

STATE OF NEBRASKA

STATEWIDE CONSUMER HOUSING NEED STUDY

***EXTREMELY LOW INCOME PERSONS WITH A
SERIOUS MENTAL ILLNESS***

Findings & Conclusions

Prepared for:

***NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT
Community and Rural Development Division***

***NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Mental Health, Substance Abuse and Addiction Services***

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SECTION 1
INTRODUCTION & PROCESS

SECTION 1

INTRODUCTION AND PROCESS

INTRODUCTION

about the Housing Need Study.....

The partnership of the Nebraska Department of Economic Development (DED), Community and Rural Development Division (CRDD) and the Nebraska Department of Health and Human Services (HHS), Office of Mental Health, Substance Abuse and Addiction Services (OMH, SA, AS) retained **Hanna:Keelan Associates, P.C.** to conduct a ***statewide assessment of the housing needs of extremely low income persons with a serious mental illness***, to guide the efficient delivery of both appropriate, affordable housing types and related housing and mental health supportive services, in Nebraska, for the next five years, starting in the year 2003.

The ***Housing Need Study*** focuses on the population base, income and housing profile and needs of the consumer groups, on a statewide basis and within each of the six Nebraska Mental Health and Substance Abuse Regions, consisting of all 93 counties. Hanna:Keelan was provided guidance from leadership staff in each of the Departments and invaluable input from both the mental health and housing industry, in Nebraska.

This ***Statewide Consumer Housing Need Study*** represents Project #1 of a two project housing study program, for extremely low income persons with a serious mental illness. Project #2 will consist of developing Housing Plans, for the consumer group, in four Nebraska communities; Omaha, Lincoln, Norfolk Area and the Tri-City Area of Hastings, Grand Island and Kearney. Project #1 was conducted during the months of November, 2002, to September, 2003.

*pertinent
definitions.....*

For the purpose of this Statewide Housing Need Study, the following definitions were utilized:

- **Persons with a Serious Mental Illness (SMI) –**
(1) Persons 18+ years of age, (2) who currently have, or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions). This includes mental disorders, such as schizophrenia (295), mood disorders, including bipolar and major depression (296), delusional disorder (297.1), shared psychotic disorder (297.3), brief psychotic disorder (298.8), and psychotic disorder NOS (298.9). Excluded are DSM-IV "V" codes, substance use disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment (i.e., basic daily living skills, instrumental living skills, functioning in social, family and vocational/educational contexts), which substantially interferes with or limits one or more major life activities.

Note: Subsets of SMI include persons with a severe and persistent mental illness and persons disabled by severe and persistent mental illness.

- **Extremely Low Income (ELI) –**
Persons at or below 30 percent of the Area Median Income (AMI), as determined by the Department of Housing and Urban Development (HUD). As a reference, 30 percent AMI is close to 100 percent poverty level income, as defined by the Department of Health and Human Services. 60 percent AMI is close to 200 percent poverty level income. For purposes of this Housing Need Study, in some instances, the consumer group is defined at 31 to 50 percent AMI, 51 to 60 percent AMI and 61 to 80 percent AMI. These AMI are respectively referred to as very low-, low- and moderate income, by HUD.

As a reference, 30 percent AMI, for the State of Nebraska is estimated to be \$11,000 for a family of one, \$12,550 for a family of two, \$14,100 for a family of three and \$15,700 for a family of four. These percentages of AMI are available on a county basis, and were utilized to determine an income profile of the consumer group, on a Region-to-Region basis.

Vision of the Housing Need Study.....

Specifically, the vision of the Statewide Housing Need Study was to:

- A. Focus on the interests and needs of a representative sample of persons who are knowledgeable about people who are extremely low income, with a serious mental illness, statewide, with special consideration to be given to young adults, age 19 to 21. Consideration was given to the consumer's ability to pay for housing, the types of supportive housing options available, the consumer's ability to live independently, the degree of supportive services needed, both mental health rehabilitation, support and recovery services and mental health treatment services and the location, or siting of affordable housing in close proximity to human services.

- B. To work with representatives from the Mental Health Associations of Nebraska and the National Alliance for the Mentally Ill-Nebraska (NAMI-NE).

&

- C. To consult with representatives from the six Mental Health Regional Governing Boards, as defined in the Nebraska Comprehensive Community Mental Health Services Act (71-5001 to 71-5014).

Housing Need Study - Leadership.....

Leadership for the ***Statewide Consumer Housing Need Study*** was provided by representatives from the two funding groups, DED-CRDD and HHS-OMH, SA, AS, and "key" individuals either/both working in the field of mental health or representing the interests of the consumer group. This group of leaders was referred to as the **Mental Health Housing Steering Committee**. The Steering Committee served as the single point of continuity for Hanna:Keelan throughout the duration of the housing study process, meeting for three hour sessions, on five separate occasions.

SPECIFIC REQUIREMENTS

The following identifies the **Specific Requirements** of the *Statewide Consumer Housing Need Study*, and how these requirements were addressed in the Study.

- 1) **Ability to Pay** – The Study provides an income/ economic analysis of the subject population, extremely low income persons with a serious mental illness. Emphasis was placed on identifying the housing needs of these persons with a current and projected housing cost burden and having housing problems.
- 2) **Types of Supportive Services** – The Study included the direct participation of Service Providers, on a statewide basis, and the identification of their specific products, to persons with a serious mental illness. Participation from the consumer group identified the types and levels of mental health services needed in Nebraska.
- 3) **Ability To Live Independently** – This information was secured via the qualitative research process, involving both consumers and Service Providers. The housing needs analysis addresses housing types that ranged from supervised to independent living.
- 4) **The Degree of Supportive Services Required** – In conjunction with the identification of specific target housing needs and types, the Study provided an economic analysis of needed mental health services and medical treatment. This analysis is included in the total estimated budgeting requirements for providing housing and related supportive services to persons with a serious mental illness, in Nebraska, during the next five years.

- 5) **Proximity to Other Human Services** – A comprehensive presentation of human services was prepared via information secured from both consumers and Service Providers. A “Provider Matrix” was prepared and is included in the Appendix of this Study. The determination of location for future housing programs/projects and related mental health services was also presented in the Study, whereby “*primary communities*” were selected for each county in Nebraska, via an analysis of populations and road networks in each of the six Nebraska Mental Health and Substance Abuse Regions.

PROCESS

Multiple research activities, both qualitative and quantitative, were conducted in conjunction with the ***Nebraska Statewide Consumer Housing Need Study***. Quantitative data collection was needs driven, in that planned qualitative activities involving experts in the fields of mental health and affordable housing and consumers, resulted in the identification of **critical housing and supportive services needs**. Support data, identified by these individuals, was in turn, collected to enhance the understanding of important critical housing needs of extremely low income persons with a serious mental illness, in Nebraska. The collection of important qualitative data was a five step process.

1. ***Meetings in each of the six regions to identify specific issues and discuss housing program solutions.***
2. ***Survey of mental health stakeholders/service providers directly involved with the subject consumer group.***
3. ***Survey of the consumer group.***
4. ***Special informational sessions with consumers, in each of the six Regions, to receive input regarding direct housing needs.***
5. ***Public presentation of research findings, by means of a statewide teleconference.***

**quantitative
research
activities.....**

The Quantitative research activities associated with the **Statewide Consumer Housing Need Study** ranged from an intense effort to determine the existing and projected population, income and housing profile of the subject consumer group to identifying specific numbers of housing types needed for the consumer group, during the next five years. The following is the list of quantitative research activities.

- ▶ **Literature search and review**, including the plans of organizations, agencies and existing state, regional, county and local municipal housing studies and related planning documents, to ascertain pertinent data assessments with the subject groups. Special attention was given The Report from the Statewide Housing Coalition Meeting and the recently completed 2001 Nebraska Housing Market Report and Lincoln, Omaha and State of Nebraska Consolidated Plans. The Literature Search results are included in the Appendix.
- ▶ **Population base, income and housing profile** of the subject consumer group.
- ▶ **Population, income and housing trend and projection analysis** of the consumer group.
- ▶ Create a **"Matrix" of need for varied housing types** needed for the consumer group on a regional, as well as a county-by-county basis.
- ▶ Supplement the **"Matrix"** of need for housing, with appropriate **support services programming**.
- &
- ▶ Identify other **related services needed to ensure accessibility to affordable housing**, i.e., transportation, employment opportunities.

**STATEMENT
OF EXISTING
CONDITIONS**

Nebraska is a geographically and culturally diverse State with a mixed economic base which includes a substantial agricultural and agribusiness base. **Nebraska had a 2000 (U.S. Census) population of 1,711,263;** an increase of 8.4 percent since 1990. An estimated 50 percent of the population resides in six metropolitan counties with the remaining 50 percent in 87 non-metropolitan counties.

Nebraska's largest cities and their 2000 populations are Omaha (390,007) and Lincoln (225,581). The remainder of the State had a 2000 population base of 1,095,675 persons. The State has 531 incorporated communities, of which 417 have fewer than 1,000 people.

***population
profile.....***

Nebraska's population is an estimated 89.6 percent White, 4 percent Black, 0.9 percent American Indian, Eskimo or Aleut, 1.3 percent Asian or Pacific Islander and 2.9 percent Other. Persons of Hispanic origin, who may be of any race, comprise an estimated 5.5 percent of the population. The majority (97%) of the State's Black residents reside in the Omaha and Lincoln metropolitan areas. The percentage of Nebraskans who are younger (26.3% under 18 years of age) and older (13.6% aged 65 and older) is higher than the percentage in the U.S. as a whole.

***agriculture
based.....***

Agriculture is a major component of the State's economic base. According to the 2000 Census, 48,942 of the 877,237 employed Nebraskans worked in farming, forestry or fishing occupations. Other major Nebraska industries included food processing, railroad, transportation and insurance.

income.....

In 2000, Nebraska's median family income was \$48,032; an increase of 84.6 percent from 1990. At the same time, the family poverty rate for Nebraska was 6.7 percent of the family population.

housing status.....

In 2000, statewide, an estimated 92.2 percent of the existing housing stock was occupied. An estimated 32.6 percent of the State's households were renters. The 2000 Census recorded an estimated 56,000 vacant housing units, statewide.

Statewide, in 2000, an estimated 18 percent of Nebraska's households, or 121,330 households, including 30 percent of the renter households and 15.7 percent of the owner households, experienced a housing **cost burden; tenants paying over 30 percent of their gross income for housing.**

In 2000, an estimated 24,482 households in Nebraska, or 3.6 percent of the total, resided in **substandard housing**, as per the definition of the U.S. Department of Housing and Urban Development; **(1) lacking complete plumbing and/or (2) 1.01+ persons per room.**

persons with a serious mental illness.....

Currently (2003), an estimated 70,417 Nebraskans, 19+ years of age, have been diagnosed as having a serious mental illness. By 2008, this number will increase an estimated 2 percent, to 71,763. An estimated 88 percent of this population (71,763), or 63,177 persons, will reside outside an institutional, hospital setting. Of this 63,177 persons, an estimated 24 percent, or 15,398, will be extremely low income, at 30 percent AMI or less. By 2008, an estimated 78 percent, or 11,700 of these 15,398, will experience housing problems, including being cost burdened. This population of persons with a serious mental illness, with the addition of others, at higher, but yet low- to moderate income, will be in dire need of safe, affordable housing.

affordable housing choices limited...persons with a serious mental illness.....

The HUD Section 811 program, and, formerly, the HUD Section 202 program, are the primary housing funding sources to finance affordable housing for persons with a serious mental illness. Today (2003), 230 HUD 811 and 202 units exist, statewide, in 22 locations.

Other State and Federal funding sources also exist to assist with funding housing for this consumer group. These include the Section 42 Low-Income Housing Tax Credit program, sponsored by the Nebraska Investment Finance Authority, the Nebraska Housing Trust Fund, Community Development Block Grant and HOME programs, administered by the Nebraska Department of Economic Development and Nebraska Homeless Shelter Assistance Trust Fund and Emergency Shelter Grant, administered by the Nebraska Department of Health and Human Services.

Other groups/agencies providing financial assistance for the development of affordable housing include Fannie Mae, the Nebraska Energy Office, the Federal Home Loan Banks and the Office of Rural Development-U.S. Department of Agriculture. The Midwest Equity Fund provides equity financing for low income housing tax credit housing programs.

The three Regional Centers in Nebraska (Norfolk, Hastings and Lincoln) and the Douglas County Hospital Community Mental Health Center, Alegent/Immanuel, University of Nebraska-Medical Center and the Veterans Administration, all in Omaha, currently provide up to 468 beds for persons with a serious mental illness. An estimated 141 beds are currently purchased by HHS, OMH, SA, AS, from private providers, for use as transitional residential units. An estimated 1,700 beds are provided by licensed mental health centers (38) and assisted living facilities (26).

Each of the Nebraska Mental Health and Substance Abuse Regions has a supply of qualified non-residential providers. A few of these providers have ventured into residential rental property ownership, providing housing for their seriously mentally ill consumer groups. Leaders in the provision of affordable housing include: Cirrus House, Region 1; Central Nebraska Goodwill Industries and Opportunity House, Region 3; Liberty Centre, R-Way and Rainbow Center, Region 4; CenterPointe and St. Monica's, Region 5 and Community Alliance, Region 6.

***housing
issues.....***

It is currently estimated that 11,540 persons, with a serious mental illness, at 50 percent AMI or less, experiencing cost burdened/housing problems, reside in Nebraska. By 2008, this number will increase to over 11,700. Based upon the current availability of affordable housing units/beds, in Nebraska (estimated 1,245), ***only an estimated one safe, affordable unit/bed exists for every nine consumers in need.*** If, or when, the Regional Centers would cease to provide shelter, this ratio of units/beds to consumers would increase.

Governor Mike Johanns has placed mental health services and associated residential needs as a “top” priority of his administration. His expectations are to: decrease the number of post commitment days, decrease the number of Emergency Protective Custody (EPC) situations and decrease the number of days consumers are served in inappropriate levels of care.

In summary, the following is true:

- Mental health programs are designed to work with individuals for a certain length of time.
- When the consumer is found to be clinically ready for a lower level of care, he/she is ready for discharge from the program.
- Non-residential mental health programs are designed with the assumption that the consumer has a suitable place to live.
- When suitable places to live are not available, discharge from the inpatient and residential levels of care may be delayed.

The qualitative information and statistical data presented in ***this Statewide Consumer Housing Need Study*** will provide an important “**first step**” in implementing additional safe and affordable housing for persons with a serious mental illness.

SECTION 2
STATEWIDE & REGIONAL
COMPREHENSIVE CITIZEN
PARTICIPATION PROCESS

SECTION 2

STATEWIDE & REGIONAL COMPREHENSIVE CITIZEN PARTICIPATION PROCESS

THE PROCESS

Survey Process

The Survey Process associated with the *Statewide Consumer Housing Need Study*, was utilized to identify the housing and services needs, concerns and issues for extremely low income persons with a serious mental illness, throughout the State of Nebraska. Providers of services to individuals with serious mental health issues were asked to identify the most critical areas of need for this population group, as well as provide information about their organization, such as the number of consumers served, funding sources and number of employees. Consumers were also asked a number of questions regarding their housing situation, transportation needs and immediate critical needs.

provider survey Surveys were mailed to 111 mental health providers in the State of Nebraska. Providers were identified through the Nebraska Mental Health, Substance Abuse and Gambling Services Directory and the Continuum of Care Member Directory. Additional Provider Surveys were distributed at various provider meetings, as well as Regional Focus Group meetings. Completed surveys were returned from a total of 69 Providers.

consumer survey Providers who returned a completed survey were contacted and asked to distribute a Apoint-of-contact@ survey to their consumers. A total of 1,050 Consumer Surveys were mailed to providers across the State. Additional Consumer Surveys were distributed at various provider meetings, as well as Consumer Focus Group meetings. A Consumer Survey was also mailed to 361 members of NAMI. A total of 530 Consumer Surveys were returned.

A primary component of the two survey instruments was the ***housing areas of need***. The results of the survey participants' responses to this component are discussed throughout Section 2. These housing areas of need ranged from emergency shelter beds, to independent living, including transitional housing. In the final determination of housing need for persons with a serious mental illness (Section 3), areas of housing need were converted to three primary ***target housing types***; Crisis/Respite Care/Emergency Shelter, Group Residential and Residential Units. A discussion/definition of each of these target housing types is available on page 3.7 of this Study.

Focus Group Meetings

Regional and Consumer Focus Group Meetings were conducted across the State, during April, 2003, in an effort to gain a better understanding of the current housing and services needs issues and suggestions for future improvements. Both regional and consumer meeting were held in each of 12 communities within the six mental health service regions, including Chadron, Scottsbluff, McCook, North Platte, Hastings, Broken Bow, Columbus, South Sioux City, Lincoln, Beatrice, Omaha and Fremont.

STATEWIDE FINDINGS

Provider Survey Results

The following provides a summary of information obtained from 69 mental health providers throughout the state of Nebraska.

- \$ Average Date of Establishment: 1963.
- \$ Average Unduplicated Count of Number of Individuals Serviced in 2002: 5,027.
- \$ Number of Providers Serving Various Age Groups:
 - \$ 18 and Under: 52
 - \$ 19 to 21: 59
 - \$ 22 to 35: 59
 - \$ 36 to 54: 57
 - \$ 55 to 64: 56
 - \$ 65 to 74: 45
 - \$ 75 to 84: 29
 - \$ 85+: 17

**provider survey
results, cont**

- \$ Average Primary Source of Funding:
 - \$ Federal: 37% (33 Providers)
 - \$ State: 49% (41 Providers)
 - \$ City/County: 15% (21 Providers)
 - \$ United Way: 5% (17 Providers)
 - \$ Outside Grants: 9% (18 Providers)
 - \$ Other: 33% (38 Providers)

- \$ Average Number of Employees:
 - \$ Full Time Employees: 66
 - \$ Part Time Employees: 16
 - \$ Professional Staff: 38
 - \$ Office/Clerical Staff: 8
 - \$ Other Staff: 5
 - \$ Volunteers: 103

**housing areas of
need.....**

Mental health providers were asked to rank the type of housing most needed by their clients having a serious mental illness. Statewide, results indicated the highest need for Long-Term Transitional Housing (7-24 months), with Independent Living ranked as the second most needed housing type. Providers ranked apartments as the most needed type of independent living housing.

- 4 **Emergency Shelter Beds**
- 5 **Group Home Beds**
- 3 **Transitional Housing**
 - Short-Term (Less than 6 months)
- 1 **Transitional Housing**
 - Long-Term (7-24 months)
- 2 **Independent Living**
 - 2 **Single Family Home**
 - 1 **Apartment**
 - 3 **Mobile Home**
- 6 **Rehabilitation to Existing Homes or Housing Units**

human service need.....

Mental health providers were asked to identify the three most critical human service areas of need not being met for persons with a serious mental illness.

- \$ 38 Providers identified the need for more affordable and appropriate housing, including a range of housing types and situations and housing with support services that match consumer needs and resources.
- \$ 25 Providers identified the need for easier access to affordable medication, mental health services and health insurance.
- \$ 22 Providers identified the need for more support services, such as transitional or step-down care, residential care, day care, inpatient/outpatient services and community-based programs and resources.
- \$ 16 Providers identified the need for more financial support.
- \$ 13 Providers identified the need for dual diagnosis treatment and programs.

Other areas of human services needs identified include:

- \$ Treatment and treatment options/alternatives.
- \$ Transportation.
- \$ Medication management and monitoring.
- \$ Vocational services and employment.
- \$ Case management.
- \$ Family support.
- \$ Benefit protection.

19 to 21 years

Mental health providers were also asked to identify the three most critical needs of persons 19 to 21 years of age with a serious mental illness.

- \$ 36 Providers identified the need for housing, including housing that is safe, appropriate and affordable, with services available.

- 19 to 21 years, con-t.....** \$ 20 Providers identified the need for better access to medication, medical services and health insurance.
- \$ 16 Providers identified the need for vocational services and training, employment and employment opportunities.
- \$ 15 Providers identified the need for more services and better access to services, such as community-based resources, inpatient and outpatient services, wrap-around services and services at the appropriate level of care.
- \$ 11 Providers identified the need for treatment and treatment options and alternatives.

Other areas of mental health service needs for individuals 19-21 years of age include:

- \$ Seamless discharge and planning to adult care and services and independent living training.
- \$ Financial assistance.
- \$ Social support, support groups, friendship and social access.
- \$ Education.
- \$ Affordable and reliable support personnel, including psychiatrists and mentors.
- \$ Transportation.
- \$ Medication management and monitoring.
- \$ Supportive living environment.
- \$ Case management.

overall need..... *Overall, the most frequently identified needs included a range of affordable, safe and appropriate housing options and access to affordable medication, medical services and health insurance.*

**Consumer
Survey Results**

The following provides a summary of information obtained from **530 Consumer Surveys** across the state of Nebraska.

gender.....	\$ 46.8% Male
	\$ 53.0% Female
	\$ 0.2% No Response
age.....	\$ Average age: 43.2
marital status	\$ 13.0% Married
	\$ 55.3% Single
	\$ 27.2% Divorced
	\$ 3.4% Widowed
	\$ 1.1% No Response
household size	\$ Average number of persons, under age 18, per household: 2.2
	\$ Average number of persons, age 19 to 21, per household: 2.4
	\$ Average number of persons, age 22+, per household: 2.2
employment status.....	\$ 20.4% Employed
	\$ 26.4% Unemployed
	\$ 11.9% Seeking employment
	\$ 4.7% Retired
	\$ 34.2% Unable to work
	\$ 2.4% No Response
income	\$ Average monthly income: \$650
race	\$ 83.0% White/Caucasian
	\$ 10.4% African American
	\$ 0.2% Asian
	\$ 0.9% Hispanic
	\$ 1.9% Native American
	\$ 1.9% Bi-Racial
	\$ 1.1% Other
	\$ 0.6% No Response

education \$ 13.2% Less than high school
 \$ 12.1% GED
 \$ 40.4% High School
 \$ 8.9% Technical
 \$ 24.9% College
 \$ 0.5% No Response

health insurance \$ 16.0% Private Health Insurance
 \$ 54.2% Medicaid
 \$ 41.1% Medicare
 \$ 22.1% No Health Insurance

tenure \$ 11.5% Own
 \$ 52.1% Rent
 \$ 33.2% Neither
 \$ 3.2% No Response

type of current housing \$ 17.4% House
 \$ 40.8% Apartment
 \$ 4.5% Mobile Home
 \$ 12.5% Group Home
 \$ 5.8% Other
 \$ 19.0% No Response

Other types of housing that consumers live in include shelters, assisted living, duplexes, transitional housing and renting single rooms.

rent and utilities..... \$ Average spent on rent and utilities per month: \$390

rent subsidy \$ 24.2% of consumers receive a rent subsidy

living situation \$ 21.9% Live with parents or friends
 \$ 73.2% Do not live with parents or friends
 \$ 4.9% No Response

homelessness..... \$ 39.8% Have been homeless at some point
 \$ 9.6% Are currently homeless

hospitalization..... \$ 34.7% Have been hospitalized in the last 12 months
 \$ 6.8% Lost their housing while they were hospitalized

length of time at current residency.....

- \$ 37.5% Less than a year
- \$ 27.4% 1 to 3 years
- \$ 6.4% 4 to 5 years
- \$ 26.6% More than 5 years
- \$ 2.1% No Response

rating of current housing condition.....

- \$ 72.8% Good
- \$ 17.2% Fair
- \$ 4.0% Poor
- \$ 6.0% No Response

Consumers who rated their current housing as either fair or poor, cited a number of reasons for their rating, including the housing being of substandard condition or needing substantial repairs, safety issues, inadequate size and crowdedness.

needs met Consumers were asked to identify how well their current place of residence met their needs.

- \$ 3.2% Not at all
- \$ 22.1% Somewhat
- \$ 70.8% Meets my needs
- \$ 3.9% No Response

own room.....

- \$ 17.9% Do not have their own room.
- \$ 30.4% Consider it important to have their own room.

appropriate housing..... Consumers were asked to rate the following examples of housing situations.

- 3 **Supervised Group Living**
- 2 **Cooperative Group Living**
- 1 **Supportive Independent Living**

The majority of consumers felt that Supportive Independent Living would be the most appropriate housing situation for them, while the least amount of consumers felt Supervised Group Living would be appropriate.

appropriate housing, cont

Consumers were also asked to rate the following examples of different housing types.

- 5 **Emergency Shelter**
- 4 **Group Home**
- 3 **Assisted Living**
- 2 **Transitional Housing**
- 1 **Short-Term (Less than 6 months)**
- 2 **Long-Term (7 to 24 months)**
- 1 **Other Housing Types**
- 2 **Single Family Home**
- 1 **Apartment**
- 3 **Mobile Home**

The majority of consumers felt that Other Housing Types, specifically apartments, would be most appropriate for them. Transitional Housing and Assisted Living were also considered appropriate housing options.

- transportation* \$ 19.8% Don't have adequate transportation to needed services and employment.
- \$ 46.4% Don't have a driver's license.
- \$ 33.4% Own a car.
- \$ 26.2% Say their disability limits their ability to drive.

- \$ Primary means of transportation:
 - \$ 41.5% Walk
 - \$ 7.5% Ride a Bicycle
 - \$ 36.0% Drive Myself
 - \$ 33.4% Take the Bus
 - \$ 18.3% Take a Taxi Cab
 - \$ 35.1% Get a Ride from a Friend/Family
 - \$ 28.9% Transportation Provided by Service Provider
 - \$ 3.8% Other

Consumers cited a number of issues regarding transportation. These included inadequate public transportation, a lack of the financial resources needed to purchase and/or maintain a vehicle and lacking the ability to drive.

current housing Consumers were asked to identify the **best thing about their current housing**. The following is a list of the most frequent responses.

- \$ 56 Consumers-Location, including convenience, pleasant neighborhoods and nearby services.
- \$ 38 Consumers-AI have a roof over my head@ and AI have a place to live and sleep.@
- \$ 31 Consumers-Reasonable cost for rent and utilities.
- \$ 25 Consumers-Cleanliness and modern.
- \$ 25 Consumers-Independence and freedom.
- \$ 23 Consumers-Social interaction.

Consumers also noted the following as required for adequate shelter:

- \$ Staff and staff assistance.
- \$ Food.
- \$ Privacy.
- \$ Utilities and appliances.
- \$ Safety.
- \$ Services and Support.
- \$ Family Support.
- \$ Quiet atmosphere.
- \$ Pets are allowed.
- \$ Structure.

Consumers were asked to identify the **worst thing about their current housing**. The following is a list of the most frequent responses.

- \$ 45 Consumers-Substandard housing in need of repair and/or unsanitary housing.
- \$ 41 Consumers-Conflicts with others, including neighbors, roommates and landlords.
- \$ 34 Consumers-Located too far from needed services or in an unsafe area.

- current housing, cont**
- \$ 30 Consumers-Living with others, including a lack of privacy, noise and theft of belongings.
 - \$ 21 Consumers-Housing too expensive.
 - \$ 19 Consumers-Lack of adequate space.

Consumers also noted the following housing issues:

- \$ Social isolation from friends and family.
- \$ Too much structure and supervision.
- \$ Not having a home.
- \$ Safety issues.
- \$ Difficulty climbing stairs.
- \$ Maintenance and cleaning.
- \$ Lack of appropriate appliances.
- \$ Desire more independence.

critical needs..... Consumers were asked to identify their 3 most critical needs, at this time. The following is a list of the most frequent responses.

- \$ 137 Consumers-Housing, including affordable and appropriate housing of various levels.
- \$ 123 Consumers-Access to affordable medication, medical services and personnel and health insurance. Medication monitoring and compliance.
- \$ 116 Consumers-Financial assistance, budgeting and money management skills.
- \$ 95 Consumers-Reliable and affordable transportation.
- \$ 72 Consumers-Employment and/or vocational skills training.
- \$ 63 Consumers-Basic needs, such as food, clothes and furniture.

critical needs, cont Statewide, consumers also noted the following critical needs:

- \$ Access to services.
- \$ Independence and independent living skills.
- \$ Social and family support.
- \$ Safety.
- \$ Social interaction and recreation.
- \$ Alcohol and drug treatment.
- \$ Supervision, assistance and structure.
- \$ Better maintenance and/or cleaning of current housing.
- \$ Better home appliances.
- \$ More space.
- \$ Better location.

REGIONAL FINDINGS

Region 1 Provider Survey Results

The following provides a summary of information obtained from four mental health providers in Region 1.

- \$ Average Date of Establishment: 1978
- \$ Average Unduplicated Count of Number of Individuals Served in 2002: 611
- \$ Number of Providers Serving Various Age Groups:
 - \$ 18 and Under: 3
 - \$ 19 to 21: 4
 - \$ 22 to 35: 4
 - \$ 36 to 54: 4
 - \$ 55 to 64: 4
 - \$ 65 to 74: 3
 - \$ 75 to 84: 3
 - \$ 85+: 2
- \$ Average Primary Source of Funding:
 - \$ Federal: 20% (2 Providers)
 - \$ State: 35% (3 Providers)
 - \$ City/County: 26% (2 Providers)
 - \$ United Way: 0% (0 Providers)
 - \$ Outside Grants: 26% (2 Providers)
 - \$ Other: 51% (3 Providers)
- \$ Average Number of Employees:
 - \$ Full Time Employees: 27
 - \$ Part Time Employees: 4
 - \$ Professional Staff: 11
 - \$ Office/Clerical Staff: 15
 - \$ Other Staff: 11
 - \$ Volunteers: 13

**housing areas
of need**

Mental health providers in Region 1 were asked to rank the type of housing most needed by their clients having a serious mental illness. Results indicate the highest need for Independent Living, specifically apartments. Providers also felt there was a need for both Short-Term and Long-Term Transitional Housing.

- 4 **Emergency Shelter Beds**
- 5 **Group Home Beds**
- 2 **Transitional Housing**
 - Short-Term (Less than 6 months)
- 3 **Transitional Housing**
 - Long-Term (7-24 months)
- 1 **Independent Living**
 - 3 **Single Family Home**
 - 1 **Apartment**
 - 2 **Mobile Home**
- 4 **Rehabilitation to Existing Homes or Housing Units**

**human services
needs.....**

Mental health providers from Region 1 were asked to identify the three most critical human service areas of need not being met for persons with a serious mental illness. The following are needs which were noted:

- \$ Affordable housing.
- \$ Financial assistance.
- \$ Medication management.
- \$ Dual diagnosis treatment and detox.
- \$ Inpatient and outpatient psychiatric care.
- \$ Support services and respite/crisis stabilization services.
- \$ Protection of benefits when entering the work force.

19 to 21 years

Mental health providers were also asked to identify the three most critical needs of persons 19 to 21 years of age with a serious mental illness. The following needs were noted:

- \$ Housing.
- \$ Medication assistance and management.
- \$ Financial support.
- \$ Wrap around/support services.
- \$ Substance abuse treatment.
- \$ Education and job training.
- \$ Independent living skills training.

overall need..... Overall, Region 1 providers frequently noted a range of needs for individuals with a serious mental illness, including housing, support services and medication management.

**Region 1
Consumer Survey
Results**

The following provides a summary of information obtained from six Consumer Surveys from Region 1.

<i>gender.....</i>	\$ 50.0% male
	\$ 50.0% female
<i>age.....</i>	\$ Average age: 43.7
<i>marital status</i>	\$ 16.7% Married
	\$ 66.6% Single
	\$ 16.7% Divorced
	\$ 0.0% Widowed
<i>household size</i>	\$ Average number of persons, age 18 and under, per household: 1
	\$ Average number of persons, 19 to 21 years of age, per household: 0
	\$ Average number of persons, 22+ years of age, per household: 1.5
<i>employment status.....</i>	\$ 50.0% Employed
	\$ 33.3% Unemployed
	\$ 16.7% Seeking employment
	\$ 0.0% Retired
	\$ 0.0% Unable to work
<i>income</i>	\$ Average monthly income: \$841
<i>race</i>	\$ 100.0% White/Caucasian
	\$ 0.0% African American
	\$ 0.0% Asian
	\$ 0.0% Hispanic
	\$ 0.0% Native American
	\$ 0.0% Bi-Racial
	\$ 0.0% Other

<i>education</i>	\$	0.0% Less than high school
	\$	16.7% GED
	\$	33.3% High School
	\$	33.3% Technical
	\$	0.0% College
	\$	16.7% No Response
<i>health insurance</i>	\$	33.3% Private Health Insurance
	\$	66.7% Medicaid
	\$	16.7% Medicare
	\$	0.0% No Health Insurance
<i>tenure</i>	\$	16.7% Own
	\$	50.0% Rent
	\$	16.7% Neither
	\$	16.6% No Response
<i>type of housing</i>	\$	33.3% House
	\$	50.0% Apartment
	\$	0.0% Mobile Home
	\$	0.0% Group Home
	\$	0.0% Other
	\$	16.7% No Response
<i>rent and utilities</i>	\$	Average spent on rent and utilities per month: \$161
<i>rent subsidy</i>	\$	16.7% of consumers receive a rent subsidy
<i>living situation</i>	\$	16.7% Live with parents or friends
	\$	66.7% Do not live with parents or friends
	\$	16.6% No Response
<i>homelessness</i>	\$	50.0% Have been homeless at some point
	\$	0.0% Are currently homeless
<i>hospitalization</i>	\$	0.0% Have been hospitalized in the last 12 months
<i>length of time at</i>	\$	16.7% Less than a year
<i>current residency</i>	\$	33.3% 1 to 3 years
	\$	0.0% 4 to 5 years
	\$	50.0% More than 5 years

rating of current housing condition..... \$ 50.0% Good
 \$ 33.3% Fair
 \$ 16.7% Poor

Consumers who rated their current housing as either fair or poor, noted that their housing needs substantial repairs.

needs met Consumers were asked to identify how well their current place of residence meets their needs.

\$ 0.0% Not at all.
 \$ 16.7% Somewhat.
 \$ 83.3% Meets my needs.

own room..... \$ 16.7% Do not have their own room.
 \$ 33.3% Consider it important to have their own room.

appropriate housing..... Consumers were asked to rate the following examples of housing situations.

- 3 **Supervised Group Living**
- 2 **Cooperative Group Living**
- 1 **Supportive Independent Living**

The majority of consumers felt that Supportive Independent Living would be the most appropriate housing situation for them, while the least amount of consumers felt Supervised Group Living would be appropriate.

Consumers were also asked to rate the following examples of different housing types.

- 5 **Emergency Shelter**
- 3 **Group Home**
- 1 **Assisted Living**
- 4 **Transitional Housing**
 - 1 **Short-Term (Less than 6 months)**
 - 2 **Long-Term (7 to 24 months)**
- 2 **Other Housing Types**
 - 2 **Single Family Home**
 - 1 **Apartment**
 - 3 **Mobile Home**

appropriate housing, don't The majority of consumers felt that Assisted Living would be most appropriate for them. Other Housing Types, specifically apartments, and Group Homes were also considered appropriate housing options.

- transportation**
- \$ 16.7% Don't have adequate transportation to needed services and employment.
 - \$ 33.3% Don't have a driver's license.
 - \$ 33.3% Own a car.
 - \$ 0.0% Say their disability limits their ability to drive.

 - \$ Primary means of transportation:
 - \$ 50.0% Walk
 - \$ 50.0% Drive Myself
 - \$ 66.7% Get a Ride from a Friend/Family
 - \$ 33.3% Transportation Provided by Service Provider
 - \$ 16.7% Other

Consumers cited a number of issues regarding transportation. These included inadequate hours of service and the expense of car repair and maintenance.

current housing Consumers were asked to identify the **best thing about their current housing**:

- \$ Adequate space.
- \$ Family support.

Consumers were asked to identify the **worst thing about their current housing**.

- \$ Noisy neighbors.
- \$ Limited income prevents independent living.
- \$ Substandard condition.

critical needs..... Consumers were asked to identify their 3 most critical needs at this time.

- \$ Transportation and car repairs.
- \$ Financial assistance.
- \$ Affordable medical assistance and health insurance.
- \$ Higher quality of housing.
- \$ Vocational training.

Region 1
Focus Group Meetings

Regional and Consumer Focus Group Meetings were held in Chadron and Scottsbluff. The following provides a summary of information obtained from providers and consumers at these meetings.

regional meetings

Chadron:

- \$ College students rent the most affordable apartments.
- \$ No crisis centers are available in the area.
- \$ Consumers lack the finances to pay for a deposit and monthly rent/utilities for the length of a lease.
- \$ Consumers lack independent living skills.
- \$ Group homes are needed in Chadron.
- \$ There is a need for adequate medical staff and psychiatrists and transportation to services and appointments.
- \$ Renter housing is most appropriate for consumers.
- \$ Educational resources should be available for mentally ill and the community.
- \$ Must train mentally ill people to live independently.
- \$ There is a lack of knowledge of available resources to people with mental health issues.

Scottsbluff:

- \$ ARural@ is the main emphasis of the western regions in Nebraska.
- \$ Consumers could afford approximately \$350 per month for rent.
- \$ Barriers to affordable housing include substance abuse, the stigma of mental illness, a lack of the full spectrum of services and difficulty accessing services in rural areas.
- \$ Rental housing is more appropriate for the majority of consumers.
- \$ Long-term dual diagnosis programs and transitional residential programs are needed.
- \$ Anyone and everyone who is involved with providing mental health services to SMI persons, or any entity with experience in housing, should established partnerships to develop housing for this population group.

consumer meetings..... Chadron:

- \$ No consumers attended the Chadron Consumer meeting.

Scottsbluff:

- \$ Employment should be flexible-consumers should not be threatened with the loss of benefits.
- \$ 30% of monthly gross income is affordable housing.
- \$ Barriers to finding affordable housing include landlords refusing to rent to people with mental health issues.
- \$ Communities must be educated about mental health in order to erase the stigma.
- \$ Better transportation is needed throughout Region 1, along with an exchange program between programs in communities across the state to expand knowledge and resources.
- \$ Many consumers would like to own, but remain renters because they have better access to resources.
- \$ Scottsbluff needs long-term transitional housing, with services.
- \$ The majority of mental health consumers receive little family support.

**Region 2
Provider Survey
Results**

The following provides a summary of information obtained from eight mental health providers throughout Region 2.

- \$ Average Date of Establishment: 1961
- \$ Average Unduplicated Count of Number of Individuals Served in 2002: 7,808

**provider survey
results, cont**

\$ Number of Providers Serving Various Age Groups:

- \$ 18 and Under: 8
- \$ 19 to 21: 8
- \$ 22 to 35: 8
- \$ 36 to 54: 8
- \$ 55 to 64: 8
- \$ 65 to 74: 7
- \$ 75 to 84: 5
- \$ 85+: 4

\$ Average Primary Source of Funding:

- \$ Federal: 33% (3 Providers)
- \$ State: 45% (3 Providers)
- \$ City/County: 5% (1 Provider)
- \$ United Way: 2% (1 Provider)
- \$ Outside Grants: 4% (1 Provider)
- \$ Other: 40% (4 Providers)

\$ Average Number of Employees:

- \$ Full Time Employees: 45
- \$ Part Time Employees: 6
- \$ Professional Staff: 14
- \$ Office/Clerical Staff: 5
- \$ Other Staff: 0
- \$ Volunteers: 2

**housing areas
of need**

Mental health providers in Region 2 were asked to rank the type of housing most needed by their clients having a serious mental illness. Results indicate that both Short-Term and Long-Term Transitional Housing are considered the most needed housing types in Region 2, while Independent Living, specifically apartments, was also ranked high.

- 4 **Emergency Shelter Beds**
- 5 **Group Home Beds**
- 1 **Transitional Housing**
 - Short-Term (Less than 6 months)
- 1 **Transitional Housing**
 - Long-Term (7-24 months)

*housing areas
of need, cont.....*

- 2 **Independent Living**
- 2 **Single Family Home**
- 1 **Apartment**
- 3 **Mobile Home**
- 3 **Rehabilitation to Existing Homes or
Housing Units**

*human services
needs.....*

Mental health providers were asked to identify the three most critical human service areas of need not being met for persons with a serious mental illness. The following needs were noted:

- \$ Affordable housing that matches client needs and resources.
- \$ Access to medication and psychiatric care.
- \$ Substance abuse treatment.
- \$ Financial assistance.
- \$ Social support (mentors, friends, family).
- \$ Transportation.
- \$ Aftercare and residential care services.
- \$ Access to dental care.

19 to 21 years

Mental health providers were also asked to identify the three most critical needs of persons 19 to 21 years of age with a serious mental illness. The following needs were identified:

- \$ Social support and services, such as support groups, mentors and independent living skills programs.
- \$ Financial assistance.
- \$ Housing.
- \$ Transportation.
- \$ Vocational programs and employment opportunities.
- \$ Education.
- \$ Medication.

overall need.....

Overall, Region 2 providers frequently noted a range of needs for individuals with a serious mental illness, including housing, access to medication and medical care and vocational skills training and employment.

**Region 2
Consumer Survey
Results**

The following provides a summary of information obtained from 21 Consumer Surveys from Region 2.

<i>gender</i>	\$ 57.1% male
	\$ 42.9% female
<i>age</i>	\$ Average age: 50.1
<i>marital status</i>	\$ 19.1% Married
	\$ 33.3% Single
	\$ 33.3% Divorced
	\$ 14.3% Widowed
<i>household size</i>	\$ Average number of persons, age 18 and under, per household: 1
	\$ Average number of persons, 19 to 21 years of age, per household: 1
	\$ Average number of persons, 22+ years of age, per household: 1.2
<i>employment status</i>	\$ 4.8% Employed
	\$ 33.3% Unemployed
	\$ 19.0% Seeking employment
	\$ 19.0% Retired
	\$ 23.9% Unable to work
<i>income</i>	\$ Average monthly income: \$999
<i>race</i>	\$ 100.0% White/Caucasian
	\$ 0.0% African American
	\$ 0.0% Asian
	\$ 0.0% Hispanic
	\$ 0.0% Native American
	\$ 0.0% Bi-Racial
	\$ 0.0% Other
<i>education</i>	\$ 9.5% Less than high school
	\$ 4.8% GED
	\$ 33.3% High School
	\$ 0.0% Technical
	\$ 52.4% College

<i>health insurance</i>	\$	23.8% Private Health Insurance
	\$	42.9% Medicaid
	\$	42.9% Medicare
	\$	23.8% No Health Insurance
<i>tenure</i>	\$	42.9% Own
	\$	38.1% Rent
	\$	19.0% Neither
<i>type of housing</i>	\$	47.6% House
	\$	19.0% Apartment
	\$	0.0% Mobile Home
	\$	9.5% Group Home
	\$	4.8% Other
	\$	19.1% No Response
<i>rent and utilities.....</i>	\$	Average spent on rent and utilities per month: \$482
<i>rent subsidy</i>	\$	23.8% of consumers receive a rent subsidy
<i>living situation</i>	\$	9.5% Live with parents or friends.
	\$	71.4% Do not live with parents or friends
	\$	19.1% No Response
<i>homelessness.....</i>	\$	23.8% Have been homeless at some point
	\$	None were currently homeless
<i>hospitalization.....</i>	\$	33.3% Have been hospitalized in the last 12 months
	\$	None lost their housing while they were hospitalized
<i>length of time at current residency.....</i>	\$	9.5% Less than a year
	\$	42.9% 1 to 3 years
	\$	4.7% 4 to 5 years
	\$	42.9% More than 5 years
<i>rating of current housing condition.....</i>	\$	66.7% Good
	\$	23.8% Fair
	\$	4.8% Poor
	\$	4.7% No Response

Consumers who rated their current housing as either fair or poor noted that their housing needs substantial repairs.

needs met Consumers were asked to identify how well their current place of residence meets their needs.

- \$ 0.0% Not at all.
- \$ 28.6% Somewhat.
- \$ 66.7% Meets my needs.
- \$ 4.7% No Response.

own room..... \$ 4.8% Do not have their own room.
\$ 14.3% Consider it important to have their own room.

appropriate housing..... Consumers were asked to rate the following examples of housing situations.

- 3 **Supervised Group Living**
- 2 **Cooperative Group Living**
- 1 **Supportive Independent Living**

The majority of consumers felt that Supportive Independent Living would be the most appropriate housing situation for them, while the least amount of consumers felt Supported Group Living would be appropriate.

Consumers were also asked to rate the following examples of different housing types.

- 3 **Emergency Shelter**
- 1 **Group Home**
- 3 **Assisted Living**
- 4 **Transitional Housing**
- 2 **Short-Term (Less than 6 months)**
- 1 **Long-Term (7 to 24 months)**
- 2 **Other Housing Types**
- 1 **Single Family Home**
- 2 **Apartment**
- 3 **Mobile Home**

The majority of consumers felt that Group Home housing would be the most appropriate housing type for them. Other Housing Types, specifically single family homes, were also considered appropriate.

- transportation** \$ 14.3% Don't have adequate transportation to needed services and employment.
- \$ 14.3% Don't have a driver's license.
- \$ 85.7% Own a car.
- \$ 14.3% Say their disability limits their ability to drive.

- \$ Primary means of transportation:
 - \$ 23.8% Walk
 - \$ 14.3% Ride a Bicycle
 - \$ 71.4% Drive Myself
 - \$ 4.8% Take the Bus
 - \$ 9.5% Take a Taxi Cab
 - \$ 19.0% Get a Ride from a Friend/Family
 - \$ 19.0% Transportation Provided by Service Provider
 - \$ 4.8% Other

Consumers cited limited financial resources for transportation services as the main issue in regards to transportation problems.

current housing Consumers were asked to identify the ***best thing about their current housing.***

- \$ Adequate space.
- \$ Appliances and utilities.
- \$ Family support.
- \$ Location.
- \$ No maintenance required.
- \$ Independence.
- \$ Housing in good condition.

Consumers were asked to identify the ***worst thing about their current housing.***

- \$ Expensive utilities.
- \$ Conflicts with landlords.
- \$ Inadequate space.
- \$ Lack of independence.
- \$ No privacy.
- \$ Inadequate appliances and utilities.
- \$ Poor location.

critical needs..... Consumers were asked to identify their three most critical needs at this time.

- \$ Affordable housing.
- \$ Financial assistance.
- \$ Affordable medication and health insurance and medication management.
- \$ Transportation.
- \$ Rehabilitation.
- \$ Employment.
- \$ Socialization.
- \$ Emotional support.
- \$ Adequate amount of space.
- \$ Better location.
- \$ Independence.

**Region 2
Focus Group Meetings**

Regional and Consumer Focus Group Meetings were held in North Platte and McCook. The following provides a summary of information obtained from providers and consumers at these meetings.

regional meetings..... North Platte:

- \$ 30% of monthly gross income is considered affordable housing.
- \$ Barriers to affordable housing include a lack of family support, lack of knowledge concerning available resources and financial and personnel limitations.
- \$ Providers must work together more effectively.
- \$ All affordable types of housing are needed.
- \$ Independent housing must be maintained while consumers seek inpatient treatment.
- \$ Different levels of services should be provided to match each individual consumer.
- \$ Mental health providers must realize housing and services are both components of well-being and successful independent living.
- \$ Education efforts should be increased, so community will better understand mental health issues.

***regional meetings,
cont***

McCook:

- \$ Monthly rent and utilities take up a large portion of consumers' monthly incomes.
- \$ Barriers to affordable housing include not enough housing available, limited services available and limited financial resources.
- \$ Housing options needed include assisted living, crisis center and a shelter, working towards the independence of clients.
- \$ Rental housing is more affordable for consumers and homeownership makes it difficult to qualify for Medicaid.
- \$ Real estate agencies could become more involved with landlords to make rent amounts more affordable.
- \$ Few consumers have family support.
- \$ Available services and resources are the primary needs.

consumer meetings North Platte:

- \$ 30% of gross monthly income is considered affordable housing.
- \$ Barriers to affordable housing include long waiting lists, lots of paper work, hospitalization and criminal records.
- \$ Housing options needed include group homes, larger and more modern apartments and family housing.
- \$ Rental housing is more appropriate for consumers.
- \$ Services needed include outpatient services, day treatment, day care and supervised living.
- \$ There is a lack of the knowledge of existing services.
- \$ Transportation should be provided with housing.
- \$ All organizations and groups should work together to build partnerships to develop affordable housing.
- \$ Need community and family education regarding mental health issues.
- \$ Employment can result in a loss of insurance.
- \$ Consumers must learn how to budget finances.

*consumer meetings,
cont*

McCook:

- \$ Some housing is in very poor condition.
- \$ Affordable housing is approximately \$300-\$400 per month.
- \$ Section 8 vouchers tend to have long waiting lists.

**Region 3
Provider Survey
Results**

The following provides a summary of information obtained from nine mental health providers throughout Region 3.

- \$ Average Date of Establishment: 1964
- \$ Average Unduplicated Count of Number of Individuals Served in 2002: 1,088
- \$ Number of Providers Serving Various Age Groups:
 - \$ 18 and Under: 7
 - \$ 19 to 21: 8
 - \$ 22 to 35: 9
 - \$ 36 to 54: 8
 - \$ 55 to 64: 8
 - \$ 65 to 74: 8
 - \$ 75 to 84: 5
 - \$ 85+: 2
- \$ Average Primary Source of Funding:
 - \$ Federal: 41% (5 Providers)
 - \$ State: 53% (5 Providers)
 - \$ City/County: 32% (3 Providers)
 - \$ United Way: 21% (1 Provider)
 - \$ Outside Grants: 2% (1 Provider)
 - \$ Other: 30% (5 Providers)
- \$ Average Number of Employees:
 - \$ Full Time Employees: 119
 - \$ Part Time Employees: 19
 - \$ Professional Staff: 48
 - \$ Office/Clerical Staff: 10
 - \$ Other Staff: 15
 - \$ Volunteers: 8

areas of need Mental health providers from Region 3 were asked to rank the type of housing most needed by their clients having a serious mental illness. Results indicate the highest need for Emergency Shelter Beds and Group Home Beds, in addition to Long-Term Transitional Housing.

- 1 **Emergency Shelter Beds**
- 1 **Group Home Beds**
- 3 **Transitional Housing**
 - **Short-Term (Less than 6 months)**
- 2 **Transitional Housing**
 - **Long-Term (7-24 months)**
- 4 **Independent Living**
 - 2 **Single Family Home**
 - 1 **Apartment**
 - 3 **Mobile Home**
- 5 **Rehabilitation to Existing Homes or Housing Units**

human services needs..... Mental health providers from Region 3 were asked to identify the three most critical human service areas of need not being met for persons with a serious mental illness. The following needs were identified:

- \$ Affordable and adequate housing, with services if needed.
- \$ Access to services, such as community-based support and resources and outpatient services.
- \$ Financial Assistance.
- \$ Vocational Assistance.
- \$ Transportation.
- \$ Lack of available psychiatrists.
- \$ Access to medication.

19 to 21 years Mental health providers were also asked to identify the three most critical needs of persons 19 to 21 years of age with a serious mental illness. The following needs were noted:

- \$ Access to services and resources that are age appropriate.
- \$ Housing.
- \$ Vocational skills and education.
- \$ Access to medication and health insurance.

19 to 21 years, con-t..... \$ Availability of psychiatrists.
 \$ Financial Assistance.
 \$ Structured living environment.

overall need..... **Overall, Region 3 providers identified access to support services, housing and access to affordable medication and treatment as primary needs.**

**Region 3
 Consumer Survey
 Results**

The following provides a summary of information obtained from 45 Consumer Surveys from Region 3.

gender..... \$ 62.2% male
 \$ 37.8% female

age..... \$ Average age: 45.9

marital status..... \$ 17.8% Married
 \$ 53.3% Single
 \$ 22.2% Divorced
 \$ 6.7% Widowed

household size..... \$ Average number of persons, age 18 and under, per household: 1.8
 \$ Average number of persons, 19 to 21 years of age, per household: 1.3
 \$ Average number of persons, 22+ years of age, per household: 1.6

employment status..... \$ 31.1% Employed
 \$ 17.8% Unemployed
 \$ 11.1% Seeking employment
 \$ 8.9% Retired
 \$ 22.2% Unable to work
 \$ 8.9% No Response

income..... \$ Average monthly income: \$727

race..... \$ 89.0% White/Caucasian
 \$ 2.2% African American
 \$ No Asian
 \$ 2.2% Hispanic
 \$ 4.4% Native American
 \$ 2.2% Bi-Racial
 \$ No Other

education	\$	8.9% Less than high school
	\$	6.7% GED
	\$	40.0% High School
	\$	17.8% Technical
	\$	22.2% College
	\$	4.4% No Response
health insurance	\$	22.2% Private Health Insurance
	\$	64.4% Medicaid
	\$	33.3% Medicare
	\$	8.9% No Health Insurance
tenure	\$	13.3% Own
	\$	55.6% Rent
	\$	22.2% Neither
	\$	8.9% No Response
type of housing	\$	20.0% House
	\$	37.8% Apartment
	\$	8.9% Mobile Home
	\$	15.6% Group Home
	\$	4.4% Other
	\$	13.3% No Response

Other types of housing that consumers live in include assisted living and renting single rooms.

rent and utilities	\$	Average spent on rent and utilities per month: \$398
rent subsidy	\$	20.0% of consumers receive a rent subsidy
living situation	\$	20.0% Live with parents or friends
	\$	73.3% Do not live with parents or friends
	\$	6.7% No Response
homelessness	\$	33.3% Have been homeless at some point
	\$	None are currently homeless
hospitalization	\$	17.8% Have been hospitalized in the last 12 months
	\$	6.7% Lost their housing while they were hospitalized

length of time at current residency.....

- \$ 20.0% Less than a year
- \$ 44.4% 1 to 3 years
- \$ 2.2% 4 to 5 years
- \$ 31.1% More than 5 years
- \$ 2.3% No Response

rating of current housing condition.....

- \$ 77.8% Good
- \$ 17.8% Fair
- \$ 2.2% Poor
- \$ 2.2% No Response

Consumers who rated their current housing as either fair or poor cited inadequate size and a need for substantial repairs as their primary reasons.

needs met Consumers were asked to identify how well their current place of residence meets their needs.

- \$ 2.2% Not at all.
- \$ 11.1% Somewhat.
- \$ 80.0% Meets my needs.
- \$ 6.7% No Response.

own room.....

- \$ 24.4% Do not have their own room.
- \$ 31.1% Consider it important to have their own room.

appropriate housing..... Consumers were asked to rate the following examples of housing situations.

- 3 **Supervised Group Living**
- 2 **Cooperative Group Living**
- 1 **Supportive Independent Living**

The majority of consumers felt that Supportive Independent Living would be the most appropriate housing situation for them, while the least amount of consumers felt Supervised Group Living would be appropriate.

appropriate housing, con't.....

Consumers were also asked to rate the following examples of different housing types.

- 5 Emergency Shelter
- 4 Group Home
- 2 Assisted Living
- 3 Transitional Housing
 - 2 Short-Term (Less than 6 months)
 - 1 Long-Term (7 to 24 months)
- 1 Other Housing Types
 - 2 Single Family Home
 - 1 Apartment
 - 3 Mobile Home

The majority of consumers felt that Other Housing Types, specifically apartments, would be most appropriate for them. Assisted Living and Transitional Housing were also considered appropriate.

- transportation* \$ 15.6% Don't have adequate transportation to needed services and employment.
- \$ 53.3% Don't have a driver's license.
- \$ 28.9% Own a car.
- \$ 31.1% Say their disability limits their ability to drive.

- \$ Primary means of transportation:
 - \$ 66.7% Walk
 - \$ 11.1% Ride a Bicycle
 - \$ 31.1% Drive Myself
 - \$ 17.8% Take the Bus
 - \$ 22.2% Take a Taxi Cab
 - \$ 37.8% Get a Ride from a Friend/Family
 - \$ 35.6% Transportation Provided by Service Provider
 - \$ 4.4% Other

Consumers cited a number of issues regarding transportation. These included limited financial resources for vehicle purchase and/or maintenance and no available transportation to needed services.

current housing..... Consumers were asked to identify the **best thing about their current housing.**

- \$ Adequate space.
- \$ Privacy.
- \$ Independence.
- \$ Convenience and good location.
- \$ Family support.
- \$ Electric appliances.
- \$ Friendly atmosphere.
- \$ Cleanliness.
- \$ Pets are allowed.
- \$ Maintenance.

Consumers were asked to identify the **worst thing about their current housing.**

- \$ Housing in need of repair.
- \$ Social isolation.
- \$ Conflicts with others.
- \$ Safety issues.
- \$ Maintenance.
- \$ Inadequate space.
- \$ Inadequate utilities.
- \$ Poor location.
- \$ No independence.

critical needs..... Consumers were asked to identify their 3 most critical needs at this time.

- \$ Transportation.
- \$ Housing.
- \$ Independence.
- \$ Safety.
- \$ Financial assistance.
- \$ Employment.
- \$ Access to medical care and affordable medication.
- \$ Assistance with maintenance.
- \$ Better location.
- \$ Medication management.
- \$ Food.
- \$ Adequate utilities, such as central air.
- \$ Privacy.
- \$ Recreation.

Region 3
Focus Group Meetings

Regional and Consumer Focus Group Meetings were held in Hastings and Broken Bow. The following provides a summary of information obtained from providers and consumers at these meetings.

regional meetings Hastings:

- \$ 30% of gross monthly income is considered affordable housing.
- \$ Barriers to affordable housing include the Consumer-s rental history, landlords exchanging information, lack of options in rural Nebraska and the stigma of mental illness.
- \$ Consumers need more income sensitive housing, crisis shelter and transitional housing for consumers ages 19 to 21.
- \$ Rental housing tends to be the only option for consumers.
- \$ There is a need for expanded community support with flexible funding, more job opportunities and affordable transportation services.
- \$ Providers tend to build relationships with landlords.
- \$ Consumer-s housing is threatened when he or she become hospitalized.

Broken Bow:

- \$ Barriers to affordable housing include the stigma of mental illness, landlords, limited knowledge of available resources and limited funding for programs and services.
- \$ Consumers need crisis beds for urgent care and assistance to live on.
- \$ Consumers must know which forms to fill out and which questions to ask so they receive the appropriate services.

consumer meetings..... Hastings:

- \$ \$250 per month is considered affordable housing.
- \$ Barriers to affordable housing include age, discrimination and a lack of housing with support services.
- \$ Consumers need more providers of services, better safety and supervision, if needed.
- \$ Many consumers would like to eventually own their own home, but SSI limits them.
- \$ Services provided with housing should include socialization opportunities, grounds care and maintenance, transportation, house cleaning and weekly or daily unit check.
- \$ Service providers skilled with mental health issues should be involved in creating housing.

Broken Bow:

- \$ There were no consumers at the Broken Bow Consumer Meeting.

**Region 4
Provider Survey
Results**

The following provides a summary of information obtained from nine mental health providers throughout Region 4.

- \$ Average Date of Establishment: 1989
- \$ Average unduplicated Count of Number of Individuals Served in 2002: 477
- \$ Number of Providers Serving Various Age Groups:
 - \$ 18 and Under: 6
 - \$ 19 to 21: 9
 - \$ 22 to 35: 9
 - \$ 36 to 54: 9
 - \$ 55 to 64: 9
 - \$ 65 to 74: 6
 - \$ 75 to 84: 3
 - \$ 85+: 3

**provider survey
results, cont**

- \$ Average Primary Source of Funding:
 - \$ Federal: 38% (5 Providers)
 - \$ State: 55% (6 Providers)
 - \$ City/County: 0% (0 Providers)
 - \$ United Way: 4% (1 Provider)
 - \$ Outside Grants: 0% (0 Providers)
 - \$ Other: 33% (2 Providers)

- \$ Average Number of Employees:
 - \$ Full Time Employees: 16
 - \$ Part Time Employees: 5
 - \$ Professional Staff: 10
 - \$ Office/Clerical Staff: 2
 - \$ Other Staff: .5
 - \$ Volunteers: 8

**housing areas
of need**

Mental health providers in Region 4 were asked to rank the type of housing most needed by their clients having a serious mental illness. Results indicate that the most needed housing type, according to Providers, is Independent Living, specifically apartments. Emergency Shelter Beds and Long-Term Transitional Housing were also identified as needs.

- 2 Emergency Shelter Beds
- 4 Group Home Beds
- 6 Transitional Housing
 - Short-Term (Less than 6 months)
- 3 Transitional Housing
 - Long-Term (7-24 months)
- 1 Independent Living
 - 2 Single Family Home
 - 1 Apartment
 - 3 Mobile Home
- 5 Rehabilitation to Existing Homes or Housing Units

**human services
needs.....**

Mental health providers in Region 4 were asked to identify the three most critical human service areas of need not being met for persons with a serious mental illness. The following needs were noted:

- \$ Affordable and appropriate housing, with needed services.
- \$ Access to medication.
- \$ Access to services, such as follow-up services, day care and inpatient services.
- \$ Transportation.
- \$ Employment.
- \$ Financial assistance and money management.
- \$ Access to psychiatrists and treatment alternatives.
- \$ Caring and supportive environment.

19 to 21 years

Mental health providers were also asked to identify the three most critical needs of persons 19 to 21 years of age with a serious mental illness. The following needs were identified:

- \$ Housing, including various types such as transitional housing and housing with support services.
- \$ Access to medication and health insurance.
- \$ Support services, including community-based services, social programs, programs for state wards and follow-up services.
- \$ Financial assistance and money management.
- \$ Substance abuse programs.
- \$ Psychiatric care and treatment alternatives.
- \$ Education.

overall need

Overall, Region 4 providers in identified a range of needs for consumers. Providers most frequently noted the need for varied housing types and services, based upon consumer need and resources.

**Region 4
Consumer Survey
Results**

The following provides a summary of information obtained from 73 Consumer Surveys from Region 4.

<i>gender</i>	\$ 43.8% male
	\$ 56.2% female
<i>age</i>	\$ Average age: 42.0
<i>marital status</i>	\$ 6.8% Married
	\$ 64.5% Single
	\$ 26.0% Divorced
	\$ 2.7% Widowed
<i>household size</i>	\$ Average number of persons, age 18 and under, per household: 2.2
	\$ Average number of persons, 19 to 21 years of age, per household: 1.4
	\$ Average number of persons, 22+ years of age, per household: 1.9
<i>employment status</i>	\$ 26.0% Employed
	\$ 20.5% Unemployed
	\$ 16.4% Seeking employment
	\$ 4.1% Retired
	\$ 30.1% Unable to work
	\$ 2.9% No Response
<i>income</i>	\$ Average monthly income: \$574
<i>race</i>	\$ 93.1% White/Caucasian
	\$ 2.7% African American
	\$ 1.4% Asian
	\$ No Hispanic
	\$ 1.4% Native American
	\$ 1.4% Bi-Racial
	\$ No Other
<i>education</i>	\$ 11.0% Less than high school
	\$ 12.3% GED
	\$ 48.0% High School
	\$ 8.2% Technical
	\$ 20.5% College

health insurance	\$ 6.8% Private Health Insurance
	\$ 72.6% Medicaid
	\$ 49.3% Medicare
	\$ 6.8% No Health Insurance
tenure	\$ 5.5% Own
	\$ 68.5% Rent
	\$ 26.0% Neither
type of housing	\$ 9.6% House
	\$ 56.2% Apartment
	\$ 6.8% Mobile Home
	\$ 15.1% Group Home
	\$ 4.1% Other
	\$ 8.2% No Response
rent and utilities.....	\$ Average spent on rent and utilities per month: \$379
rent subsidy	\$ 32.9% of consumers receive a rent subsidy
living situation	\$ 15.1% Live with parents or friends
	\$ 79.5% Do not live with parents or friends
	\$ 5.4% No Response
homelessness.....	\$ 31.5% Have been homeless at some point
	\$ 2.7% Are currently homeless
hospitalization.....	\$ 23.3% Have been hospitalized in the last 12 months
	\$ 6.8% Lost their housing while they were hospitalized
length of time at current residency.....	\$ 23.3% Less than a year
	\$ 35.6% 1 to 3 years
	\$ 8.2% 4 to 5 years
	\$ 32.9% More than 5 years
rating of current housing condition.....	\$ 76.7% Good
	\$ 13.7% Fair
	\$ 5.5% Poor
	\$ 4.1% No Response

Consumers who rated their current housing as either fair or poor, cited a number of reasons for their rating. Some of these reasons included the housing being of substandard condition or needing substantial repairs, noise levels and conflict with others in the household.

needs met Consumers were asked to identify how well their current place of residence meets their needs.

- \$ 1.4% Not at all.
- \$ 13.7% Somewhat.
- \$ 83.6% Meets my needs.
- \$ 1.3% No Response.

own room..... \$ 13.7% Do not have their own room.
\$ 26.0% Consider it important to have their own room.

appropriate housing..... Consumers were asked to rate the following examples of housing situations.

- 3 **Supervised Group Living**
- 2 **Cooperative Group Living**
- 1 **Supportive Independent Living**

The majority of consumers felt that Supportive Independent Living would be the most appropriate housing situation for them, while the least amount of consumers felt Supervised Group Living would be appropriate.

Consumers were also asked to rate the following examples of different housing types.

- 5 **Emergency Shelter**
- 3 **Group Home**
- 4 **Assisted Living**
- 2 **Transitional Housing**
 - 1 **Short-Term (Less than 6 months)**
 - 2 **Long-Term (7 to 24 months)**
- 1 **Other Housing Types**
 - 2 **Single Family Home**
 - 1 **Apartment**
 - 3 **Mobile Home**

The majority of consumers felt that Other Housing Types, specifically apartments, would be the most appropriate for them. Transitional Housing and Group Homes were also considered appropriate housing options.

- transportation**
- \$ 8.2% Don't have adequate transportation to needed services and employment.
 - \$ 41.1% Don't have a driver's license.
 - \$ 37.0% Own a car.
 - \$ 21.9% Say their disability limits their ability to drive.

 - \$ Primary means of transportation:

 - \$ 46.6% Walk
 - \$ 9.6% Ride a Bicycle
 - \$ 37.0% Drive Myself
 - \$ 11.0% Take the Bus
 - \$ 26.0% Take a Taxi Cab
 - \$ 27.4% Get a Ride from a Friend/Family
 - \$ 45.2% Transportation Provided by Service Provider
 - \$ 4.1% Other

current housing Consumers were asked to identify the **best thing about their current housing.**

- \$ Independence.
- \$ Security and safety.
- \$ Socialization.
- \$ Staff.
- \$ Adequate space and appliances.
- \$ Location.
- \$ Cleanliness and modernity.
- \$ Food.
- \$ Affordable housing.
- \$ Pets are allowed.
- \$ Furniture is furnished.

Consumers were asked to identify the **worst thing about their current housing.**

- \$ Conflicts with others.
- \$ Expensive rent and/or utility payments.
- \$ Lack of privacy.
- \$ Inadequate space, appliances and utilities.
- \$ Housing in need of repair.
- \$ Social isolation.

critical needs..... Consumers were asked to identify their 3 most critical needs at this time.

- \$ Transportation.
- \$ Access to affordable medication, health insurance and mental health services.
- \$ Adequate housing.
- \$ Assistance with independent living skills.
- \$ More independence.
- \$ Employment.
- \$ Socialization.
- \$ Housing in need of cleaning and/or repair.
- \$ Basic needs, such as food and clothes.
- \$ Education.
- \$ Financial assistance.

**Region 4
Focus Group Meetings**

Regional and Consumer Focus Group Meetings were held in Columbus and South Sioux City. The following provides a summary of information obtained from providers and consumers at these meetings.

regional meetings..... Columbus:

- \$ Consumers must have enough money left, after paying rent, to support the remaining household budget.
- \$ 30% of gross monthly income for housing has satisfied many clients.
- \$ Barriers to affordable housing include substance abuse, landlords who blacklist consumers and problems housing consumers ages 19 to 21 who have no credit rating or tenant references.
- \$ Consumers need to be out of the inpatient setting and mainstreamed back into the community.
- \$ Housing depends on the consumer-s skill of daily living.
- \$ Medication management, transportation services and on-sight supervision are needed.
- \$ Community support helps accessibility to affordable housing options.
- \$ More consumers could live independently if they were on schedule with medication programs.

***regional meetings,
cont***

- \$ Families are often exhausted in terms of both monetary and emotional support.
- \$ Must be more creative in how mental health programs and services are funded.

South Sioux City:

- \$ 30% of gross monthly income is affordable, up to \$150 per month
- \$ Consumers 19 to 21 years of age are the most challenging group to house due to absence of work or residency history.
- \$ Barriers to affordable housing include unaffordable deposits and rent and no alternative housing for Native Americans.
- \$ Consumers need assisted living facilities with supervision, community rooms, activities and transportation.
- \$ Providers must have pay scales adequate to retain professionally skilled, knowledgeable staff.
- \$ Consumers need housing with services, such as day care, home care aides, transportation, medication management, nutrition programs, education, employment and financial assistance.

consumer meetings..... Columbus:

- \$ 30% of gross monthly income is considered affordable housing by some consumers, others can afford \$150 per month.
- \$ Many consumers prefer to live adjacent to many people in an apartment setting.
- \$ Barriers to affordable housing include dismissal from treatment without access to housing, a lack of knowledge regarding available programs and services, a lack of bilingual programs and long waiting lists for facilities.
- \$ Consumers need bigger units, handicap accessible units and choices regarding the number of people in apartment complexes.
- \$ Renter housing is more appropriate for consumers.

**consumer meetings,
cont**

- \$ Housing should be connected with services, such as transportation, delivery from drug stores and grocery stores, classes and therapy sessions.
- \$ Amount of family support varies greatly.

South Sioux City:

- \$ Affordable housing costs \$200-\$300 per month.
- \$ Rent should be tied to services.
- \$ Barriers to affordable housing include lack of employment, poor credit ratings and references, a lack of knowledge regarding available resources and a lack of independent living skills.
- \$ Consumers need apartments, rental houses, independent living options with medication assistance and social activities and apartments with communal activity rooms and/or kitchens.
- \$ Renter housing is most appropriate for consumers.
- \$ Housing should be tied with services, such as exercise programs and free clinics.
- \$ Family support is more emotional than monetary.
- \$ The need for hospitalization often results in loss of housing.

**Region 5
Provider Survey
Results**

The following provides a summary of information obtained from 27 mental health providers in Region 5.

- \$ Average Date of Establishment: 1953
- \$ Average Unduplicated Count of Number of Individuals Served in 2002: 4,137
- \$ Number of Providers Serving Various Age Groups:
 - \$ 18 and Under: 21
 - \$ 19 to 21: 22
 - \$ 22 to 35: 21
 - \$ 36 to 54: 20
 - \$ 55 to 64: 19
 - \$ 65 to 74: 15
 - \$ 75 to 84: 9
 - \$ 85+: 4

***provider survey
results, cont***

- \$ Average Primary Source of Funding:
 - \$ Federal: 38% (13 Providers)
 - \$ State: 38% (17 Providers)
 - \$ City/County: 7% (11 Providers)
 - \$ United Way: 5% (12 Providers)
 - \$ Outside Grants: 7% (10 Providers)
 - \$ Other: 39% (17 Providers)

- \$ Average Number of Employees:
 - \$ Full Time Employees: 82
 - \$ Part Time Employees: 23
 - \$ Professional Staff: 56
 - \$ Office/Clerical Staff: 9
 - \$ Other Staff: 5
 - \$ Volunteers: 138

***housing areas
of need***

Mental health providers in Region 5 were asked to rank the type of housing most needed by their clients having a serious mental illness. Results indicate that Long-Term Transitional Housing is rated as the highest need, with Independent Living, specifically apartments, rated as the second highest need.

- 4 **Emergency Shelter Beds**
- 5 **Group Home Beds**
- 3 **Transitional Housing**
 - Short-Term (Less than 6 months)
- 1 **Transitional Housing**
 - Long-Term (7-24 months)
- 2 **Independent Living**
 - 2 **Single Family Home**
 - 1 **Apartment**
 - 3 **Mobile Home**
- 6 **Rehabilitation to Existing Homes or Housing Units**

**human services
needs.....**

Mental health providers were asked to identify the three most critical human service areas of need not being met for persons with a serious mental illness. The following needs were noted:

- \$ Affordable, appropriate housing, including all types of housing options, with on-site or on- demand services, if needed.
- \$ Access to medication, mental health services and health insurance.
- \$ Access to treatment and treatment options.
- \$ Access to a full array of services, such as step-down or transitional programs, follow up care, respite services, mentor programs and services which teach self-sufficiency.
- \$ Financial assistance.
- \$ Vocational services.
- \$ Treatment for dual diagnosis and substance abuse.
- \$ Transportation.
- \$ Case management.
- \$ Funding for services.

19 to 21 years

Mental health providers were also asked to identify the three most critical needs of persons 19 to 21 years of age with a serious mental illness. The following needs were identified:

- \$ Affordable and appropriate housing, including permanent and transitional housing with on-site services, if needed.
- \$ Access to medication, medical and mental health services, insurance and medication management.
- \$ Vocational services and employment.
- \$ Seamless planning and transition to adult services/independent living.
- \$ Access to services at the appropriate level of care, such as respite care and wrap-around services.
- \$ Substance abuse counseling.
- \$ Access to treatment and treatment options.
- \$ Financial assistance.
- \$ Transportation.
- \$ Education.
- \$ Case management.
- \$ Community resources and funding.
- \$ Social support, including family support and support groups.

overall need..... Overall, Region 5 providers noted a range of needs for individuals with a serious mental illness. Needs most frequently identified included affordable and appropriate housing, access to medication, medical services and support services and a smooth transition from adolescent to adult services.

**Region 5
Consumer Survey
Results**

The following provides a summary of information obtained from 171 Consumer Surveys from Region 5.

gender.....	\$ 44.4% male
	\$ 55.0% female
	\$ 0.6% No Response
age.....	\$ Average age: 43.5
marital status	\$ 15.2% Married
	\$ 49.7% Single
	\$ 31.6% Divorced
	\$ 2.9% Widowed
	\$ 0.6% No Response
household size	\$ Average number of persons, age 18 and under, per household: 1.9
	\$ Average number of persons, 19 to 21 years of age, per household: 4.5
	\$ Average number of persons, 22+ years of age, per household: 2.2
employment status.....	\$ 22.8% Employed
	\$ 21.6% Unemployed
	\$ 12.9% Seeking employment
	\$ 5.8% Retired
	\$ 35.7% Unable to work
	\$ 1.2% No Response
income	\$ Average monthly income: \$659
race	\$ 86.0% White/Caucasian
	\$ 9.9% African American
	\$ 0.0% Asian
	\$ 0.6% Hispanic
	\$ 1.6% Native American
	\$ 1.2% Bi-Racial
	\$ 0.0% Other
	\$ 0.7% No Response

<i>education</i>	\$ 18.7% Less than high school
	\$ 16.4% GED
	\$ 37.4% High School
	\$ 8.2% Technical
	\$ 19.3% College
<i>health insurance</i>	\$ 10.5% Private Health Insurance
	\$ 52.6% Medicaid
	\$ 45.0% Medicare
	\$ 25.7% No Health Insurance
<i>tenure</i>	\$ 9.9% Own
	\$ 52.0% Rent
	\$ 33.9% Neither
	\$ 4.2% No Response
<i>type of housing</i>	\$ 15.8% House
	\$ 38.6% Apartment
	\$ 5.3% Mobile Home
	\$ 14.6% Group Home
	\$ 4.7% Other
	\$ 21.0% No Response
	Other types of housing that consumers live in include shelters, assisted living, duplexes and transitional housing.
<i>rent and utilities</i>	\$ Average spent on rent and utilities per month: \$404
<i>rent subsidy</i>	\$ 28.1% of consumers receive a rent subsidy
<i>living situation</i>	\$ 18.1% Live with parents or friends
	\$ 78.4% Do not live with parents or friends
	\$ 3.5% No Response
<i>homelessness</i>	\$ 49.1% Have been homeless at some point
	\$ 18.1% Are currently homeless
<i>hospitalization</i>	\$ 34.5% Have been hospitalized in the last 12 months
	\$ 5.8% Lost their housing while they were hospitalized
<i>length of time at current residency</i>	\$ 45.0% Less than a year
	\$ 25.7% 1 to 3 years
	\$ 9.4% 4 to 5 years
	\$ 18.1% More than 5 years
	\$ 1.8% No Response

rating of current housing condition..... \$ 74.3% Good
 \$ 15.2% Fair
 \$ 3.5% Poor

Consumers who rated their current housing as either fair or poor, cited a number of reasons for their rating. Some of these reasons included inadequate size, substandard housing and/or housing in need of substantial repairs, conflicts with landlords and/or others in the household, noise levels, the age of the housing, the expense and no handicap accessibility.

needs met Consumers were asked to identify how well their current place of residence meets their housing needs.

\$ 3.5% Not at all.
 \$ 19.3% Somewhat.
 \$ 73.1% Meets my needs.
 \$ 4.1% No Response.

own room..... \$ 30.4% Do not have their own room.
 \$ 33.9% Consider it important to have their own room.

appropriate housing..... Consumers were asked to rate the following examples of housing situations.

- 3 **Supervised Group Living**
- 2 **Cooperative Group Living**
- 1 **Supportive Independent Living**

The majority of consumers felt that Supportive Independent Living would be the most appropriate housing situation for them, while the least amount of consumers felt Supervised Group Living would be appropriate.

Consumers were also asked to rate the following examples of different housing types.

- 5 **Emergency Shelter**
- 4 **Group Home**
- 3 **Assisted Living**

appropriate housing, cont

- 2 Transitional Housing
 - 1 Short-Term (Less than 6 months)
 - 2 Long-Term (7 to 24 months)
- 1 Other Housing Types
 - 2 Single Family Home
 - 1 Apartment
 - 3 Mobile Home

The majority of consumers felt that Other Housing Types, specifically apartments, would be most appropriate for them. Transitional Housing and Assisted Living were also considered appropriate housing options.

transportation

- \$ 21.6% Don't have adequate transportation to needed services and employment.
- \$ 59.1% Don't have a driver's license.
- \$ 28.1% Own a car.
- \$ 24.6% Say their disability limits their ability to drive.

- \$ Primary means of transportation:
 - \$ 49.7% Walk
 - \$ 10.5% Ride a Bicycle
 - \$ 30.4% Drive Myself
 - \$ 43.3% Take the Bus
 - \$ 25.1% Take a Taxi Cab
 - \$ 38.6% Get a Ride from a Friend/Family
 - \$ 31.6% Transportation Provided by Service Provider
 - \$ 4.1% Other

Consumers cited a number of issues regarding transportation, including expensive and/or inadequate public transportation, limited hours of services and/or routes, the expense of car maintenance and no driver's license.

current housing

Consumers were asked to identify the ***best thing about their current housing.***

- \$ Socialization.
- \$ Assistance from staff and access to services and resources.
- \$ Cleanliness and modernity.

- current housing,**
con-t
- \$ Food.
 - \$ Pets are allowed.
 - \$ Good location.
 - \$ Independence and privacy.
 - \$ Adequate appliances.
 - \$ Adequate space.
 - \$ Affordable.
 - \$ Safety and security.
 - \$ Family support.
 - \$ Quiet atmosphere.

Consumers were asked to identify the **worst thing about their current housing.**

- \$ Conflicts with others.
- \$ Structure and rules, such as curfew.
- \$ Housing in need of repair.
- \$ Social isolation.
- \$ Expensive rent and/or utilities.
- \$ Poor location.
- \$ Safety issues.
- \$ No independence.
- \$ Inadequate appliances.
- \$ Lack of privacy.
- \$ Maintenance and cleaning.
- \$ Inadequate space.

critical needs..... Consumers were asked to identify their three most critical needs at this time.

- \$ Transportation.
- \$ Affordable, safe and adequate housing.
- \$ Employment.
- \$ Substance abuse treatment.
- \$ Access to affordable medication, health insurance and medical services.
- \$ Independent living skills training.
- \$ Financial assistance.
- \$ Independence.
- \$ Socialization and recreation.
- \$ Cleaning and maintenance assistance.
- \$ Basic needs, such as food and clothes.
- \$ Housing in need of repair.
- \$ Support.
- \$ Access to services and resources.

Region 5
Focus Group Meetings

Regional and Consumer Focus Group Meetings were held in Lincoln and Beatrice. The following provides a summary of information obtained from Providers and Consumers at these meetings.

regional meetings..... Lincoln:

- \$ 30% of monthly income is considered affordable housing, but this is still high-for many it-s 10%-30% of income.
- \$ Barriers to affordable housing include limited income or resources, poor rental histories, substance abuse issues, landlords unwilling to rent to someone with a Section 8 voucher and the stigma attached to mental illness.
- \$ Consumers need housing options, such as single bedroom units, family units that are affordable, housing for parenting youth with mental health issues, and independent living units with some supervision, case management, medication management and financial assistance.
- \$ A range of housing is needed, from transitional to permanent.
- \$ Rental housing is more appropriate for consumer because many consumers can't afford maintenance and repair costs that come with home ownership.
- \$ Housing should be attached to services, such as case management, transportation, vocational training, day care and medication management.
- \$ It is difficult for someone with mental health problems to navigate their way through the subsidy process, deal with landlords and manage medication.
- \$ The private sector needs to be brought into partnerships for development.

Beatrice:

- \$ Foster care programs are overburdened with state ward children.
- \$ Must increase funding to be able to support larger numbers of foster care families to lessen the number of children with mental health issues per family.
- \$ Must establish more independent living options.

- regional meetings, cont* \$ State support should be expanded for foster care parents.
- \$ State needs to establish ties of support between foster care families and available programs in the communities, foster care treatment programs and effective support and training for foster care families.

***consumer meetings*** Lincoln:

- \$ There were no consumers at the Lincoln Consumer Meeting.

Beatrice:

- \$ There were no consumers at the Beatrice Consumer Meeting.

**Region 6
Provider Survey
Results**

The following provides a summary of information obtained from 12 mental health providers throughout Region 6.

- \$ Average Date of Establishment: 1962
- \$ Average Unduplicated Count of Number of Individuals Served in 2002: 12,789
- \$ Number of Providers Serving Various Age Groups:
 - \$ 18 and Under: 7
 - \$ 19 to 21: 8
 - \$ 22 to 35: 8
 - \$ 36 to 54: 8
 - \$ 55 to 64: 8
 - \$ 65 to 74: 6
 - \$ 75 to 84: 4
 - \$ 85+: 2
- \$ Average Primary Sources of Funding:
 - \$ Federal: 39% (5 Providers)
 - \$ State: 75% (7 Providers)
 - \$ City/County: 22% (4 Providers)
 - \$ United Way: 5% (2 Providers)
 - \$ Outside Grants: 9% (4 Providers)
 - \$ Other: 11% (7 Providers)

**provider survey
results, cont**

- \$ Average Number of Employees:
- \$ Full Time Employees: 49
- \$ Part Time Employees: 15
- \$ Professional Staff: 45
- \$ Office/Clerical Staff: 10
- \$ Other Staff: 5
- \$ Volunteers: 145

**housing areas
of need**

Mental health providers in Region 6 were asked to rank the type of housing most needed by their clients having a serious mental illness. Providers identified both Long-Term and Short-Term Transitional Housing as areas of need, followed by Group Home Beds.

- 5 **Emergency Shelter Beds**
- 3 **Group Home Beds**
- 2 **Transitional Housing**
 - Short-Term (Less than 6 months)
- 1 **Transitional Housing**
 - Long-Term (7-24 months)
- 4 **Independent Living**
 - 2 **Single Family Home**
 - 1 **Apartment**
 - 3 **Mobile Home**
- 6 **Rehabilitation to Existing Homes
or Housing Units**

**human services
needs.....**

Mental health providers were asked to identify the three most critical human service areas of need not being met for persons with a serious mental illness. The following needs were noted:

- \$ Affordable, safe, quality housing, with support services available.
- \$ Access to medication, medical assistance and medical insurance.
- \$ Access to a full range of age-appropriate services and governmental/community resources.
- \$ Financial assistance.
- \$ Substance abuse treatment programs.
- \$ Treatment and follow up.
- \$ Funding for community programs.

19 to 21 years Mental health providers were also asked to identify the three most critical needs of persons 19 to 21 years of age with a serious mental illness. The following needs were identified:

- \$ Affordable housing, including permanent, transitional and supportive housing.
- \$ Access to a full range of services, based on need.
- \$ Access to affordable medication.
- \$ Transition planning for entering adult life, the community and a vocation.
- \$ Dual diagnosis treatment programs.
- \$ Financial assistance and funding for services.
- \$ Employment opportunities and vocational training.
- \$ Treatment and access to psychiatric services.

overall need ***Overall, Region 6 provides stressed the need for affordable and safe housing with services to match consumer need and access to medication and mental health services.***

**Region 6
Consumer Survey
Results**

The following provides a summary of information obtained from 192 Consumer Surveys from Region 6.

- gender.....**
 - \$ 43.2% male
 - \$ 56.8% female
- age.....** \$ Average age: 42.7
- marital status**
 - \$ 11.5% Married
 - \$ 60.4% Single
 - \$ 22.9% Divorced
 - \$ 2.6% Widowed
 - \$ 2.6% No Response
- household size**
 - \$ Average number of persons, age 18 and under, per household: 2.6
 - \$ Average number of persons, 19 to 21 years of age, per household: 1.1
 - \$ Average number of persons, 22+ years of age, per household: 2.6

employment status.....	\$	12.5% Employed
	\$	32.3% Unemployed
	\$	9.9% Seeking employment
	\$	1.6% Retired
	\$	41.7% Unable to work
	\$	2.0% No Response
income	\$	Average monthly income: \$600
race	\$	77.6% White/Caucasian
	\$	13.0% African American
	\$	0.0% Asian
	\$	1.0% Hispanic
	\$	2.1% Native American
	\$	2.6% Bi-Racial
	\$	3.1% Other
	\$	0.6% No Response
education	\$	8.3% Less than high school
	\$	9.9% GED
	\$	41.7% High School
	\$	8.9% Technical
	\$	31.2% College
health insurance	\$	21.4% Private Health Insurance
	\$	51.6% Medicaid
	\$	41.1% Medicare
	\$	24.5% No Health Insurance
tenure	\$	10.9% Own
	\$	49.0% Rent
	\$	37.5% Neither
	\$	2.6% No Response
type of housing	\$	16.1% House
	\$	41.1% Apartment
	\$	2.6% Mobile Home
	\$	10.9% Group Home
	\$	8.9% Other
	\$	20.4% No Response

Other types of housing that consumers live in include shelters, assisted living and renting single rooms.

<i>rent and utilities.....</i>	\$	Average spent on rent and utilities per month: \$388
<i>rent subsidy</i>	\$	20.3% of consumers receive a rent subsidy
<i>living situation</i>	\$	28.1% Live with parents or friends
	\$	68.2% Do not live with parents or friends
	\$	3.7% No Response
<i>homelessness.....</i>	\$	39.1% Have been homeless at some point
	\$	8.9% Are currently homeless
<i>hospitalization.....</i>	\$	46.9% Have been hospitalized in the last 12 months
	\$	7.8% Lost their housing while they were hospitalized
<i>length of time at current residence.....</i>	\$	40.6% Less than a year
	\$	22.4% 1 to 3 years
	\$	4.2% 4 to 5 years
	\$	29.7% More than 5 years
	\$	3.1% No Response
<i>rating of current housing condition.....</i>	\$	72.4% Good
	\$	17.7% Fair
	\$	3.1% Poor

Consumers who rated their current housing as either fair or poor, cited a number of reasons for their rating. Some of these reasons included the need for substantial repairs, unsanitary conditions, safety issues and conflicts with others in the household.

<i>needs met</i>		Consumers were asked to identify how well their current place of residence meets their needs.
	\$	4.2% Not at all.
	\$	27.1% Somewhat.
	\$	64.1% Meets my needs.
<i>own room.....</i>	\$	8.9% Do not have their own room.
	\$	32.8% Consider it important to have their own room.

appropriate housing.....

Consumers were asked to rate the following examples of housing situations.

- 3 **Supervised Group Living**
- 2 **Cooperative Group Living**
- 1 **Supportive Independent Living**

The majority of consumers felt that Supportive Independent Living would be the most appropriate housing situation for them, while the least amount of consumers felt Supervised Group Living would be appropriate.

Consumers were also asked to rate the following examples of different housing types.

- 5 **Emergency Shelter**
- 4 **Group Home**
- 3 **Assisted Living**
- 2 **Transitional Housing**
 - 2 **Short-Term (Less than 6 months)**
 - 1 **Long-Term (7 to 24 months)**
- 1 **Other Housing Types**
 - 2 **Single Family Home**
 - 1 **Apartment**
 - 3 **Mobile Home**

The majority of consumers felt that Other Housing Types, specifically apartments, would be most appropriate for them. Transitional Housing and Assisted Living were also considered appropriate housing options.

transportation

- \$ 23.4% Don't have adequate transportation to needed services and employment.
- \$ 40.6% Don't have a driver's license.
- \$ 31.3% Own a car.
- \$ 31.3% Say their disability limits their ability to drive.

- \$ Primary means of transportation:
 - \$ 32.3% Walk
 - \$ 3.1% Ride a Bicycle
 - \$ 36.5% Drive Myself
 - \$ 43.8 Take a Bus

- transportation,* \$ 12.0% Take a Taxi Cab
- cost* \$ 34.4% Get a Ride from a Friend/Family
- \$ 22.4% Transportation Provided by Service Provider
- \$ 3.1% Other

Consumers cited a number of issues regarding transportation, including expensive or inadequate public transportation, the inability to drive and the expense of vehicle ownership, maintenance and insurance.

current housing*** Consumers were asked to identify ***the best thing about their current housing.

- \$ Assistance, structure and services.
- \$ Location.
- \$ Safety.
- \$ Food.
- \$ Affordable.
- \$ Quiet atmosphere and privacy.
- \$ Independence.
- \$ Family support.
- \$ Adequate space and appliances.
- \$ Cleanliness, modernity and comfort level.
- \$ Maintenance.

Consumers were asked to identify the ***worst thing about their current housing.***

- \$ Safety issues.
- \$ Social isolation.
- \$ Substandard quality of housing in need of repair.
- \$ Expensive rent and/or utilities.
- \$ Conflict with others.
- \$ Inadequate appliances.
- \$ Maintenance.
- \$ Limited independence.
- \$ Inadequate space.
- \$ Structure and rules.
- \$ Not located on ground floor.
- \$ Poor location.

current needs..... Consumers were asked to identify their three most critical needs at this time.

- \$ Affordable, safe and adequate housing.
- \$ Transportation.
- \$ Employment and vocational training.
- \$ Financial assistance.
- \$ Substance abuse treatment.
- \$ Therapy and support
- \$ Access to affordable medication, health insurance and medical services.
- \$ Basic needs, such as food and clothes.
- \$ Education.
- \$ Structure and supportive services.
- \$ Safety.
- \$ Socialization and recreation.
- \$ Adequate utilities and appliances.

**Region 6
Focus Group Meetings**

Regional and Consumer Focus Group Meetings were held in Omaha and Fremont. The following provides a summary of information obtained from Providers and Consumers at these meetings.

regional meetings Omaha:

- \$ The cost of housing should not leave people with so little money that they can't get out of the poverty cycle.
- \$ We're forcing consumers into a life of poverty-after paying rent, there is next to nothing left to live on for the month.
- \$ Consumers can't save enough money to pay a deposit and set up a household (initial furnishings, supplies, etc.)
- \$ Barriers to affordable housing include credit problems, lack of money, stigma, lack of affordable units that are safe and in good condition and the threat of losing housing, if hospitalized.
- \$ Consumers must have the entire range of housing options, linked to services.
- \$ Consumers must have a range in order to move up and down the system freely, or they will have to start all over again if they relapse.
- \$ Housing options must be affordable.

***regional meetings,
cont***

- \$ Families must make sure their children have learned independent living skills.
- \$ This is an illness that not only impacts individuals, but also families, both financially and emotionally.
- \$ Almost all consumers experience homelessness at certain stages.

Fremont:

- \$ \$300 per month is considered affordable housing.
- \$ More immediate psychiatric evaluations are needed for consumers, along with access to medications.
- \$ There is a thirty day wait to see a clinical psychologist.
- \$ Some consumers have exhausted all family support.
- \$ We must treat the mentally ill the same way we treat the mentally challenged.

consumer meetings..... Omaha:

- \$ The cost of affordable housing ranges, depending on whether or not you have children.
- \$ Affordable apartments are often in unsafe areas.
- \$ Stigma is a problem with landlords, who may share information with each other or with property management companies.
- \$ Barriers to affordable housing include poor references, poor credit ratings, lack of finances and housing that doesn't want children.
- \$ Housing must be near needed services and transportation, such as the bus line.
- \$ Affordable housing must be available throughout the entire metropolitan area, not just certain sections of Omaha.
- \$ Some consumers would like to own a home one day, but rental housing is more appropriate.
- \$ Consumers must be better notified of available resources and services when they become available.
- \$ Some family members are ignorant regarding home much services can help.
- \$ Housing must be close to treatment centers.

**consumer meetings,
con-t**

- Fremont:
- \$ Maximum of \$250 to \$300 per month is considered affordable housing.
 - \$ Barriers to affordable housing include stigma, landlords not renting to people with mental health issues and poor tenant references.
 - \$ Consumers need a range of housing options, with different service levels and group activities.
 - \$ Housing should be attached to services, such as medication assistance, nutrition programs and transportation to services and appointments.
 - \$ Many family members don-t understand mental health issues.
 - \$ Consumer housing is threatened if they are hospitalized for more than 30 days.

Video Conference

A video conference was held during the month of June in order to discuss preliminary findings and recommendations with providers and consumers. The conference was held at ten sites across the state and a total of 64 participants attended. The following provides the number of participants at each site:

- \$ Scottsbluff: 1 participant
- \$ North Platte: 8 participants
- \$ Grand Island: 9 participants
- \$ Hastings: 5 participants
- \$ Kearney: 5 participants
- \$ Ainsworth: 1 participant
- \$ Columbus: 1 participant
- \$ Norfolk: 2 participants
- \$ Lincoln: 25 participants
- \$ Omaha: 7 participants

The following information identifies the key issues and concerns raised at the video conference:

- \$ Consumers remain concerned about who chooses where housing should be built, how the housing is constructed and who is qualified to live there.
- \$ The appropriate levels of care must be present, especially if housing is built according to a scattered site model.
- \$ Consumers and providers stressed that supportive services should be tied into housing. Supportive services should include medication management, socialization opportunities, cultural events, counseling, etc.

SUMMARY STATEMENT

The Comprehensive Citizen Participation Process provided ample opportunity for input from mental health consumers and providers across the State of Nebraska. The information obtained throughout the survey process, focus group meetings and video conference greatly assisted in identifying and prioritizing housing and services needs in the state and within each region.

The following provides "*summary statements*" regarding housing and services issues for persons of extremely low income with a serious mental illness, in the State of Nebraska, as determined via consumer and provider input and survey results.

- ♦ **In each of the six mental health regions, both providers and consumers consider affordable and safe housing, with the appropriate level of services, to be a critical need.**
- ♦ **Create housing that maximized the consumer's independence, with effective supportive services.**
- ♦ **Consumer input to residential programs.**
- ♦ **Create a system of housing that meets a continuum of residential need, as consumer's needs change.**
- ♦ **Consumers who are happy with their current housing conditions liked the location of their housing because of convenience, nearby services and pleasant neighbors and/or neighborhoods.**
- ♦ **Consumers who are unhappy with their current housing conditions frequently noted their housing was of substandard condition, was unsanitary, unsafe and/or in need of repair and/or lacked adequate space.**

- ♦ **Both providers and consumers frequently identified a need for easier access to affordable services, such as medication, insurance coverage and other mental health services.**
- ♦ **Providers identified stereotypes and stigmas as major concerns and stressed a need for community education and involvement in order to lessen this barrier.**
- ♦ **Providers identified a need for flexible supportive services to be tied into housing and allow consumers to access varying levels of services without having their housing situations threatened.**
- ♦ **Both providers and consumers expressed concern because as consumers become more independent, they often lose access to various resources and services that are critical to their well-being.**

SECTION 3
***ESTIMATED POPULATION BASE,
INCOME AND HOUSING
PROFILE & PROJECTIONS
FOR PERSONS WITH A
SERIOUS MENTAL ILLNESS***

SECTION 3

ESTIMATED POPULATION BASE, INCOME AND HOUSING PROFILE AND PROJECTIONS FOR PERSONS WITH A SERIOUS MENTAL ILLNESS

RESEARCH APPROACH

The ***Statewide Mental Health Housing Study*** focuses on profiling and projections of population base, income and housing for persons with a serious mental illness. The primary sources utilized in the development of the population base, income and housing profile and projections for persons with a serious mental illness include the 1980, 1990 and 2000 Census, 1990 and 2002 CHAS Tables and the Nebraska Mental Health Estimation Project, 2001, prepared by The Western Interstate Commission for Higher Education, with the assistance of Charles Holzer and Associates, University of Texas Medical Branch.

The determination of 2003 and 2008 data was prepared by Hanna:Keelan Associates, P.C., utilizing standard formats for trends/projections analysis. Provider and consumer surveys, as well as provider and consumer focus group meetings across the State, provided qualitative information which was utilized in finalizing the trend/projection analysis.

STATEWIDE PROFILE

The **Statewide Profile** provides estimated projections regarding population base, income and housing for persons with a serious mental illness, in the State of Nebraska. The five year period 2003 to 2008 was utilized to provide a more accurate presentation of the current and projected population base, income and housing status of persons with a serious mental illness, as compared to a longer term of estimation, i.e. 10, 15 or 20 years. A strong correlation exists between the shorter term of estimation and the accuracy of such estimation. Both public and private housing funding sources are more agreeable to shorter terms of estimation.

All estimations presented in the Statewide Profile should be considered to be “conservative” in nature, in that Hanna:Keelan Associates utilized the lesser of numerical projection variables, when conducting trend and projection analysis. The information presented in the Statewide Profile represents estimates that could be 4 to 5 percent to the low side, but less than 2 percent to the high side of what actually exists.

population.....

Table 1 identifies an **Estimated Population Profile** in the State of Nebraska. In 2003, there are an estimated 70,417 persons with a serious mental illness, 19+ years of age, in the State. This number will increase to an estimated 71,763, by 2008.

TABLE 1			
ESTIMATED POPULATION PROFILE			
PERSONS WITH A SERIOUS MENTAL ILLNESS			
STATE OF NEBRASKA			
2003/2008			
<u>Year</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	7,642	62,775	70,417
2008	7,803	63,960	71,763

gender.....

Table 2 identifies an **Estimated Gender Profile** for persons with a serious mental illness, in Nebraska. By 2008, there will be an estimated 26,753 males and 45,010 females, 19+ years of age, with a serious mental illness. Of these individuals, 3,294 males and 4,509 females will be 19 to 21 years of age.

TABLE 2				
ESTIMATED GENDER PROFILE				
PERSONS WITH A SERIOUS MENTAL ILLNESS				
STATE OF NEBRASKA				
2003/2008				
<u>Year</u>	<u>Gender</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	Male	3,209	22,986	26,195
	Female	4,433	39,789	44,222
2008	Male	3,294	23,459	26,753
	Female	4,509	40,501	45,010

SMI in households.....

Table 3 identifies Estimated Persons in Households. The estimated number of persons with a serious mental illness residing in a household, in 2008, will be 63,177. Persons with a serious mental illness not residing in a household, in 2008, (an estimated 8,586) will reside in “group quarters,” i.e., group home, assisted living, hospital or other institutional setting, dormitories, jail, nursing home, etc. Persons with a serious mental illness that reside in a household (63,177), in 2008, are the primary subject group of this Mental Health Housing Study.

TABLE 3 ESTIMATED PERSONS IN HOUSEHOLD PERSONS WITH A SERIOUS MENTAL ILLNESS STATE OF NEBRASKA 2003/2008			
<u>Year</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	6,814	55,169	61,983
2008	6,967	56,210	63,177

persons by household size.....

Table 4 identifies Estimated Persons by Household Size. These estimates identify the number of persons with a serious mental illness residing in either a one- or two+ person household. In 2003, an estimated 23,863 individuals with a serious mental illness reside in a one person household, while 38,120 individuals reside in a two+ person household. By 2008, there will be an estimated 24,323 persons with a serious mental illness in one person households and 38,854 persons with a serious mental illness in two+ person households.

TABLE 4 ESTIMATED PERSONS BY HOUSEHOLD SIZE PERSONS WITH A SERIOUS MENTAL ILLNESS STATE OF NEBRASKA 2003/2008				
<u>Year</u>	<u>Household Size</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	One Person	3,010	20,853	23,863
	Two+ Persons	3,804	34,316	38,120
2008	One Person	3,077	21,246	24,323
	Two+ Persons	3,890	34,964	38,854

*household
impact.....*

Estimated Immediate Household Member Impact is identified in **Table 5**. This is an estimate of the total number of persons residing in a household with a person with SMI. The total estimated number, for 2008, is 131,395. This total includes the estimated 63,177 persons with SMI, living with an estimated 68,218 household or family members.

TABLE 5 ESTIMATED IMMEDIATE HOUSEHOLD MEMBER IMPACT PERSONS WITH A SERIOUS MENTAL ILLNESS STATE OF NEBRASKA 2003/2008			
<u>Year</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	18,049	110,876	128,925
2008	18,418	112,977	131,395

income.....

Table 6 identifies Estimated Persons in Household by Income, for persons with a serious mental illness, in the State of Nebraska. Income groups are presented by percentages of AMI, or Area Median Income. AMI is referred to by most governmentally assisted affordable housing programs. As a reference, 30 percent AMI equals close to 100 percent poverty level, 50 percent AMI equals an estimated 140 percent poverty level and 80 percent equals close to 200 percent poverty level. By 2008, an estimated 15,398 persons with a serious mental illness will have an income of 0 to 30 percent AMI, and be considered **extremely low income**.

TABLE 6 ESTIMATED PERSONS IN HOUSEHOLD BY INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS STATE OF NEBRASKA 2003/2008				
<u>Year</u>	<u>Income Group</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	0%-30% AMI	2,126	13,059	15,185
	31%-50% AMI	1,612	10,168	11,780
	51%-60% AMI	530	3,190	3,720
	61%-80% AMI	632	5,878	6,510
2008	0%-30% AMI	2,156	13,242	15,398
	31%-50% AMI	1,632	10,290	11,922
	51%-60% AMI	534	3,216	3,750
	61%-80% AMI	635	5,904	6,539

*households –
cost burdened/
housing problems....*

Table 7 identifies Estimated Persons in Households by Income, Cost Burdened, with Housing Problems. This table is a subset of Table 6, in that (for example) an estimated 76 percent of the persons with a serious mental illness, in 2008, at an annual income of 0 to 30 percent AMI, will experience a housing cost burden (pay 30% or more of their income for rent or a home payment, and utilities) and experience housing problems (inadequate plumbing, kitchen or bathroom fixtures/appliances or overcrowded conditions).

TABLE 7				
ESTIMATED PERSONS IN HOUSEHOLDS BY INCOME, COST BURDENED, WITH HOUSING PROBLEMS				
PERSONS WITH A SERIOUS MENTAL ILLNESS				
STATE OF NEBRASKA				
2003/2008				
<u>Year</u>	<u>Income Group</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	0%-30% AMI	1,615	9,925	11,540
	31%-50% AMI	1,048	6,304	7,352
	51%-60% AMI	318	1,627	1,945
	61%-80% AMI	265	1,998	2,263
2008	0%-30% AMI	1,637	10,065	11,702
	31%-50% AMI	1,061	6,379	7,440
	51%-60% AMI	321	1,639	1,960
	61%-80% AMI	266	2,007	2,273

household need.....

Table 8 identifies the potential **Estimated Household Need**, by 2008, statewide, for persons with a serious mental illness, residing in a household at 0 to 50 percent AMI for 19 to 21 years of age and 0 to 30 percent AMI for 22+ years of age. **The total estimated is 3,926 households.** The estimates were derived by discounting those persons with a serious mental illness residing in an owner household and those unlikely to relocate, despite the cost or condition of their current housing, because of longevity in their current house or apartment or the (perceived) appropriate location of their current housing.

In total, it is estimated that the number of persons with a serious mental illness, 3,926, or an estimated 31 percent of the persons with a serious mental illness, in these age groups and AMI categories and cost burdened with housing problems, would be responsive to more affordable, more appropriate housing, during the next five years. This total estimated household need (3,926) was discussed, at length, by and approved by the Mental Health Housing Steering Committee.

TABLE 8			
ESTIMATED HOUSEHOLD NEED			
PERSONS WITH A SERIOUS MENTAL ILLNESS			
STATE OF NEBRASKA			
2008			
<u>Income Group</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
0%-30% AMI	503	3,097	3,600
<u>31%-50% AMI</u>	<u>326</u>	<u>---</u>	326
TOTALS	829	3,097	3,926

**TARGET
HOUSING
TYPES**

The following **target housing types** were utilized in this **Statewide Mental Health Housing Need Study**.

***crisis/respite care
emergency
shelter.....***

Crisis/Respite Care-Emergency Shelter is a broad category which includes housing designed to provide temporary shelter and services to individuals with a serious mental illness, including homeless individuals. This includes respite care beds, meant to provide temporary, specialized care in an crisis situation or in the absence of a primary care giver, with services provided on a planned or unscheduled basis due to crisis or other events which arise. This category also includes emergency shelter beds for homeless individuals with a serious mental illness.

***group
residential.....***

Group Residential programs are facility-based, non-hospital or nursing facility programs for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community and provide skill building in community living skills, daily living skills, self-medication management and other related psychiatric rehabilitation services as needed to meet individual consumer needs. A group residential facility involves living with a group of people with 24 hour, on site staff.

***residential
units.....***

Residential Units include independent living units, such as apartments or single room occupancy housing. Staff is not located on site, however community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community and social integration.

**TARGET
HOUSING
NEED, BY TYPE**

Table 9 identifies **Estimated Housing Target Need By Housing Types**. The estimated number of beds and units, by housing target need by type, for persons 19 to 21 years of age at 0 to 50 percent AMI, and 22+ years of age at 0 to 30 percent AMI, equals the household need presented in Table 8. The distribution of total beds/units per housing type was determined via input from the Mental Health Housing Steering Committee, results of the comprehensive citizen participation process and the opinion of the Consultant, based upon their experience planning for and working with special populations, in the provision of affordable housing.

By 2008, the State of Nebraska will require an additional estimated 334 crisis/respite care beds, 863 group residential beds and 2,729 residential units, for persons with a serious mental illness.

The proposed crisis respite care/emergency shelter beds, 334 beds, will equal an estimated 8.5 percent of the target housing need, by 2008. Of the 334 beds, an estimated 80 percent, or 267 beds, should be developed as shelter beds, with the remaining 67 beds, or 20 percent, as crisis respite care beds.

Group residential units should comprise an estimated 22 percent of the total targeted bed/unit need, with the majority (69.5%) housing need targeted for residential units.

**TABLE 9
ESTIMATED HOUSING TARGET NEED BY TYPES
PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
2008**

<u>Housing Need Types</u>	<u>19-21 Years (0%-50% AMI)</u>	<u>22+ Years (0%-30% AMI)</u>	<u>Totals</u>
Crisis/Respite Care-Emergency			
Shelter Beds	108	226	334 Beds
Group Residential Beds	267	596	863 Beds
<u>Residential Units</u>	<u>454</u>	<u>2,275</u>	<u>2,729 Units</u>
TOTAL BEDS/UNITS	829	3,097	3,926 BEDS/UNITS

REGIONAL PROFILES

The **Regional Profiles** provide estimated projections regarding population base, income and housing for persons with a serious mental illness, for each of the six mental health regions in the State of Nebraska. The five year period 2003 to 2008 was utilized for estimations.

All estimations presented in the Statewide Profile should be considered to be “conservative” in nature, in that Hanna:Keelan Associates utilized the lesser of numerical projection variables, when conducting trend and projection analysis. The information presented in the Statewide Profile represents estimates that could be 4 to 5 percent to the low side, but less than 2 percent to the high side of what actually exists.

population.....

Table 10 identifies an **estimated population profile** for individuals with a serious mental illness, in Regions 1 through 6. By 2008, Region 1 will have an estimated 3,804 persons with a serious mental illness, while Region 6 will have an estimated 27,557.

TABLE 10				
ESTIMATED POPULATION PROFILE				
PERSONS WITH A SERIOUS MENTAL ILLNESS				
MENTAL HEALTH REGIONS 1 - 6				
2003/2008				
<u>Year</u>		<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	Region 1	405	3,327	3,732
	Region 2	458	3,766	4,224
	Region 3	1,001	8,224	9,225
	Region 4	948	7,784	8,732
	Region 5	1,895	15,568	17,463
	Region 6	2,935	24,106	27,041
2008	Region 1	414	3,390	3,804
	Region 2	468	3,837	4,305
	Region 3	1,022	8,379	9,401
	Region 4	968	7,931	8,899
	Region 5	1,935	15,862	17,797
	Region 6	2,996	24,561	27,557

persons in households.....

Table 11 identifies **Estimated Persons in Households** for Regions 1 through 6. The number of persons in households, with a serious mental illness, is expected to increase in each Region, from 2003 to 2008. The largest increase will occur in Region 6, with an estimated increase of 459 persons in households, with a serious mental illness, by 2008.

TABLE 11				
ESTIMATED PERSONS IN HOUSEHOLDS				
PERSONS WITH A SERIOUS MENTAL ILLNESS				
MENTAL HEALTH REGIONS 1 - 6				
2003/2008				
<u>Year</u>		<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
2003	Region 1	361	2,924	3,285
	Region 2	409	3,310	3,719
	Region 3	893	7,227	8,120
	Region 4	845	6,841	7,686
	Region 5	1,690	13,682	15,372
	Region 6	2,616	21,185	23,801
2008	Region 1	369	2,979	3,348
	Region 2	418	3,373	3,791
	Region 3	913	7,363	8,276
	Region 4	864	6,970	7,834
	Region 5	1,728	13,940	15,668
	Region 6	2,675	21,585	24,260

households - cost burdened/ housing problems....

Table 12 identifies **Estimated Persons in Household by Income, Cost Burdened, with Housing Problems** in Regions 1 through 6. By 2008, a total of 4,747 persons with a serious mental illness, in Region 5, will be cost burdened, with housing problems. In Region 6, a total of 7,350 persons with a serious mental illness will be cost burdened, with housing problems. In each of the six regions, the highest number of households cost burdened, with housing problems, by 2008, will be at 0 to 30 percent AMI.

TABLE 12
ESTIMATED PERSONS IN HOUSEHOLDS BY INCOME, COST BURDENED,
WITH HOUSING PROBLEMS
PERSONS WITH A SERIOUS MENTAL ILLNESS
MENTAL HEALTH REGIONS 1 - 6
2003/2008

Year	Income Group	19-21 Years	22+ Years	Totals
2003	Region 1 0%-30% AMI	86	526	612
	31%-50% AMI	56	334	390
2003	Region 2 0%-30% AMI	97	596	693
	31%-50% AMI	63	378	441
2003	Region 3 0%-30% AMI	212	1,300	1,512
	31%-50% AMI	137	826	963
2003	Region 4 0%-30% AMI	200	1,231	1,431
	31%-50% AMI	130	782	912
2003	Region 5 0%-30% AMI	400	2,461	2,861
	31%-50% AMI	260	1,563	1,823
2003	Region 6 0%-30% AMI	620	3,811	4,431
	31%-50% AMI	402	2,421	2,823
2008	Region 1 0%-30% AMI	87	533	620
	31%-50% AMI	56	338	394
2008	Region 2 0%-30% AMI	98	604	702
	31%-50% AMI	64	383	447
2008	Region 3 0%-30% AMI	214	1,319	1,533
	31%-50% AMI	139	836	975
2008	Region 4 0%-30% AMI	203	1,248	1,451
	31%-50% AMI	132	791	923
2008	Region 5 0%-30% AMI	406	2,496	2,902
	31%-50% AMI	263	1,582	1,845
2008	Region 6 0%-30% AMI	629	3,865	4,494
	31%-50% AMI	407	2,449	2,856

**household
need.....**

Table 13 identifies the **Estimated Household Need**, by 2008, statewide for individuals with a serious mental illness, living in households at 0 to 50 percent AMI for 19 to 21 years of age, 0 to 30 percent AMI for 22+ years of age. It is estimated there will be a need to house 1,507 households with persons with a serious mental illness in Region 6, by 2008. Region 3 will have an estimated need to house 515 households and, in Region 4, an estimated need to house 486 households, by 2008.

Regions 1, 2 and 5 will need to supply affordable housing to 208, 236 and 974 households, respectively, having a person(s) with a serious mental illness, by 2008.

TABLE 13				
ESTIMATED HOUSEHOLD NEED				
PERSONS WITH A SERIOUS MENTAL ILLNESS				
MENTAL HEALTH REGIONS 1 - 6				
2008				
	<u>Income Group</u>	<u>19-21 Years</u>	<u>22+ Years</u>	<u>Totals</u>
Region 1	0%-30% AMI	27	164	191
	31%-50% AMI	17	-- --	17
Region 2	0%-30% AMI	30	186	216
	31%-50% AMI	20	-- --	20
Region 3	0%-30% AMI	66	406	472
	31%-50% AMI	43	-- --	43
Region 4	0%-30% AMI	62	384	446
	31%-50% AMI	40	-- --	40
Region 5	0%-30% AMI	125	768	893
	31%-50% AMI	81	-- --	81
Region 6	0%-30% AMI	193	1,189	1,382
	31%-50% AMI	125	-- --	125

**Housing
Target
Need.....**

Table 14 identifies **Estimated Housing Target Need By Types** for mental health regions 1 through 6. By 2008, it is estimated there will be a need for 3,920 total beds/units across the State of Nebraska. Region 6 will require the highest numbers of beds/units, requiring an estimated 318 beds/units for individuals 19-21 years of age at 0 to 50 percent AMI and 1,189 beds/units for individuals 22+ years of age at 0 to 30 percent AMI. Region 5 will need an estimated 974 beds/units for individuals with a serious mental illness, by 2008.

**TABLE 14
ESTIMATED HOUSING TARGET TYPES
PERSONS WITH A SERIOUS MENTAL ILLNESS
MENTAL HEALTH REGIONS 1 - 6
2008**

Region	Housing Types	19-21 Years 0%-50% AMI	22+ Years 0%-30% AMI	Totals
1	Crisis/Respite Care Beds	5	11	16 Beds
	Group Residential Beds	11	34	45 Beds
	<u>Residential Units</u>	<u>28</u>	<u>119</u>	<u>147 Units</u>
	TOTAL BEDS/UNITS	44	164	208 BEDS/UNITS
2	Crisis/Respite Care Beds	5	13	18 Beds
	Group Residential Beds	18	34	52 Beds
	<u>Residential Units</u>	<u>27</u>	<u>139</u>	<u>166 Units</u>
	TOTAL BEDS/UNITS	50	186	236 BEDS/UNITS
3	Crisis/Respite Care Beds	13	27	40 Beds
	Group Residential Beds	42	72	114 Beds
	<u>Residential Units</u>	<u>54</u>	<u>307</u>	<u>361 Units</u>
	TOTAL BEDS/UNITS	109	406	515 BEDS/UNITS
4	Crisis/Respite Care Beds	13	26	39 Beds
	Group Residential Beds	36	70	106 Beds
	<u>Residential Units</u>	<u>53</u>	<u>288</u>	<u>341 Units</u>
	TOTAL BEDS/UNITS	102	384	486 BEDS/UNITS
5	Crisis/Respite Care Beds	33	49	82 Beds
	Group Residential Beds	63	151	214 Beds
	<u>Residential Units</u>	<u>110</u>	<u>568</u>	<u>678 Units</u>
	TOTAL BEDS/UNITS	206	768	974 BEDS/UNITS
6	Crisis/Respite Care Beds	39	100	139 Beds
	Group Residential Beds	97	235	332 Beds
	<u>Residential Units</u>	<u>182</u>	<u>854</u>	<u>1,036 Units</u>
	TOTAL BEDS/UNITS	318	1,189	1,507 BEDS/UNITS

SECTION 4
ESTIMATED TARGETED
HOUSING NEEDS FOR
PERSONS WITH A
SERIOUS MENTAL ILLNESS

SECTION 4

ESTIMATED TARGETED HOUSING NEEDS FOR PERSONS WITH A SERIOUS MENTAL ILLNESS

INTRODUCTION

The following Section includes information on the estimated targeted housing needs for persons with a serious mental illness, including development and operating costs, as well as the costs for both mental health services and treatment. Included in this Section is a ***Matrix of Targeted Housing Needs for Extremely Low Income Persons with a Serious Mental Illness***. The purpose of the Matrix is to present a complete outline of resource requirements on a statewide, regional and community-wide basis. The Matrix includes estimated costs of development, such as housing capacity building and annual operating expenses, and estimated costs of mental health rehabilitation, support and recovery services and treatment.

primary communities.....

Primary communities were selected in each of the six mental health Regions. These communities were chosen based upon a population and geographic analysis. The selected communities share similar characteristics, including an established large population base, regional market presence, a well-developed, modern transportation network and a strong system of existing supportive services and associated providers.

State of Nebraska housing needs.....

Table 15A identifies **Targeted Housing Needs For Extremely Low Income Persons With A Serious Mental Illness**, in Nebraska. This information provides a statewide “snapshot” of housing need and development and services costs.

Crisis/Respite Care/Emergency Shelter Beds, Group Residential Beds and Residential Units, as discussed in Section 3.

estimated costs.....

The estimated needed housing types include **Table 15A** also identifies statewide and regional costs associated with ***Housing Capacity Building Costs***, for each of the three housing types.

capacity building.....

An estimated baseline cost of \$9,000, per primary community, was included to cover expenses associated with local based capacity building, including, but not limited to, expenses associated with community education regarding the housing needs of the mentally ill, organizational and housing training for potential developers (both profit and non-profit) of housing for persons with a serious mental illness, service providers and governmental entities and to prepare pre-development plans for each primary community.

land requirements.....

Estimated Land Requirements include land for building(s) construction and required vacant land areas for setbacks, parking and right-of-way. A baseline estimated average of 5,200 square feet of land requirement, per unit/bed, was established. Local-based zoning and land use development regulations were taken into consideration for each of the Regions and primary communities.

development costs.....

Estimated development costs include the cost for construction, including land site(s) and structure(s) fees, such as builders general overhead and profit and architect fees. Development costs also include charges and financing during construction and legal, organization and audit fees. An estimated average baseline cost of \$75,000, per unit/bed, was utilized. However, these expenses do vary by housing type and also by Region, due to differing economic trends and patterns found across the State and within each Region.

operating costs.....

Table 15A also identifies estimated annual ***Operating Expenses***. The estimated average baseline expenses for these costs is \$5,450 per unit/bed, per year. This would include the cost for consumer/tenant housing facilitation and monitoring, general property management, utilities, maintenance, reserve replacement and property taxes, if not exempt. With property tax exemption, the annual operating expenses, per unit/bed, would be an estimated \$4,950. The estimated average annual operating cost varies by housing type. The total operating cost, including property taxes, for both crisis/respite care/emergency shelter beds and group residential beds is an estimated \$4,900 per bed/unit. The operating cost for residential units is an estimated \$5,700, per bed/unit.

mental health costs.....

Table 15B identifies targeted housing needs and the estimated annual cost of Mental Health Rehabilitation/Support/Recovery and Mental Health Treatment on a statewide and regional basis.

rehabilitation, support, recovery.....

The estimated annual cost for ***Mental Health Rehabilitation/Support/Recovery*** utilizes an estimated average baseline cost of \$11,000 per unit/bed-occupant, per year. This would include costs associated with mental health rehabilitation and support services designed to promote recovery, such as day rehabilitation, community support, residential rehabilitation, Assertive Community Treatment (ACT), vocational support and related services.

Occupants of crisis/respite care/emergency shelter beds would require an estimated average annual cost of \$12,700, per occupant, for mental health rehabilitation/support/recovery services. Occupants of group residential beds would require an estimated average annual cost of \$36,000. Occupants of residential units would require an average annual cost of \$3,000.

treatment.....

The estimated annual cost for ***Medical Treatment for the Seriously Mentally Ill*** includes costs associated with medication expenses. An estimated average of \$5,800 per unit/bed- occupant, per year, was established; an estimated \$3,500 for the 19 to 21 years of age group and an estimated \$5,850 for the 22+ years of age group. All or part of the expenses for medical treatment services expenses may already be covered for a portion of the targeted population, by Medicaid or Medicare.

***purchase/lease
rehabilitation.....***

An alternative to the construction of new housing units, to meet the five-year housing target need, in Nebraska, for persons with a serious mental illness, is the purchase or lease and either the moderate or substantial rehabilitation of existing housing units. The cost for rehabilitation can range from \$7,000 to \$35,000 per unit, all in an effort to bring housing units upto existing community housing code.

The 2000 Census recorded over 56,000 vacant housing units, statewide. The following presents the number of vacant units available in each of the "primary communities", per Region, as per the 2000 Census.

- ♦ **Region 1** - Scottsbluff/Gering-630 units, Alliance-497 units, Chadron-254 units, Sidney-269 units;
- ♦ **Region 2** - North Platte-774 units, Ogallala-262 units, Lexington-227 units, McCook-383 units;
- ♦ **Region 3** - Grand Island-995 units, Kearney-550 units, Hastings-724 units, Holdrege-247 units, Aurora-136 units, Broken Bow-212 units, Ord-143 units;
- ♦ **Region 4** - Valentine-164 units, O'Neill-186 units, Neligh-74 units, Norfolk-712 units, Columbus-516 units, South Sioux City-253 units, Wayne-113 units;
- ♦ **Region 5** - Lincoln-4,714 units, Beatrice-423 units, York-228 units, Seward-134 units, Wahoo-86 units, Nebraska City-256 units, Falls City-263 units; and
- ♦ **Region 6** - Omaha-8,993 units, Bellevue/Papillion/Ralston-811 units, Fremont-405 units, Plattsmouth-187 units, Blair-162 units.

REGIONS 1 – 6

Region 1.....

Table 16 identifies the *Targeted Housing Needs, estimated development and operating costs and estimated mental health services and medical treatment costs for SMI, for Region 1 and its primary communities*. The primary communities selected in Region 1 include Scottsbluff/Gering, Alliance, Chadron and Sidney. Region 1 will require an estimated \$36,000 for housing capacity building costs and an estimated 25.39 acres of land. The average estimated development cost will vary, depending upon the housing type. The estimated average development cost per crisis/respite care/emergency shelter bed, in Region 1, is \$44,000. The estimated development cost is \$56,000 per group residential bed and \$84,000 per residential unit. The Region will require an estimated \$1,136,800 for annual operating expenses and an estimated \$2,264,200 for the annual cost of mental health rehabilitation, support and recovery services. The total estimated annual cost for medical treatment for SMI, in Region 1, is \$1,113,400.

Region 2.....

Table 17 identifies the *Targeted Housing Needs, estimated development and operating costs and estimated mental health services and medical treatment costs for SMI, in Region 2*. Region 2 will require an estimated \$36,000 for housing capacity building costs and an estimated 28.82 acres of land. The estimated develop cost per crisis/respite care/emergency shelter bed is \$44,000. The estimated development cost per group residential bed is \$56,000 and \$84,000 per residential unit. The community of North Platte will require an estimated \$8,124,000 for development costs and an estimated \$601,500 for annual operating costs. The estimated annual cost for medical treatment for SMI, will be \$190,650 per bed/unit-occupant, in both Ogallala and McCook, and \$295,900 per bed/unit-occupant in Lexington.

Region 3.....

Table 18 identifies *Targeted Housing Needs and estimated development and mental health services and medical treatment costs for SMI, for Region 3.*

The primary communities identified in Region 3 include Grand Island, Kearney, Hastings, Holdrege, Aurora, Broken Bow and Ord. Each community will require an estimated \$9,000 in housing capacity building costs. A total estimated land requirement of 62.90 acres has been established for Region 3. The estimated development cost per crisis/respice care/emergency shelter bed, in Region 3, is \$46,000. The estimated development cost per group residential bed is \$56,000 and per residential unit, \$88,000. The community of Grand Island will require an estimated \$1,570,272 for the annual cost of mental health rehabilitation, support and recovery services and an estimated \$743,750 for the annual cost of medical treatment for SMI. The community of Aurora will require an estimated \$420,213 for the annual cost of mental health rehabilitation, support and recovery services and an estimated \$203,500 for the annual cost of medical treatment for SMI.

Region 4.....

Table 19 identifies the *Targeted Housing Needs and estimated development, mental health services and medical treatment costs for SMI, for Region 4.*

The primary communities identified in Region 4 include Valentine, O'Neill, Neligh, Norfolk, Columbus, South Sioux City and Wayne. Region 4 will require an estimated \$63,000 for housing capacity building costs and an estimated land requirement of 59.36 acres. The development cost per crisis/respice care/emergency shelter bed, in Region 4, is an estimated \$46,000, and an estimated \$58,000 per group residential bed. The development cost per residential unit is an estimated \$88,000. The total estimated development cost for Region 4 is \$37,950,000. Region 4 will require an estimated \$5,334,300 for the annual cost of mental health rehabilitation, support and recovery services and an estimated \$2,603,400 for the annual cost of medical treatment for SMI.

Region 5.....

Table 20 identifies *Targeted Housing Needs and estimated development, mental health services and medical treatment costs for SMI, for Region 5.*

The primary communities in this region include Lincoln, Beatrice, York, Seward, Wahoo, Nebraska City and Falls City. Each primary community will require an estimated \$9,000 for housing capacity building costs.

Region 5 will require an estimated 118.96 acres of land. The estimated development cost per crisis/respite care/emergency shelter bed, in Region 5, is \$50,000.

The development cost per group residential bed is an estimated \$60,000, and per residential unit, an estimated \$90,000. Region 5 will require an estimated total of \$5,315,000 for annual operating expenses and \$10,779,400 for the annual cost of mental health rehabilitation, support and recovery services. The community of Lincoln will require an estimated \$3,177,650 for the annual cost of medical treatment for SMI. The communities of Seward and Nebraska City will both require an estimated \$290,050 for the annual cost of medical treatment for SMI.

Region 6.....

Table 21 identifies the *Targeted Housing Needs and estimated development, mental health services and medical treatment costs for SMI, for Region 6.*

The primary communities identified in Region 6 include Omaha, Bellevue, Papillion, Ralston, Fremont, Plattsmouth and Blair. Estimates for the communities of Bellevue, Papillion and Ralston have been calculated jointly. Region 6 will require an estimated \$63,000 for housing capacity building costs and an estimated 184.12 acres of land for development. The estimated development cost per crisis/respite care/emergency shelter bed, in Region 6, is \$54,000. The development cost per group residential bed is an estimated \$64,000 and an estimated \$94,000, per residential unit. The community of Omaha will require an estimated \$11,644,849 for the annual cost of mental health rehabilitation, support and recovery services and an estimated \$5,603,350 for the annual cost of medical treatment for SMI.

The community of Fremont will require an estimated \$982,499 for the annual cost of mental health rehabilitation, support and recovery services and \$465,450 for the annual cost of medical treatment for SMI.

***provider matrix
of services.....***

Included in the ***Appendix*** is a ***Provider Matrix of mental health and supportive services information for providers***, in the State of Nebraska, who participated in the Provider Survey process. The Provider Matrix offers a summary of the various services offered by mental health providers.

A total of 51 Providers completed the service matrix questions, included in the Provider Survey. Of those 51 Providers, 28 offer some type of housing services, including emergency housing, permanent housing, referrals and/or transitional housing. A total of 22 Providers offer transportation services, including emergency transportation, section of community transportation and/or direct destination transportation. A total of 23 Providers offer financial services, including financial assistance and/or financial management, and 25 Providers offer employment services, such as business development, job placement, job referrals/assistance and/or job training. A total of 32 Providers offer educational services, including advocacy, continuing education/career development, information and resources and/or tutor/mentor services.

A total of 84 percent of the Providers offer some type of health and well-being services, such as mental, physical, support, treatment and/or inpatient and outpatient services. Only 20 percent of the Providers offer some type of law enforcement, crime or violence services, such as legal services, shelter, prevention and/or victim assistance. Cultural services, such as cultural awareness/sensitivity, general assistance, language and/or immigration services are offered by 21 of the 51 Providers, and recreation services, including recreation for disabled persons, families, seniors and/or youth, are offered by 20 of the 51 Providers.

Both case management services, including education/employment counseling, family support programs, financial assistance, legal aid, shelter and/or TANF, and family support services, such as adult day care, alcohol/drug abuse services, counseling and/or parenting programs, are offered by 67 percent of the Providers.

**FUNDING
THE
IMPLEMENT-
ATION OF
HOUSING**

To produce needed housing for extremely low income persons with a serious mental illness, in Nebraska, a public/private partnership will need to exist to access funding to finance both development and operation costs. The following information identifies various funding sources, programs and strategies available to assist in financing future housing activities for persons with a serious mental illness. The (strategic) combination of two or more sources can assist in reducing development and/or operational costs of proposed affordable housing projects. The ***Nebraska Affordable Housing Resource Inventory*** lists important affordable housing funding programs and associated contacts. The Resource Inventory is available at <http://crd.neded.org/hsginv>.

**Local Funding
Options**

Local funding for use in housing development and improvement programs are limited to two primary sources (1) local tax base and (2) dollars secured via state and federal grant and loan programs, which are typically only available to local units of government (village, city or county).

local tax base.....

Tax Increment Financing (TIF) can use added property tax revenues created by growth and development in an area to finance improvements within the boundaries of a designated redevelopment district. Utilizing the Nebraska Community Development Law, each primary community identified for each Region has the authority to create a Community Redevelopment Authority (CRA). Some of the primary communities currently have a CRA and have declared areas of the community as Redevelopment Areas, due to the existence of blighted and substandard factors. A CRA can utilize TIF for commercial, industrial and residential oriented public improvements.

The tax increment is the difference between the taxes generated on an existing piece of property and the taxes generated after the redevelopment occurs. One hundred percent of the increment can be captured for up to 15 years, by the CRA, and used for public improvements in a designated Redevelopment Area.

other local options.....

Local Housing Authorities - Established Housing Authorities, in each of the primary communities, are capable of sponsoring affordable housing programs. The Housing Authority is empowered by existing legislation to become involved in all aspects of affordable housing in the community. The Housing Authority has access to a variety of sources of funding, as well as the ability to secure tax exempt bond financing for local based housing projects.

Local Major Employers and/or Community Foundation Assistance - This is a common occurrence today, within many cities and counties nationwide, in an effort to provide housing opportunities to low- and moderate-income persons and families and special populations. Major local employers and community foundations are becoming directly involved in housing developments and improvements. These foundations and/or major employers could provide the following:

- a) Direct grants;
- b) Low interest loans;
- c) Letter of Credit, for all or a percentage of loans;
- d) GAP Financing – provides financing to cover the unfunded portion of development costs, as a deferred or less than market rate loan to the development;
- e) Mortgage Interest Rate Subsidy – provides buy down of a conventional loan;
- f) Purchase Bonds/Tax Credits – make a commitment to purchase either/both taxable/tax exempt bonds and/or low-income tax credits utilized to finance housing development.

Local Lender Participation - Local and regional lending institutions serving each primary community should create a partnership to provide technical assistance to housing developers and share bridge and permanent financing of local housing programs for persons with a serious mental illness.

The previously described local funding options could be used separately or “pooled” together and utilized in equal proportions for the implementation of housing programs for persons with a serious mental illness.

other funding initiatives.....

Primary communities should consider the creation of both a local **Housing Trust Fund** and a community **Equity Fund** to assist in funding financially difficult housing activities, associated with housing programs for persons with a serious mental illness. Financing for these funds can be secured via developer fees, private Foundations and/or donations for local/County financial institutions, insurance companies and C-corporations.

State Providers/ Programs

State programs available to assist in funding a community housing initiative for persons with a serious mental illness include resources available from the **Department of Economic Development (DED), Nebraska Investment Finance Authority (NIFA), Nebraska Energy Offices (NEO) and Nebraska Department of Health and Human Services (HHS)**. The following describes the primary housing funding programs provided by these Agencies/Departments.

DED.....

The Nebraska Department of Economic Development (DED) is presently the administrator of **HOME** funds. HOME funds are available to authorized, local or regional based Community Development Housing Organizations (CHDOs), public housing agencies, non-profit housing organizations and local governments for affordable housing repair and/or new construction. A CHDO exists to conduct housing business in each of the primary communities.

The Cities of Omaha and Lincoln also administer and distribute HOME funds.

DED also administers the non-entitlement **Community Development Block Grant (CDBG)** program, available to local community and county municipalities for financing housing, planning and public works projects. Each primary community is an eligible applicant for non-entitlement CDBG funds.

The Cities of Lincoln and Omaha also administer and distribute CDBG funds.

housing trust fund.....

Nebraska Housing Trust Fund - The fund is available for affordable housing programs. The Trust Fund is administered by DED.

NIFA.....

NIFA is a primary provider of funding for affordable housing development in Nebraska. The most popular NIFA programs include:

- **Low-Income Housing Tax Credit (LIHTC) Program** - Provides a 4 and 9 percent tax credit to developers for the development of low cost, affordable multifamily, single family or elderly housing projects. **Developers can utilize the resource of the Equity Fund of Nebraska to secure tax credit equity.**
- **CROWN (Credit-to-Own).** The CROWN program creates a lease-to-own program for renters/potential homeowners and
- **CRANE (Collaborative Resources Alliance for Nebraska)** is a set-a-side program for targeted resources, for community development and housing programs.

NEO.....

Made available by the Nebraska Energy Office (NEO), the **Low-Income Weatherization Assistance Program**-This federally funded program assists people with low incomes by making energy improvements to their homes. The program is a statewide effort carried out primarily by Nebraska Community Action Agencies Each primary community is served by a Community Action Agency.

The weatherization program concentrates on those energy improvements which have the greatest impact on making recipient's homes more energy efficient, thereby lowering their energy consumption. Eligible weatherization measures include caulking, weatherstripping, ceiling, wall and floor insulation and furnace repair.

NEO also has low- and no interest loan products for new construction, in buildings that exceed the 1998 International Energy Conservation Code. This could be very useful in the development of safe and affordable housing.

HHS.....

The Nebraska Department of Health and Human Services (HHS) administers the **Nebraska Homeless Shelter Assistance Trust Fund** and **Emergency Shelter Grant** to assist local or regional based groups in the provision of housing improvements for homeless and "at risk of homeless" persons and families.

Regional Funding

FHLB.....

Affordable Housing Program - This program makes low-interest loans to finance home ownership for families with incomes at or below 80 percent of the median income for the area. The program can also finance the purchase, construction or rehabilitation of rental housing in which 20 percent of the units are occupied by and affordable to very low-income households. These funds are available through the Federal Home Loan Bank's member institutions in Nebraska, and are loaned on a competitive basis, with semi-annual application dates. This program can be combined with other programs (ie., State CDBG, Low-Income Housing Tax Credit, etc.) To absorb the development subsidy requirements for both rent and owner occupied housing projects.

Federal Funding

A primary provider of federal funding to assist in funding housing programs for persons with a serious mental illness are the **Department of Housing and Urban Development (HUD)**, **Department of Agriculture** and the **Office of Rural Development (RD)**. Housing programs provided by HUD and RD are available for both profit and non-profit developers. Funds from these programs are commonly mixed or pooled with other public funding sources, as well as conventional financing.

HUD.....

- **Section 8 Moderate Rehabilitation SRO's** - Available to Public Housing Authorities to provide rental assistance for homeless individuals in rehabilitated single-room occupancy housing.
- **Shelter Plus Care** - Provides rental assistance and supportive services on a long-term basis for homeless individuals with disabilities.
- **HUD Section 202 Program** - Provides a capital advance to non-profit developers for development of elderly housing for either independent living or congregate (frail elderly) living. The program provides 100 percent financing, with a capital advance, no repayment loan and operational subsidy.
- **Supportive Housing Program** – Provides funding for transitional housing for the homeless.
- **HUD Section 811 Program** - Provides a capital advance to non-profit developers for development of housing for persons with a disability(ies). The program provides 100 percent financing with an operational subsidy.
- **Mortgage Insurance** - The HUD 221(d)(3) provides up to 100 percent mortgage insurance for non-profit developers and 90 percent mortgage insurance coverage for profit-motivated developers 221(d)(4). Permanent financing can be provided via the public funds and/or conventional financing.

RD.....

a) Section 515 Program - Provides a direct interest subsidized loan for the development of family and elderly housing, including congregate, and rental housing for persons with a disability. Rent subsidy is also available, as per demand. **A Section 538 mortgage insurance program is also available.**

b) Section 502 Program - Provides either a mortgage guarantee or direct loan for single family homeownerships for low- and moderate-income persons/families, including persons with a disability. **Section 504 Program** - Provides for the rehabilitation of homes.

c) Community Facilities Program - Provides a direct, interest subsidized loan for a variety of projects specific, community facility improvement programs including new construction or housing rehabilitation **for “special populations.”**

d) Preservation Program - Administered by qualified local and regional organizations/agencies to assist in housing rehabilitation programs in Nebraska Communities. This could include a local based, planned program of home modification **income eligible to low/moderate-income persons and families.**

and

e) Business & Industry Program - The RD Business and Industry Program allows for loan mortgage guarantee for commercial projects, including retirement/assisted care housing.

other federal funding.....

Other funding products that may serve to be useful in the development of affordable housing for persons with a serious mental illness are the HUD Rural Housing and Economic Development Fund, the Native American Housing and Self-Determination Act and CDBG funds and the Rehabilitation Tax Credit, available via the Historic Preservation Act. **FannieMae - Nebraska Partnership** is available to provide technical assistance and funding options for affordable living.

TABLE 15A
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 1, 2, 3, 4, 5, 6
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES						TOTALS	
	Scottsbluff/ Gering, Alliance, Chadron, Sidney Region 1	North Platte, Ogallala, Lexington, McCook Region 2	Grand Island, Kearney, Hastings, Holdrege, Aurora, Broken Bow, Ord Region 3	Valentine, O'Neill Neligh, Norfolk, Columbus, South Sioux City, Wayne Region 4	Lincoln, Beatrice, York, Seward, Wahoo, Nebraska City, Falls City Region 5	Omaha, Bellevue/ Papillion/Ralston, Fremont, Plattsmouth, Blair Region 6	U	B
							N	E
19-21 Years (0%-50% AMI)								
Crisis/Respite Care/Emergency Shelter Beds	5	5	13	13	33	39	108	
Group Residential Beds	11	18	42	36	63	97	267	
Residential Units	28	27	54	53	110	182	454	
SUBTOTALS (UNITS/BEDS)	44	50	109	102	206	318	829	
22+ Years (0%-30% AMI)								
Crisis/Respite Care/Emergency Shelter Beds	11	13	27	26	49	100	226	
Group Residential Beds	34	34	72	70	151	235	596	
Residential Units	119	139	307	288	568	854	2,275	
SUBTOTALS (UNITS/BEDS)	164	186	406	384	768	1,189	3,097	
TOTALS (UNITS/BEDS)	208	236	515	486	974	1,507	3,926	
EST. DEVELOPMENT/OPERATING COSTS							ACRES/\$	
1. Housing Capacity Building Costs	\$36,000	\$36,000	\$63,000	\$63,000	\$63,000	\$63,000	\$324,000	
• Crisis/Respite Care/Emergency Shelter Beds	\$2,700	\$2,700	\$4,850	\$4,850	\$4,850	\$4,850	\$24,800	
• Group Residential Beds	\$7,775	\$7,775	\$13,925	\$13,925	\$13,925	\$13,925	\$71,250	
• Residential Units	\$25,525	\$25,525	\$44,225	\$44,225	\$44,225	\$44,225	\$227,950	
2. Est. Land Requirements	25.39	28.82	62.90	59.36	118.96	184.12	479.55 Acres	
• Crisis/Respite Care/Emergency Shelter Beds	1.02	1.15	2.51	2.37	5.35	9.20	21.60	
• Group Residential Beds	4.06	4.61	10.06	9.49	19.03	29.46	76.71	
• Residential Units	20.31	23.06	50.33	47.50	94.58	145.46	381.24	
3. Est. Development Costs	\$15,572,000	\$17,648,000	\$40,220,000	\$37,950,000	\$77,960,000	\$126,138,000	\$315,488,000	
• Crisis/Respite Care/Emergency Shelter Beds	\$704,000	\$792,000	\$1,840,000	\$1,794,000	\$4,100,000	\$7,506,000	\$16,736,000	
• Group Residential Beds	\$2,520,000	\$2,912,000	\$6,612,000	\$6,148,000	\$12,840,000	\$21,248,000	\$52,280,000	
• Residential Units	\$12,348,000	\$13,944,000	\$31,768,000	\$30,008,000	\$61,020,000	\$97,384,000	\$246,472,000	
4. Est. Annual Operating Expenses	\$1,136,800	\$1,289,200	\$2,812,300	\$2,654,200	\$5,315,000	\$8,213,100	\$21,420,600	
• Crisis/Respite Care/Emergency Shelter Beds	\$78,400	\$88,200	\$196,000	\$191,100	\$401,800	\$681,100	\$1,636,600	
• Group Residential Beds	\$220,500	\$254,800	\$558,600	\$519,400	\$1,048,600	\$1,626,800	\$4,228,700	
• Residential Units	\$837,900	\$946,200	\$2,057,700	\$1,943,700	\$3,864,600	\$5,905,200	\$15,555,300	

TABLE 15B
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 1, 2, 3, 4, 5, 6
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES						TOTALS	
	Scottsbluff/ Gering, Alliance, Chadron, Sidney Region 1	North Platte, Ogallala, Lexington, McCook Region 2	Grand Island, Kearney, Hastings, Holdrege, Aurora, Broken Bow, Ord Region 3	Valentine, O'Neill Neligh, Norfolk, Columbus, South Sioux City, Wayne Region 4	Lincoln, Beatrice, York, Seward, Wahoo, Nebraska City, Falls City Region 5	Omaha, Bellevue/ Papillion/Ralston, Fremont, Plattsmouth, Blair Region 6	U	B
							N	E
19-21 Years (0%-50% AMI)								
Crisis/Respite Care/Emergency Shelter Beds	5	5	13	13	33	39	108	
Group Residential Beds	11	18	42	36	63	97	267	
<u>Residential Units</u>	<u>28</u>	<u>27</u>	<u>54</u>	<u>53</u>	<u>110</u>	<u>182</u>	<u>454</u>	
SUBTOTALS (UNITS/BEDS)	44	50	109	102	206	318	829	
22+ Years (0%-30% AMI)								
Crisis/Respite Care/Emergency Shelter Beds	11	13	27	26	49	100	226	
Group Residential Beds	34	34	72	70	151	235	596	
<u>Residential Units</u>	<u>119</u>	<u>139</u>	<u>307</u>	<u>288</u>	<u>568</u>	<u>854</u>	<u>2,275</u>	
SUBTOTALS (UNITS/BEDS)	164	186	406	384	768	1,189	3,097	
TOTALS (UNITS/BEDS)	208	236	515	486	974	1,507	3,926	
5. EST. ANNUAL COST - MENTAL HEALTH REHABILITATION/SUPPORT/RECOVERY	\$2,264,200	\$2,598,600	\$5,695,000	\$5,334,300	\$10,779,400	\$16,825,300	\$43,496,800	
• Crisis/Respite Care/Emergency Shelter Beds	\$203,200	\$228,600	\$508,000	\$495,300	\$1,041,400	\$1,765,300	\$4,241,800	
• Group Residential Beds	\$1,620,000	\$1,872,000	\$4,104,000	\$3,816,000	\$7,704,000	\$11,952,000	\$31,068,000	
• Residential Units	\$441,000	\$498,000	\$1,083,000	\$1,023,000	\$2,034,000	\$3,108,000	\$8,187,000	
6. EST. ANNUAL COST - MEDICAL TREATMENT FOR SMI	\$1,113,400	\$1,263,100	\$2,756,600	\$2,603,400	\$5,213,800	\$8,068,650	\$21,018,950	

Source: Hanna:Keelan Associates. P.C.. 2003

TABLE 16
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 1
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES - COUNTY REPRESENTATION				TOTALS	
	Scottsbluff/Gering Banner, Morrill, Scotts Bluffs	Alliance Box Butte	Chadron Dawes, Sheridan, Sioux	Sidney Cheyenne, Deuel, Garden, Kimball	U	B
					N	E
					D	S
19-21 Years (0%-50% AMI)						
Crisis/Respite Care/Emergency Shelter Beds	2	1	1	1	5	
Group Residential Beds	5	2	2	2	11	
<u>Residential Units</u>	<u>16</u>	<u>3</u>	<u>3</u>	<u>6</u>	<u>28</u>	
SUBTOTALS (UNITS/BEDS)	23	6	6	9	44	
22+ Years (0%-30% AMI)						
Crisis/Respite Care/Emergency Shelter Beds	4	2	2	3	11	
Group Residential Beds	24	3	3	4	34	
<u>Residential Units</u>	<u>66</u>	<u>14</u>	<u>23</u>	<u>16</u>	<u>119</u>	
SUBTOTALS (UNITS/BEDS)	94	19	28	23	164	
TOTALS (UNITS/BEDS)	117	25	34	32	208	
EST. DEVELOPMENT/OPERATING COSTS					ACRES/\$	
1. Housing Capacity Building Costs	\$9,000	\$9,000	\$9,000	\$9,000	\$36,000	
2. Est. Land Requirements	14.29 Acres	3.05 Acres	4.15 Acres	3.90 Acres	25.39 Acres	
3. Est. Development Costs	\$8,776,000	\$1,840,000	\$2,596,000	\$2,360,000	\$15,572,000	
4. Est. Annual Operating Expenses	\$638,900	\$136,100	\$187,400	\$174,400	\$1,136,800	
5. EST. ANNUAL COST - MENTAL HEALTH REHABILITATION/SUPPORT/RECOVERY	\$1,273,612	\$272,139	\$370,109	\$348,340	\$2,264,200	
6. EST. ANNUAL COST - MEDICAL TREATMENT FOR SMI	\$630,400	\$132,150	\$184,800	\$166,050	\$1,113,400	

Source: Hanna:Keelan Associates, P.C., 2003

TABLE 17
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 2
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES - COUNTY REPRESENTATION				TOTALS	
	North Platte <i>Frontier, Hayes, Hooker, Lincoln, Logan, McPherson, Thomas</i>	Ogallala <i>Arthur, Grant, Keith, Perkins</i>	Lexington <i>Dawson, Gosper</i>	McCook <i>Chase, Dundy, Hitchcock, Red Willow</i>	U N I T S	B E D S
	19-21 Years (0%-50% AMI)					
Crisis/Respite Care/Emergency Shelter Beds	3	0	2	0	5	
Group Residential Beds	10	2	4	2	18	
<u>Residential Units</u>	<u>14</u>	<u>4</u>	<u>5</u>	<u>4</u>	<u>27</u>	
SUBTOTALS (UNITS/BEDS)	27	6	11	6	50	
22+ Years (0%-30% AMI)						
Crisis/Respite Care/Emergency Shelter Beds	6	2	3	2	13	
Group Residential Beds	20	4	6	4	34	
<u>Residential Units</u>	<u>58</u>	<u>23</u>	<u>35</u>	<u>23</u>	<u>139</u>	
SUBTOTALS (UNITS/BEDS)	84	29	44	29	186	
TOTALS (UNITS/BEDS)	111	35	55	35	236	
EST. DEVELOPMENT/OPERATING COSTS					ACRES/\$	
1. Housing Capacity Building Costs	\$9,000	\$9,000	\$9,000	\$9,000	\$36,000	
2. Est. Land Requirements	13.56 Acres	4.27 Acres	6.72 Acres	4.27 Acres	28.82 Acres	
3. Est. Development Costs	\$8,124,000	\$2,692,000	\$4,140,000	\$2,692,000	\$17,648,000	
4. Est. Annual Operating Costs	\$601,500	\$193,100	\$301,500	\$193,100	\$1,289,200	
5. EST. ANNUAL COST - MENTAL HEALTH REHABILITATION/SUPPORT/RECOVERY	\$1,222,223	\$385,386	\$605,605	\$385,386	\$2,598,600	
6. EST. ANNUAL COST - MEDICAL TREATMENT FOR SMI	\$585,900	\$190,650	\$295,900	\$190,650	\$1,263,100	

Source: Hanna:Keelan Associates, P.C., 2003

TABLE 18
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 3
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES - COUNTY REPRESENTATION							TOTALS	
	Grand Island Hall, Howard	Kearney Buffalo, Kearney, Sherman,	Hastings Adams, Clay, Nuckolls, Webster	Holdrege Franklin, Furnas, Harlan, Phelps	Aurora Hamilton, Merrick	Broken Bow Blaine, Custer, Loup	Ord Garfield, Greeley, Wheeler, Valley	U	B
								N	E
19-21 Years (0%-50% AMI)									
Crisis/Respite Care/Emergency Shelter Beds	4	3	3	2	1	0	0	13	
Group Residential Beds	12	9	9	5	3	2	2	42	
<u>Residential Units</u>	<u>21</u>	<u>11</u>	<u>11</u>	<u>3</u>	<u>4</u>	<u>2</u>	<u>2</u>	<u>54</u>	
SUBTOTALS (UNITS/BEDS)	37	23	23	10	8	4	4	109	
22+ Years (0%-30% AMI)									
Crisis/Respite Care/Emergency Shelter Beds	8	6	6	2	2	2	1	27	
Group Residential Beds	18	17	17	8	6	3	3	72	
<u>Residential Units</u>	<u>79</u>	<u>79</u>	<u>79</u>	<u>30</u>	<u>22</u>	<u>11</u>	<u>7</u>	<u>307</u>	
SUBTOTALS (UNITS/BEDS)	105	102	102	40	30	16	11	406	
TOTALS (UNITS/BEDS)	142	125	125	50	38	20	15	515	
EST. DEVELOPMENT/OPERATING COSTS								ACRES/\$	
1. Housing Capacity Building Costs	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$63,000	
2. Est. Land Requirements	17.35 Acres	15.27 Acres	15.27 Acres	6.10 Acres	4.64 Acres	2.44 Acres	1.83 Acres	62.90 Acres	
3. Est. Development Costs	\$11,092,000	\$9,842,000	\$9,842,000	\$3,842,000	\$2,948,000	\$1,526,000	\$1,128,000	\$40,220,000	
4. Est. Annual Operating Costs	\$775,800	\$684,500	\$684,500	\$271,400	\$207,000	\$108,400	\$80,700	\$2,812,300	
5. EST. ANNUAL COST - MENTAL HEALTH REHABILITATION/SUPPORT/RECOVERY	\$1,570,272	\$1,382,281	\$1,382,281	\$522,912	\$420,213	\$221,165	\$195,876	\$5,695,000	
6. EST. ANNUAL COST - MEDICAL TREATMENT FOR SMI	\$743,750	\$677,200	\$677,200	\$269,000	\$203,500	\$107,600	\$78,350	\$2,756,600	

Source: Hanna:Keelan Associates, P.C., 2003

TABLE 19
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 4
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES - COUNTY REPRESENTATION							TOTALS	
	Valentine Brown, Cherry, Keya Paha	O'Neill Boyd, Holt, Rock	Neligh Antelope, Knox	Norfolk Cuming, Madison, Pierce, Stanton	Columbus Boone, Colfax, Platte, Stanton	South Sioux City Burt, Dakota, Dixon, Thurston	Wayne Cedar, Wayne	U N I T S	B E D S
	19-21 Years (0%-50% AMI)								
Crisis/Respite Care/Emergency Shelter Beds	1	2	2	3	2	2	1	13	
Group Residential Beds	2	2	2	14	12	2	2	36	
Residential Units	3	5	4	13	11	10	7	53	
SUBTOTALS (UNITS/BEDS)	6	9	8	30	25	14	10	102	
22+ Years (0%-30% AMI)									
Crisis/Respite Care/Emergency Shelter Beds	2	4	4	6	4	4	2	26	
Group Residential Beds	4	5	5	22	20	10	4	70	
Residential Units	16	20	16	79	73	52	32	288	
SUBTOTALS (UNITS/BEDS)	22	29	25	107	97	66	38	384	
TOTALS (UNITS/BEDS)	28	38	33	137	122	80	48	486	
EST. DEVELOPMENT OPERATING COSTS								ACRES/\$	
1. Housing Capacity Building Costs	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$63,000	
2. Est. Land Requirements	3.42 Acres	4.64 Acres	4.03 Acres	16.74 Acres	14.90 Acres	9.77 Acres	5.86 Acres	59.36 Acres	
3. Est. Development Costs	\$2,158,000	\$2,882,000	\$2,442,000	\$10,598,000	\$9,524,000	\$6,428,000	\$3,918,000	\$37,950,000	
4. Est. Annual Operating Expenses	\$152,400	\$206,200	\$177,700	\$744,900	\$665,000	\$441,600	\$266,400	\$2,654,200	
5. EST. ANNUAL COST - MENTAL HEALTH REHABILITATION/SUPPORT/RECOVERY	\$307,325	\$417,085	\$362,185	\$1,503,700	\$1,339,063	\$878,074	\$526,868	\$5,334,300	
6. EST. ANNUAL COST-MEDICAL TREATMENT FOR SMI	\$149,700	\$201,150	\$174,250	\$730,950	\$654,950	\$435,100	\$257,300	\$2,603,400	

Source: Hanna:Keelan Associates, P.C., 2003

TABLE 20
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 5
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES - COUNTY REPRESENTATION							TOTALS	
	Lincoln Lancaster	Beatrice Gage, Jefferson, Saline, Thayer	York Fillmore, Polk, York	Seward Butler, Seward	Wahoo Saunders	Nebraska City Nemaha, Otoe	Falls City Pawnee, Richardson	U N I T S	B E D S
19-21 Years (0%-50% AMI)									
Crisis/Respite Care/Emergency Shelter Beds	18	5	2	2	2	2	2	33	
Group Residential Beds	34	9	5	4	4	4	3	63	
<u>Residential Units</u>	<u>72</u>	<u>12</u>	<u>6</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>110</u>	
SUBTOTALS (UNITS/BEDS)	124	26	13	11	11	11	10	206	
22+ Years (0%-30% AMI)									
Crisis/Respite Care/Emergency Shelter Beds	26	8	4	3	3	3	2	49	
Group Residential Beds	80	22	12	10	10	10	7	151	
<u>Residential Units</u>	<u>363</u>	<u>62</u>	<u>45</u>	<u>30</u>	<u>25</u>	<u>30</u>	<u>13</u>	<u>568</u>	
SUBTOTALS (UNITS/BEDS)	469	92	61	43	38	43	22	768	
TOTALS (UNITS/BEDS)	593	118	74	54	49	54	32	974	
EST. DEVELOPMENT/OPERATING COSTS								ACRES/\$	
1. Housing Capacity Building Costs	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$63,000	
2. Est. Land Requirements	72.45 Acres	14.41 Acres	9.04 Acres	6.59 Acres	5.98 Acres	6.59 Acres	3.90 Acres	118.96 Acres	
3. Est. Development Costs	\$48,190,000	\$9,170,000	\$5,910,000	\$4,240,000	\$3,790,000	\$4,240,000	\$2,420,000	\$77,960,000	
4. Est. Annual Operating Expenses	\$3,253,700	\$637,400	\$403,400	\$292,600	\$264,100	\$292,600	\$171,200	\$5,315,000	
5. EST. ANNUAL COST - MENTAL HEALTH REHABILITATION/SUPPORT/RECOVERY	\$6,562,817	\$1,305,923	\$818,968	\$597,625	\$542,294	\$597,625	\$354,148	\$10,779,400	
6. EST. ANNUAL COST - MEDICAL TREATMENT FOR SMI	\$3,177,650	\$629,200	\$402,350	\$290,050	\$260,800	\$290,050	\$163,700	\$5,213,800	

Source: Hanna:Keelan Associates, P.C., 2003

TABLE 21
MATRIX OF TARGETED HOUSING NEEDS
EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS
STATE OF NEBRASKA
REGION 6
2003 - 2008

TARGET GROUPS & HOUSING TYPES	PRIMARY COMMUNITIES - COUNTY REPRESENTATION					TOTALS	
	Omaha Douglas	Bellevue, Papillion, Ralston Sarpy	Fremont Dodge	Plattsmouth Cass	Blair Washington	U	B
						N	E
19-21 Years (0%-50% AMI)							
Crisis/Respite Care/Emergency Shelter Beds	27	6	3	3	0	39	
Group Residential Beds	67	14	6	6	4	97	
<u>Residential Units</u>	<u>118</u>	<u>39</u>	<u>12</u>	<u>8</u>	<u>5</u>	<u>182</u>	
SUBTOTALS (UNITS/BEDS)	212	59	21	17	9	318	
22+ Years (0%-30% AMI)							
Crisis/Respite Care/Emergency Shelter Beds	58	20	8	8	6	100	
Group Residential Beds	168	31	14	12	10	235	
<u>Residential Units</u>	<u>605</u>	<u>160</u>	<u>45</u>	<u>23</u>	<u>21</u>	<u>854</u>	
SUBTOTALS (UNITS/BEDS)	831	211	67	43	37	1,189	
TOTALS (UNITS/BEDS)	1,043	270	88	60	46	1,507	
EST. DEVELOPMENT/OPERATING COSTS						ACRES/\$	
1. Housing Capacity Building Costs	\$9,000	\$27,000	\$9,000	\$9,000	\$9,000	\$63,000	
2. Est. Land Requirements	127.43 Acres	32.99 Acres	10.75 Acres	7.33 Acres	5.62 Acres	184.12 Acres	
3. Est. Development Costs	\$87,592,000	\$22,990,000	\$7,232,000	\$4,660,000	\$3,664,000	\$126,138,000	
4. Est. Annual Operating Expenses	\$5,689,100	\$1,482,200	\$476,800	\$318,800	\$246,200	\$8,213,100	
5. EST. ANNUAL COST - MENTAL HEALTH REHABILITATION/ SUPPORT/RECOVERY	\$11,644,849	\$3,014,486	\$982,499	\$669,885	\$513,581	\$16,825,300	
6. EST. ANNUAL COST - MEDICAL TREATMENT FOR SMI	\$5,603,350	\$1,440,850	\$465,450	\$311,050	\$247,950	\$8,068,650	

Source: Hanna:Keelan Associates, P.C., 2003

APPENDIX

***SELECTED LITERATURE SEARCH/
REVIEW***

SAMPLE CONSUMER SURVEY

SAMPLE PROVIDER SURVEY

SAMPLE FOCUS GROUP AGENDA

PROVIDER MATRIX

***SELECTED LITERATURE
SEARCH/REVIEW***

SELECTED LITERATURE SEARCH/REVIEW PERSONS WITH A SERIOUS MENTAL ILLNESS

1. The Omaha-Council Bluffs Consortium Consolidates Submission for Community Development Programs 1999-2002.

\$ During a recent year, approximately 820 people had a level of mental illness that was serious and persistent and/or disabling in Douglas County for which they received treatment through an agency Region VI funded.

\$ These agencies serve primarily indigent or lower income people, so those who choose purely private care would not be included in the 820-person estimate.

\$ The case coordinator for Region VI confirms that a demand for supportive and residential services for the mentally ill exists.

\$ The State of Nebraska estimates the need for approximately 470 units, over five years, for low and moderate income households with a member that has a level of mental illness that is chronic and limits their ability to perform major daily activities.

\$ Based on the information received from the OACCH (Omaha Area Continuum of Care for the Homeless) shelter providers, there are 887 homeless persons in Omaha; 348 of which comprise 116 homeless families, 524 of which are adults individuals and 15 of which are individual youth (17 years of age or younger). Seven percent of these homeless persons suffer severe mental illness and 37 percent have an alcohol or drug addiction, while eight percent experience both a **severe mental illness** and drug or alcohol addiction.

\$ Transitional Housing can typically provide a stabilization period of up to two years. Group homes can function as transitional housing for youth, teen parents, mentally ill and substance abuse clients who can benefit from supervision.

\$ Federal, State and Local governmental efforts to deinstitutionalize the mentally ill contributed to increasing the numbers of homeless. The homeless mentally ill are unable to function independently. They occasionally roam from city to city and do not stay in one place long enough to become stabilized. These people require intensive and specialized assistance that most shelters are unable to provide.

\$ There is a lack of supervised living arrangements for mentally ill persons, either permanent or temporary. The longer the individual is homeless, the more difficult it is to encourage involvement in a supervised living arrangement or in the social service system.

- \$ Typically, a very individualized 18-24 month stabilization period is necessary before full independence is achieved. Community Alliance estimates that 80-85 percent of this population can live semi-independently if appropriate support services are available.
- \$ Without a supervised living arrangement or regular professional contact to monitor their medical routine, they often will not comply with the treatment regime and symptoms of the illness reappear.
- \$ According to Community Alliance, of the 100 homeless mentally ill clients per year, only about 5 percent of this population is employed. About 65 percent depend on social Security and about 15 percent receive General Assistance. Employment discrimination and inability to maintain employment seriously limits any employment opportunity. With management of their illness, 50-70 percent may achieve temporary or day work employability if job training is available. Presently, about 20 percent per year are assisted with vocational rehabilitation through the Department of Education's contract with Community Alliance.
- \$ The Eastern Nebraska Community Office of Retardation currently serves more than 800 persons who are mentally disabled while the Community Alliance serves some 300 clients through its case management program. Due to a lack of suitable facilities for mentally disturbed youth, many youth are sent to other states for treatment.

INDIVIDUALS				
	<u>Estimated Needs</u>	<u>Current Inventory</u>	<u>Unmet Need/Gap</u>	<u>Relative Priority</u>
Estimated Supportive Services Slots-Mental Health Care	249	105	144	High
Estimated Sub-Populations-Seriously Mentally Ill	118	50	68	High

PERSONS IN FAMILIES WITH CHILDREN				
	<u>Estimated Needs</u>	<u>Current Inventory</u>	<u>Unmet Need/Gap</u>	<u>Relative Priority</u>
Estimated Supportive Services Slots-Mental Health Care	84	56	28	Medium
Estimated Sub-Populations-Seriously Mentally Ill	58	39	19	Medium

2. 2001 Nebraska Housing Market Review of Findings, April 22, 2001.

\$ The Southeast Region, as reported by Lincoln's Consolidated Plan, identifies the need for 57 units for severely mentally ill.

3. "Building Housing for our Consumers," Presentation by Community Alliance to the Mental Health Housing Planning Steering Committee, February 7, 2003.

\$ Estimated need for 2,000 housing units over a 5 year period for people with disabilities who have a low to moderate income, as stated in the Omaha Consolidated Plan, 1999.

\$ A point in time study at a State Regional Center indicated 65 percent of the current patients could be served in community with a residential level of care; discharge delayed due to lack of such integrated housing & mental health rehabilitation services in the community.

4. "Homeless Service Providers Survey," January 26, 2000 Results Summary, by James Wiedle, Research Analyst of Alaska Housing Finance Corporation.

\$ Most prevalent disability reported (of those surveyed) was mental illness; 23 percent.

\$ According to survey, almost 1 out of every 4 homeless probably has a substance abuse problem and a disability.

\$ 22 percent of participants claimed they had a disability and substance abuse problem.

5. Projects for Assistance in Transition from Homelessness (PATH), 1999 Performance Data.

\$ PATH funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services for people who are homeless and have serious mental illnesses.

\$ PATH provides these services through formula grants of at least \$300,000 to each State, the District of Columbia and Puerto Rico and \$50,000 to eligible U.S. territories.

\$ According to information provided by the states:

\$ 35 percent of clients were ages 18-34.

\$ 57 percent of clients were ages 35-64.

\$ 61 percent were male, 39 percent were female.

\$ 43 percent had schizophrenia and other psychotic disorders.

\$ 36 percent had affective disorders such as depression.

\$ 21 percent had personality disorders or other mental disorders.

\$ 58 percent of persons served had a co-occurring substance use disorder in addition to a serious mental illness.

\$ 50 percent had been homeless for up to 30 days.

\$ 23 percent had been homeless for 31-90 days.

\$ 17 percent had been homeless for 91 days-1 year.

\$ 10 percent had been homeless for more than one year.

\$ At time of first contact with providers supported by the PATH program, 24 percent of clients lived on the street or in emergency shelters, 28 percent lived in temporary housing settings and 48 percent of clients lived in private or other residences, psychiatric hospitals or other settings.

\$ PATH provides outreach services, case management services, community mental health services, supportive and supervisory services in residential settings, substance abuse services and use PATH fund to assist clients in accessing primary health care services, job training, education services and housing.

\$ States are required to match each three dollars in Federal fund with at least one dollar of State or local funds, then States select PATH providers based on their assessment of mental health needs among persons who are homeless.

6. A Strategic Approach to Representing the Needs of Homeless People with Serious Mental Illnesses in Managed Care Systems: A Guide for State PATH Contacts, May 2000.

\$ Federal Task Force on Homelessness and Severe Mental Illness has recommended that an integrated system of care for homeless people who have serious mental illnesses should include health care, mental health services, substance abuse treatment, social services, income support, legal services, housing and employment-but most communities lack the administrative structures/systems of accountability required to coordinate this vast array of services.

\$ Many homeless people with serious mental illnesses receive behavioral health care services from providers that specialize in services to homeless people and that are outside of both the public and private mainstream system of care (programs that receive PATH funds).

\$ The major governmental sources of funding for mental health services include Medicaid, Medicare, the State Mental Health Authority (SMHA) general fund budget, federal grants and the local mental health authority budget.

\$ In order to establish a plan for managed care, external (public) and internal (government) mechanisms must be involved, meetings must include advocates and individuals who are homeless/suffering from mental illness, documents must be circulated among advocates.

\$ Service fragmentation has been identified as a principal factor related to negative outcome among people who are homeless and have mental illnesses.

7. Projects for Assistance in Transition from Homelessness (PATH) 1999 Exemplary Program Initiatives.

A. Colorado Coalition for the Homeless-Denver, CO.

\$ CCH offers numerous housing opportunities to its clients, including:

\$ emergency housing for up to 30 days;

\$ transitional living for up to two years for women;

\$ permanent, subsidized housing at various sites.

B. Columbiana County Counseling Center-Lisbon, OH.

\$ Using PATH funds, the staff works with the Center's housing coordinator to subsidize rents and pay security deposits and other costs for housing in boarding homes, foster homes and semi-independent and dependent apartments.

\$ The Center operates the "**Immediate Access House**" for those who are homeless and suffering from co-occurring mental health and substance abuse disorders.

C. Crossover House Homeless Project-Anchorage, AK.

\$ Crossover House is the outreach and engagement component of a residential continuum of care that includes: a 16 bed HUD-funded transitional housing facility, 27 units of scattered site Shelter Plus Care apartments, 85 units of scattered site apartments funded by HUD Permanent Housing grants, access to 17 residential units in small, multi-family complexes and 103 adult, assisted living beds in privately operated facilities.

D. Fairfax-Falls Church Community Services Board-Fairfax County, VA.

\$ FFCCSB offers the following housing services to its PATH clients: minor renovation and expansion or repair of housing, planning for housing, assistance in applying for housing, improving coordination of housing and services, security deposits, matching individuals with appropriate housing and one time rental payment to prevent eviction.

E. The Salvation Army-Las Vegas, NV.

- \$ Emergency shelter (7-14 days) is provided for up to 125 individuals at a time.
- \$ Extended stay shelter (3 months-1 year) is often made available-while there, participants can take classes that focus on returning to independent living and receive state assistance with psychiatric care, case management and medications.
- \$ 42 bed group home, where clients can stay for up to two years- includes programs offering life skills education, medication management assistance, transportation, mental health counseling, help obtaining benefits and vocational training.
- \$ 70 unit transitional housing apartment complex, 42 transitional dormitory and 25 bed Safe Haven facility.

8. SAMHSA/CMHS Knowledge Dissemination Series, 2002

- \$ ACCESS (Access to Community Care and Effective Services and Supports) demonstration program was a five-year program conducted by the Center for Mental Health Services, a branch of the Substance Abuse and Mental Health Services Administration, under the authority of the U.S. Department of Health and Human Services.
- \$ ACCESS served over 7,000 persons with a serious mental illness who were experiencing chronic homelessness-18 ACCESS communities were selected across the nation through a competitive process.
- \$ Individuals who were eligible for ACCESS services displayed the following characteristics:
 - \$ 49 percent-major depression;
 - \$ 37 percent-schizophrenia;
 - \$ 32 percent-other psychoses;
 - \$ 22 percent-personality disorder;
 - \$ 20 percent-bipolar disorder;
 - \$ 19 percent-anxiety disorder;

- \$ 37.5-average number of nights homeless in past 60 days;
- \$ 4.7-average number of inpatient psychiatric hospitalizations;
- \$ 48 percent-convicted of a crime;
- \$ \$330-average monthly income (50.8 percent from public support, 20.3 percent from work).

\$ ACCESS program provided funds to two sites in each state selected.

\$ CMHS/CSAT-Collaborative Program to Prevent Homelessness was launched by the Substance Abuse and Mental Health Services Administrations Center for Mental Health Services and Center for Substance Abuse Treatment.

\$ It's estimated that 20-25 percent of homeless adults have a history of serious mental illness, 50 percent have a history of substance abuse/dependence and a substantial proportion have co-occurring mental health and substance use disorders.

\$ 1,026 people participated in the program, with the following characteristics:

- \$ age range of 18-70;
- \$ median age: 41;
- \$ 65 percent had been admitted to a hospital for a psychiatric illness at least once in their lives, with an average of five hospitalizations per study participant;
- \$ 43 percent received some income from entitlements, 26 percent received food stamps;
- \$ 89 percent had been homeless at some point in their lives.

\$ CMHS and CSAT developed the Collaborative Demonstration Program for Homeless Individuals (1994-1997), a three year program examining both mental health and substance abuse services in 16 sites across the country;

- \$ 1,076 total participants;
- \$ 92 percent had history of homelessness;
- \$ 62 percent involved with criminal justice system;

- \$ 33 percent had less than high school diploma;
- \$ 26 percent schizophrenia;
- \$ 11 percent bipolar disorder;
- \$ 35 percent major depression;
- \$ 28 percent other disorder.

9. Grand Island, Nebraska, Human Services Needs Assessment and Comprehensive Plan, Hanna:Keelan Associates, P.C., November 2001.

\$ Human service providers identified the following as some of the most critical human services areas of need in Grand Island:

- \$ More affordable housing and rent subsidies;
- \$ Transportation (affordable and flexible);
- \$ Accessible and affordable health care;
- \$ Substance abuse programs (treatment and prevention);
- \$ Quality, affordable and flexible child care;
- \$ Emergency food and shelter;
- \$ Family counseling;
- \$ Minority services.

\$ Information collected from 201 local human services consumers in Grand Island:

- \$ Average age: 35.3;
- \$ Age range: 11-86;
- \$ Average household size: 3.0;
- \$ Average monthly income: \$1,585;
- \$ Average rent per month: \$363.95;

- \$ Housing Status: 60.2 percent rent, 37.4 percent own, 2.3 percent homeless;
 - \$ Most critical needs: food, housing, employment, money, medical and transportation;
 - \$ Needs considered unmet: obtaining job skills and employment, emergency needs (food, shelter, clothing, etc.), flexible, affordable, quality daycare, centralized information and referral system and bilingual staff at all human services agencies;
 - \$ Transitional housing for homeless and near-homeless persons persons was ranked number one in terms of housing priority by survey respondents;
 - \$ When ranking their most critical areas of need, consumers ranked food as number one and affordable, quality, safe housing as number two.
- \$ Focus Group Meetings identified the following areas of need in Grand Island/Hall County:
- \$ Housing for mentally challenged persons (24 hour care);
 - \$ Housing rehabilitation programs;
 - \$ Safer housing conditions in low-income areas of the community;
 - \$ Emergency shelters;
 - \$ Program participants noted housing conditions, lack of affordable and safe housing, redlining, lack of emergency shelters and high utility costs as unmet needs.

10. Grand Island, Nebraska, Community Housing Study, Hanna:Keelan Associates, P.C., 2001.

- \$ Five-year housing demand for 1,135 housing units, including 420 rental and 715 owner units.
- \$ By 2006, the City of Grand Island will need to provide up to 118 housing units to persons/families of a special population. This would include an estimated 90 rental units and 28 owner units. The 90 rental units would include transitional living units and emergency shelter beds, with up to 30 units for persons with a cognitive disability. The 28 owner units would include lease-to-own housing units.

11. Gage County, Nebraska, Housing Study, Hanna:Keelan Associates, P.C., 2003

- \$ Five-year housing demand for 522 housing units, including 195 rental and 327 owner units.
- \$ By 2008, Gage County will need to provide up to 35 housing units to persons/families of a special population. This would include an estimated 22 rental units and 13 owner units. The 22 rental units would include transitional living units and emergency shelter beds, with up to 12 units for persons with a cognitive disability. The 13 owner units would include lease-to-own housing units.

12. Lincoln/Lancaster County, Nebraska Human Services Needs Assessment and Comprehensive Plan, 2000.

- \$ The Lincoln/Lancaster County, Nebraska Human Services Needs Assessment identified safe, decent and affordable housing and shelter as a top priority need area.
- \$ Local leadership identified “providing a continuum of housing options” and “providing additional shelter beds” as the priority housing indicators to be addressed in the three-year comprehensive plan.
- \$ “Offering prescription subsidies for uncovered pharmacy expenses for seniors or high needs groups” and “providing walk-in clinics in high needs areas” were identified as priority visions.

- \$ Local human services leadership selected “providing service coordination across systems” and “offering after care services to assure connection to education, job training, employment or other wellness services” as the two priority visions for the need area supportive case management.
- \$ Community leaders identified five indicators as important visions for future behavioral health special needs. These included: “making available residential services from 30 days to 18 months,” “offering comprehensive, non-medical treatment alternative program availability,” “providing out patient services in substance abuse treatment and mental health cases,” “assuring family oriented services” and “using case follow up for outcome evaluation.”
- \$ Plan activities identified for safe, decent, affordable housing and shelter:
 - \$ Provide a continuum of housing options;
 - \$ Provide adequate number of shelter beds;
 - \$ Coordinate support services from shelter to permanent housing;
 - \$ Provide adequate treatment services for those in emergency shelter;
 - \$ Having special transportation at or near housing;
 - \$ Providing barrier free, accessible housing options;
 - \$ Locating affordable, permanent housing for families or individuals near stores and services;
 - \$ Having housing programs to support transition from rental to ownership;
 - \$ Provide housing rehab support for both owners and renters.

13. State of Nebraska Consolidated Plan, 2000-2005

\$ Estimated percent of homeless to total per “Special Population” subgroups:

\$ Severe Mental Illness Only - 8.3 percent;

\$ SMI and Alcohol/Other Drug Abuse - 7.5 percent.

\$ Estimated percent of near-homeless to total per Special Population subgroups:

\$ Severe Mental Illness Only - 1.4 percent;

\$ SMI and Alcohol/Other Drug Abuse - 1.3 percent.

\$ Sexual abuse and mental illness are the #5 cause of homelessness/near homelessness.

\$ Estimated number of persons who are not homeless but require supportive housing and are severely mentally ill; 4,469.

\$ Region VI Program Area: The Region VI program for the homeless seriously mentally ill estimates the homeless population ranges anywhere from 800 to 1000 per night. During the past year (October 1998-September 1999) it is estimated that 250-333 homeless individuals were identified as having observable indication of severe mental illness. During the 98-99 contract period a total of 375 mentally ill homeless persons received services from the PATH program. Of this number, 258 were Caucasian, 80 were African American and 192 were female. Individuals ranged from 18 to 75+ years of age.

14. City of Lincoln Consolidated Plan, 2000-2003.

\$ 66 percent of homeless individuals have problems with substance abuse (includes persons with dual diagnosis; involving both mental health and substance abuse).

\$ Due to a lack of housing alternatives, the length of stay in emergency shelters for youth has also increased, causing more youth to be turned away from shelters.

\$ 70 severely mentally disabled persons need supportive housing.

- \$ Funding is limited and primarily goes to maintenance of effort.
- \$ Funding for transitional housing is often dependent on competitive processes.
- \$ Mis-matches occur between facilities and need.
- \$ Human Service agencies identified facility improvement needs totaling \$4.9 million.

15. “Preventing Homelessness Among People with Serious Mental Illnesses: A Guide for States” from National Resource Center on Homelessness and Mental Illness, Prepared by: Anne D. Lezak and Elizabeth Edgar, Published by: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services-April 1996.

- \$ As demographics change, many public housing developments designed primarily for elderly families have increasingly become home to younger people with mental illness.
- \$ Mental health agencies can develop cooperative initiatives with public housing agencies that increase consumers’ access to community housing, through Section 8 set-asides and other approaches, while providing support services for tenants.
- \$ Because a majority of consumers, if given a choice, opt for living alone or with a roommate in independent housing, many States are trying to expand consumer access to independent housing with supports.
- \$ State housing finance agencies, which often finance affordable housing through the sale of tax-exempt bonds, can be an important resource for organizations developing low-cost housing for people who have serious mental illnesses. State community affairs departments are another source of housing funds, with loans to private developers that require a certain percentage of housing developed to be reserved for low-income renters.
- \$ Some State mental health departments have capital program budgets that can be used to develop and acquire housing or to provide loans to private developers for creating housing for people with serious mental illnesses. One innovative approach that has proved effective is to create an independent housing development entity that provides funding for housing on behalf of the mental health department.

- \$ State and local mental health agencies are increasingly developing partnerships with public housing agencies and private, nonprofit developers to increase housing opportunities for people with serious mental illnesses. For example, a mental health agency may offer building managers assurances of timely rent payments, crisis intervention and continuing support to clients in return for set-asides of a certain number of units for people with mental illnesses. Innovative partnerships have also been formed with private, for-profit developers, who can take advantage of Federal low-income housing tax credits. By combining two or more sources of Federal funding and/or State and local dollars, agencies have been able to create supported housing that is affordable to people on SSI.

- \$ State rent supplements, usually modeled after the Federal Section 8 program, are one of the most straightforward, effective ways to enable people to afford housing and avoid homelessness. State supplements generally require individuals to pay about one-third of their income for housing, with the balance covered by the supplement. State supplements are usually tenant-based, meaning that consumers can use them to pay rent in the private housing market.

- \$ A variation on rent supplements is temporary rental payments while people are hospitalized, because individuals who are institutionalized for more than a brief stay lose eligibility for SSI benefits. This strategy is highly effective in reducing the risk that a person will be evicted.

- \$ Measures to develop housing expertise among mental health staff can help protect people with serious mental illness from becoming homeless despite housing and income shortages. Many mental health agencies are hiring housing specialists to cultivate relationships with low-income housing providers, affordable housing advocacy groups, public housing agencies and private landlords to increase access to housing for clients of their agencies.

16. Report from the Statewide Housing Coalition Meeting-January 29, 2002 (UTMB-WICHE Mental Health Estimation Project, Charles Holzer and Associates, The University of Texas Medical Branch, Psychiatry and Behavioral Sciences, 2001)

\$ 105,911 Nebraska people with a Serious Mental Illness (SMI) and Severe Emotional Disturbance (SED), including:

\$ Adults with a Serious Mental Illness - 72,378;

\$ Youth with Severe Emotional Disturbance - 33,533;

\$ 19,297 adults with a serious mental illness have incomes below the federal poverty level.

\$ Adult Mental Health Inpatient Capacity:

\$ Norfolk Regional Center: 174 beds;

\$ Hastings Regional Center: 112 beds;

\$ Lincoln Regional Center: 83 beds;

\$ Douglas County Hospital Community Mental Health Center: 20 beds.

\$ As of July 12, 2001, there is a statewide total of 183 HUD 811 housing units operating in Nebraska for the Chronically Mentally ill, all of which have 100% occupancy rates.

\$ “The mental health programs are designed to work with individuals for a certain length of time. When the consumer is found to be clinically ready for a lower level of care, he/she is ready for discharge from the program. Non-residential mental health programs are designed with the assumption that the consumer has a suitable place to live. When suitable places to live are not available, discharge from the inpatient and residential levels of care may be delayed.”

\$ The Federal (HHS) Poverty Guidelines for one person is \$8,890 annually (2001) or \$715 per month and Federal SSI payments are \$6,540 annually or \$545 monthly (2002).

17. North Platte/Lincoln County, Nebraska, Community/County-Wide Housing Study- Update, Hanna:Keelan Associates, P.C., November 2000.

- \$ 10-year North Platte housing demand for 1,426 housing units, including 831 rental and 595 owner units.
- \$ By 2010, the City of North Platte will need to provide up to 92 rental housing units to persons/families of a special population. This would include transitional living units and emergency shelter beds, with up to 35 units for persons with a cognitive disability.

SAMPLE CONSUMER SURVEY



**State of Nebraska
Mental Health Housing Planning Program
Consumer Survey**

PLEASE PROVIDE THE APPROPRIATE RESPONSES.

****QUESTIONS ABOUT YOU***

1. **Are you:** (√) Male Female
2. **Your Age:** _____ Yrs.
3. **Are you currently:** (√ one) Married Single Divorced Widowed
4. **Total # of persons living in the household, now:** < 18 Years 19-21 Years 22+ Years
5. **Are you:** (√ one) Employed Unemployed Seeking Employment Retired Unable to Work
6. **What is your estimated monthly income?** (Gross, before taxes) \$ _____
7. **Race: Are you:** (√ one)
 White/Caucasian African American Asian Hispanic
 Native American Bi-Racial Other _____
(Please explain)
8. **Your highest level of education achieved.** (√ one)
 Less than high school GED High School Technical College
9. **Do you presently have:** (√ all that apply)
 Private Health Insurance Medicaid Medicare No Health Insurance

****QUESTIONS ABOUT YOUR HOUSING SITUATION/NEEDS***

- 10a. **Do you currently:** (√ one) Own or Rent your home? Neither
- 10b. **If you own or rent, type of housing:** (√ one)
 House Apartment Mobile Home Group Home Other _____
(please explain)
- 10c. **If you rent, what is the amount that you spend on rent and utilities each month?** \$ _____
- 10d. **If you rent, do you receive a rent subsidy (i.e., Section 8)?** Yes No
11. **Do you live with parents or friends?** Yes No
12. **Have you ever been homeless?** Yes No
13. **Are you homeless now?** Yes No
- 14a. **Have you been hospitalized during the last 12 months?** Yes No
- 14b. **If yes, did you lose your housing when you were hospitalized?** Yes No
- 14c. **If you did lose your housing, were you able to find housing when you left the hospital?** Yes No
15. **How long have you lived at your current place?** (√ one)
 Less than a year 1-3 years 4-5 years More than 5 years

-OVER-

16. How would you rate the condition of your home? (✓ one) Good Fair Poor
If fair/poor, please explain. _____
17. How well does your current place of residence meet your needs? (✓ one)
 Not at all Somewhat Meets my needs
18. What is the best and worst thing about the current place that you live?
Best: _____ Worst: _____
- 19a. Do you have your own room, where you live? Yes No
- 19b. If no, is this important to you? Yes No
20. Which of the following housing situations and types do you feel would be most appropriate for you?
Please rank, with "1" being the most appropriate.

The following represent examples of different housing situations. Rank 1-3

- Supervised Group Living
 Cooperative Group Living
 Supportive Independent Living

The following represent different types of housing. Rank 1-5

- Emergency Shelter
 Group Home
 Assisted Living
 Transitional Housing – Which one? (✓)
 Short-Term (< 6 months)
 Long-Term (7 to 24 months)
 Other Housing Types - Which one? (✓)
 Single Family Home
 Apartment
 Mobile Home

****QUESTIONS ABOUT YOUR TRANSPORTATION NEEDS***

- 21a. Do you have adequate transportation to needed services and employment? Yes No
- 21b. If no, what are the problems? _____
22. Do you have a driver's license? Yes No
23. Do you own a car? Yes No
24. Does your disability limit your ability to drive? Yes No
25. What is typically your primary means of getting where you need to go? (✓ up to three)
- | | | |
|---|--|--|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Take the Bus | <input type="checkbox"/> Transportation provided by Service Provider |
| <input type="checkbox"/> Ride a Bicycle | <input type="checkbox"/> Take a Taxi Cab | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drive Myself | <input type="checkbox"/> Get a Ride From a Friend/Family | |

****FINAL QUESTION***

26. At this time, what would you identify as your three (3) most critical needs?
- a) _____
- b) _____
- c) _____

THANK YOU!

SAMPLE PROVIDER SURVEY



State of Nebraska
Mental Health Housing Planning Program
Provider Survey

To be completed by the Executive Director/President.

1. **Provider name:** _____

2. **Provider E-Mail:** _____

10. **Providers Date of Establishment:** _____

11. **What is the Provider's mission statement / vision?** _____

12. **Please describe Provider's geographic service area.** _____

6. **Estimated unduplicated count of # individuals served in 2002?** _____

7. **Ages of clients:** Check (√) one or more. <18 _____ 19-21 _____ 22-35 _____ 36-54 _____
55-64 _____ 65-74 _____ 75-84 _____ 85+ _____

8. **Primary sources(s) of funding. In the space provided, please indicate the percentage of funding provided by each source.** (Averages)

_____ % Federal _____ % City/County _____ % Outside Grants
_____ % State _____ % United Way _____ % Other

9. **Number of Employees:** (Averages)

_____ Number of Full Time Employees _____ Number of Professional Staff
_____ Number of Part Time Employees _____ Number of Office/Clerical Staff
_____ Other Staff _____ Number of Volunteers

10. **What are the three most critical (human services) areas of need not being met for persons with a serious mental illness?**

1) _____
2) _____
3) _____

11. **Specifically, what are the three most critical needs of persons 19 to 21 years of age with a serious mental illness?**

1) _____
2) _____
3) _____

12. **Please indicate the type of housing most needed by your clients having a serious mental illness. Rank 1 through 6, with "1" being the most needed.**

- a. _____ Emergency Shelter Beds
- b. _____ Group Home Beds
- c. _____ Transitional Housing - Short-Term (< 6 months)
- d. _____ Transitional Housing - Long-Term (7-24 months)
- e. _____ Independent Living (Please rank 1 through 3, with "1" being the most needed)
 _____ Single Family Home
 _____ Apartment
 _____ Mobile Home
- f. _____ Rehabilitation to Existing Homes or Housing Units

13. Please check (✓) the **primary** services provided by your agency/organization.

Case Management: Assists those in need through the process of obtaining services.

<input type="checkbox"/> Education/Employment Counseling	<input type="checkbox"/> Shelter
<input type="checkbox"/> Family Support Programming	<input type="checkbox"/> TANF
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Legal Aid	

Cultural: Promotes equality and assists new residents of the United States with services.

<input type="checkbox"/> Cultural Awareness/Sensitivity	<input type="checkbox"/> Immigration Services
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Language	

Education: Assists those in need to further their educational opportunities.

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Tutoring/Mentoring
<input type="checkbox"/> Continuing Education/Career Development	<input type="checkbox"/> Other _____
<input type="checkbox"/> Information/Resource	

Employment: Assists those in need with the ability to find a job to support their lifestyle.

<input type="checkbox"/> Business Development	<input type="checkbox"/> Job Training
<input type="checkbox"/> Job Placement	<input type="checkbox"/> Other _____
<input type="checkbox"/> Job Referrals/Assistance	

Family Support: Assist those in a family unit with the tools and programs needed to create a health living environment.

<input type="checkbox"/> Adult Care Services	<input type="checkbox"/> Disability Services
<input type="checkbox"/> Alcohol/Drug Abuse	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Food/Nutrition	<input type="checkbox"/> Home Furnishing
<input type="checkbox"/> Child Abuse/Neglect	<input type="checkbox"/> Homeless Services
<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Elderly Services
<input type="checkbox"/> Clothing	<input type="checkbox"/> Parenting Programs
<input type="checkbox"/> Counseling	<input type="checkbox"/> Other _____

Financial: Assist individual with the cost of services or the ability to obtain financial resources.

<input type="checkbox"/> Assistance
<input type="checkbox"/> Management
<input type="checkbox"/> Other _____

Health & Well Being: Insure physical, mental or environmental health services are provided to those in need.

<input type="checkbox"/> Assistance to Obtain Services	<input type="checkbox"/> Outpatient Services
<input type="checkbox"/> Environmental	<input type="checkbox"/> Inpatient Services
<input type="checkbox"/> Mental	<input type="checkbox"/> Partial Hospitalization
<input type="checkbox"/> Physical	<input type="checkbox"/> Residential Services
<input type="checkbox"/> Prevention	<input type="checkbox"/> Treatment Foster Care
<input type="checkbox"/> Research & Development	<input type="checkbox"/> Dual Diagnosis Programming
<input type="checkbox"/> Support	<input type="checkbox"/> Treatment Group Home
<input type="checkbox"/> Treatment	<input type="checkbox"/> Other _____

Law Enforcement / Crime / Violence: Provides a safe environment in which to live and assists individuals through the legal system.

<input type="checkbox"/> Legal Services	<input type="checkbox"/> Victim Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Prevention	

Recreation: Provides cultural, educational, physical and social opportunities for individuals and families.

<input type="checkbox"/> Disabled Persons	<input type="checkbox"/> Youth
<input type="checkbox"/> Families	<input type="checkbox"/> Other _____
<input type="checkbox"/> Seniors	

Housing: Assists those in need to secure safe, affordable and appropriate shelter.

<input type="checkbox"/> Emergency Housing	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Referrals	

Transportation: Assists those in need with the ability to have a means of transportation to services.

<input type="checkbox"/> Emergency	<input type="checkbox"/> Direct Destination
<input type="checkbox"/> Section of Community	<input type="checkbox"/> Other _____

***SAMPLE FOCUS GROUP
MEETING AGENDA***

**STATE OF NEBRASKA
MENTAL HEALTH HOUSING PLANNING PROGRAM
REGIONAL & CONSUMER FOCUS GROUP MEETINGS
*EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS***

AGENDA

A. Welcome/Introductions

B. About the Mental Health Housing Planning Program

1. Statewide Consumer Housing Need Study
2. Housing Plans in Four Communities
Omaha, Lincoln, Norfolk, Tri-Cities of Hastings, Grand Island and Kearney

\$ Consumer Survey \$ Provider Survey

\$ **November 20, 2003 - Statewide Meeting**

C. Discussion Points

1. Why did you come to this meeting?
2. What is Considered Affordable Housing, by Consumers?
3. What are the Barriers to Providing Safe, Affordable Housing in Your Community?, i.e. consumers falling through the cracks, tenant references, credit problems, criminal record, lack of money, other?
4. What are the Affordable Housing Options You Would like to See in Your Community, for Consumers?
5. Which Would be Most Appropriate for Consumers in Your Community; Renter or Owner Housing?
6. What Type of Support Services Should be Provided with New Affordable Housing Options, to Allow Consumers to Live Independently?
7. How Well Does the Existing Community (Human Services) Network Provide Consumers Accessibility to Affordable Housing Options?

8. Who or What Group or Organization Should be Developing and Operating Affordable Housing in Your Community? Are There Specific Partnerships that Could or Should be Formed? Could or Should Faith Based Organizations be Involved?
9. To What Degree do Consumers Receive Housing Support from Family, Friends, Other Relatives?
10. Do Consumers Experience Discrimination in Securing Affordable Housing? Experience Homelessness?
11. Is the Consumer's Permanent Housing Threatened When They Become Hospitalized?
12. What Else Should We Ask You?

PLEASE LEAVE US YOUR THOUGHTS.

THANK YOU
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 Becky Hanna, Tim Keelan,
 Lonnie Dickson, AICP, Jennifer Jepsen, Sommer Jindra

PROVIDER MATRIX



