

Hello, I'm John Buck, CEO of Turning Point Community Programs. We've been providing mental health services since 1976 and now have programs in six California Counties serving close to 3,000 clients. (Sacramento, Yolo, Stanislaus, Merced, Placer, Nevada County)

Thank you so much for inviting me here today to talk about some of the challenges we face in serving our homeless who have psychiatric disabilities.

We were proud to be one of the model programs that led the way to Prop 63, now known as the Mental Health Services Act. Our success with (AB 34 & 2034) homeless pilot programs showed our law enforcement and county partners that we could offer cost-effective services to those experiencing mental illness and they rallied behind the cause. Reduced hospitalizations and incarcerations saved taxpayer dollars and improved quality of life for the whole community.

In our Homeless Intervention Program, begun in 1999 (and no longer funded,) we enabled close to 350 clients to get off the street, into housing and connected to services. And our Pathways to Success After Homelessness program serves 290 clients, including families with children.

What have we learned from over ten years in providing these critical services? That Housing First is the best approach.

Housing first means that **a roof over one's head, and a safe, clean place to live**—all these things have to come **first, before** clients are receptive to mental health and other types of services.

Finding safe, affordable and tolerant housing is not easy. Building relationships with landlords and educating clients about resolving conflicts is key for success. And at

Pathways we are serving larger families, some with 5 to 6 children, and adequate housing is not always available. In 90% of the time, after six months, the child who has been identified in the family to be in stress will stabilize as the homelessness is addressed and the parents' skills are improved through working with our staff. Unfortunately, we can only bill for services to the child, not the parents, even though in 80 to 90% of the time at least one parent has shown to have drug or alcohol dependencies and co-occurring psychiatric disorders.

Building trust with homeless individuals takes time. We might have contact with someone for months to win that trust. That is where our experienced staff is such a plus, and word of mouth... that we really do offer caring, hope, respect and support toward independence...that these aren't just words to us.

Permanent supportive housing allows clients to get services: medication management, life skills, employment support and other aid to integrate them into the community. When the Homeless Intervention Program was conceived, the approach included a lifetime expectation of access to services. Now with Pathways, goals and expectations are set from the beginning to eventually reduce the need for our services, graduate to a lower level of care, and to achieve as much independence as possible.

80% of the families we serve in Pathways are multi-generational welfare recipients, and when we supplement their housing, even the name of this type of program, Permanent Supportive Housing, adds to the sense of entitlement, even though clients are directly told from the beginning that the span of services is limited from six months to two years.

"Whatever it takes" has become the catch phrase in mental health services for the homeless and others but we like to think we led the way. We meet clients where they are, physically and mentally. Turning Point also was a pioneer in hiring folks in recovery from mental illness as role models to mentor and inspire others...but now even that successful

practice has been challenged, because counties are now requiring people to have college degrees and licenses to do the work of staff who were able to speak from the heart about their own experiences of recovery. This change may increase counties' abilities to bill Medi-Cal, but it reduces effectiveness, and it becomes extremely difficult to find staff with qualifications to work for the wages set at the inception of the program, for people who may have actually been more effective—those who have “been there, done that.”

There is also a lack of motivation among clients with limited skill sets in both jobs and parenting in an economy that has 10 to 12 % unemployment. There are few jobs, and even if a client landed a job paying \$10 an hour, when welfare benefits are subtracted, that wage starts to look more like \$2 to \$3 an hour. This lack of incentive also spreads to any motivation to get clean and sober if there is no work to be had, or as one client put it without, “a reason to get up, not give up.” At least with drugs and alcohol they are able to blunt the pain they are dealing with.

In addition to master-leasing with various landlords and properties, Turning Point embarked on acquiring its own permanent housing with the purchase and rehab of the Fairview Apts. Although seed money was provided, it has proven very costly (and our agency still owes more than \$1 million on the building.) In fact the Fairview Apts. were used as a model backdrop to stage the press conference about the completion of the “10 Year Plan to End Homelessness.” A better approach is to work with community partners like Mercy Housing who rehabbed the Ardenaire Apts. and built Martin Luther King Village, a group of small cottages. We provide the services and they provide the housing.

As you can tell, the challenges are many, especially with funding cuts. Pathways has been asked to serve 290 clients this fiscal year with the same budget that served 206 clients last fiscal year.

As far as coordinating state and federal resources to address homelessness...it can be quite complicated. We've been fortunate in Stanislaus and Merced counties to apply for and receive HUD funding for housing, but the process is very competitive in most counties with many worthy agencies lined up for limited funding. Once HUD funding is received, the required reporting is quite extensive.

**Simon** had experienced depression and non-specified psychotic disorders since he was 11 years old. By age 31 he had been self medicating with cannabis (marijuana) off and on for almost twenty years. Previously homeless, Simon now lives at the Ardenaire Apartments and has weekend visits with his three-year-old son, whom he had previously been unable to see. Pathways staff helped him settle his court case so he could have regular visitation. Simon's anger issues are improving and he is working on rehabilitation using Sacramento County's Alcohol and other Drugs program to deal with his cannabis dependence. He is open, willing to work on his problems and motivated to meet with an employment specialist so he can get a job.

In the fall of 2007, Pathways enrolled **a single mother** and her 8-year-old son, **Kyle**, who had been homeless for four years. They had been living at St. John's shelter, and the mother had been a victim of domestic violence. Kyle was agitated, aggressive and had impulsive behaviors and could not stay in school. A temporary apartment was immediately found to house them, and staff worked with the mother and son on four important areas: housing, budgeting, transportation and making safety plans. They are now living at the Ardenaire Apartments, a new affordable Mercy Housing project, where the mom can pay the rent. The boy attended summer school so he could continue his schooling without repeating a grade. Although not completely stabilized, he is making steady progress. The family chooses not to include medication as part of his treatment.

If I were not a hopeful person, I could not work in mental health. With that in mind, I am cautiously optimistic about improving our services for the homeless, but only with the careful, thought and planning that comes by figuring out what works, and being able to replicate that state and nation-wide.