program	Yes. Stanford House
5. Add 15 bed Rehab Program in South County	Yes, but not in South County—Darwin House in Santa Cruz.
6. Apply for 3 independent housing grants	Yes. New capacity for programs includes EHAP, MHP, AHP and Continuum of Care.
7. Convert 20 beds in existing supported housing to “clean and sober” housing	All supported housing operates as clean and sober housing.

EHAP= Emergency Housing Assistance Program
MHP= Multifamily Housing Program
AHP= Affordable Housing Program

Recommended Housing Development Activities 2001-2004

1. Add 5 beds to T-House: the site can accommodate a remodel, which would allow for cost effective expansion by 5 beds with efficient development and operating costs.
2. Add another 15 bed Social Rehab Program.
3. Add 40 permanently affordable Supported Housing beds.
4. Add 15 to 20 RCFE beds with an enriched program for elderly people with mental illness.
5. Address the alarming loss of Board and Care facilities by advocating for increased reimbursement rates for Board and Care facilities and skilled nursing facilities.

ATTACHMENT 1: AVAILABLE SUPPORTED HOUSING

Board and Care	Location	Beds 1996	Beds 2001	Client Type	Sponsor
Front Street	Santa Cruz	47	47	6 elderly	FSI
Harmony House (Merrill)	Watsonville	16	0		Private
Rose Acres	San Lorenzo Valley	25	25		Private
West Branch	San Jose	6	0		
Willowbrook	San Lorenzo Valley	0	40	6 elderly	FSI

Social Rehabilitation	Location	Beds 1996	Beds 2001	Client Type	Sponsor
Opal Cliff	Capitola	15	15	MI	FSI
Paloma House	Watsonville	0	12	Dually Diagnosed	SCCCC
El Dorado Center (formerly SART)	Live Oak	16	16	14-day sub acute	SCCCC
Darwin House	Santa Cruz	0	15	MI/DD	FSI
T-House	Live Oak	10	10	MI/DD/ Homeless	SCCCC

Transitional Housing	Location	Beds 1996	Beds 2001	Client Type	Sponsor
Page-Smith	Santa Cruz	0	40	Homeless	Homeless Services Center
River St. Shelter	Santa Cruz	32	32	MI/DD/ Homeless	SCCCC
Stanford House	Santa Cruz	0	8	MI/DD/ Homeless	SCCCC
Laura Lane House	Live Oak	5	0	MI	SCCCC

Permanent Supported Housing	Location	Beds 1996	Beds 2001	Client Type	Sponsor
Broadway House	Santa Cruz	5	4		SCCCC
Mission Street Apartments	Santa Cruz	5	5		SCCCC
Water Street House	Santa Cruz	9	9		SCCCC
Van Ness House	Santa Cruz	8	8		SCCCC
Monarch: 40 th Street	Capitola	6	6		SCCCC

ATTACHMENT 1: AVAILABLE SUPPORTED HOUSING (continued)

Permanent Supported Housing	Location	Beds 1996	Beds 2001	Client Type	Sponsor
Monarch: Bixby	Santa Cruz	8	Currently vacant-8 when rehab is complete -est. 6/02		SCCCC
Monarch: Lincoln	Watsonville	0	4		SCCCC
Melton Street	Live Oak	3	3		SCCCC
Casa Linda Apartments	Live Oak	20	20		SCCCC
SOHI Apartments	Santa Cruz	18	18		SCCCC
Redwood House	Live Oak	6	0		
30 th Avenue Apartments	Live Oak	4	6		FSI
King Street House	Santa Cruz	3	3		SCCCC
Jesse Street Apartments	Santa Cruz	18	5		Mid-Peninsula
Casa de Exito	Watsonville	5	5		SCCCC
Moana House	Live Oak	0	2		FSI
Laura Lane	Live Oak	3	3		FSI
East Lake	Watsonville	0	6		SCCCC
Lincoln Street Apartments	Watsonville	0	8		SCCCC
TOTAL BEDS:		290	375	12 Elderly	

FSI=Front Street, Inc.

SCCCC=Santa Cruz Community Counseling Center

MI=Mental Illness

CD=Chemical Dependency

DD=Dual Diagnosis (Mental illness and chemical dependency)

ATTACHMENT 2: OTHER FREQUENTLY USED HOUSING

Name	Type of Housing	Location	Number of Units	Cost	Restrictions
St. George	Residential Hotel-SRO	Santa Cruz	\$650/mo	124	No Section 8, must be able to afford it, 21 low income units (18,600 or below)
Palomar Inn	Residential Hotel-SRO	Santa Cruz	\$421/mo	93 SROs 3 apartments	Below 36,000/yr—21 and over; six month waiting list at least; 50/50 Sec. 8
El Centro	Residential Hotel-SRO	Santa Cruz	\$349/mo	45	Over 60 years: low income
Hotel Royal	Residential Hotel-SRO	Santa Cruz	\$450 to \$700 per month	18	Singles only, Section 8 accepted: 1 or 2 vacancies per year
The Resetar	Residential Hotel-SRO	Watsonville	\$345-578	93	Low income Seniors and Disabled
Stagg Hotel	Residential Hotel-SRO	Watsonville	90/wk to 650 per month	51 3 are apartments	No Elevator: no Section 8
Plaza Hotel	Residential Hotel-SRO	Santa Cruz		25	2 nd Floor only

ATTACHMENT 3: SSI and HOUSING AFFORDABILITY

Social Security Rates Effective 7/01

Income Type	Monthly Income	Available for Housing @ 30% Affordability Standard
SSI-disability only Independent living with cooking facilities	\$ 712	\$ 213.60
SSI and SSA Independent living with cooking facilities	\$732	\$219.60
SSI disability only Independent living without cooking facilities	\$787	\$236.10
SSI plus Supplemental (SSA) Independent living without cooking facilities	\$807	\$242.10

Board and Care Reimbursement Rates	Reimbursement Rate	Cost of Care
SSI-disability only	\$872	\$1,200
SSI/SSA	\$892	\$1,200

SSA: Supplemental Income from work income through the Social Security Administration

ATTACHMENT 4: HOUSING MARKET INFORMATION

July 2001

Housing Market Marker	Indicator	
Median Sales Price of a Single Family Home—May 2001 <i>Board of Realtors of Santa Cruz County</i>	\$505,000	
Median Sales Price of a Condominium—May 2001 <i>Board of Realtors of Santa Cruz County</i>	\$333,500	
Housing Authority Wait list <i>Housing Authority of Santa Cruz</i>	8 Years	
Average Rental Prices per Month <i>Survey of published vacancies, Santa Cruz County Sentinel, July 9, 2001</i>	Studio	\$969
	1 Bedroom	\$1,130
	2 Bedroom	\$1,358
	3 Bedroom	\$1,782
Vacancy rate <i>Housing Authority of Santa Cruz County</i>	1%	

Santa Cruz-Watsonville 2001 Area Median Income Chart: \$65,500 for a family of four								
	<i>1 Person</i>	<i>2 Persons</i>	<i>3 Persons</i>	<i>4 Persons</i>	<i>5 Persons</i>	<i>6 People</i>	<i>7 People</i>	<i>8 People</i>
Low-income	22,950	26,200	29,500	32,750	35,350	38,000	40,600	43,250
Median Income	45,900	52,400	59,000	65,500	70,700	76,000	81,200	86,500

Sources

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4. Santa Cruz County Housing Element, 1994
5. Community Assessment Project; United Way Report
6. "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter systems the New York-New York Initiative"; May 2001
7. Board of Realtors of Santa Cruz County
8. State Department of Finance Website
9. HUD.gov
10. Community Action Board of Santa Cruz County website