



Community Village Group

**Dedicated to create innovative, permanent,
affordable, quality housing solutions for those
living with a serious mental illness**

A non-profit
501(C)(3)

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Our First Housing Design: Community Village



An intentional community where those with a mental illness live side-by-side with those committed to supporting others.



What is Intentional Housing?



Intentional housing is people deciding to live together – in our case, in the same building – because they share values, goals or a common purpose.

Physical space is designed to foster natural interaction and a sense of community.

Residents commit to the community by participating in decisions and activities.

Residents with no mental illness serve as mentors, social models and de-facto teachers through their frequent interaction with those who need support.

Why this model?

People with mental illness vary in many ways. Symptoms are different with each person and the most effective treatment and medication will also depend on the person.

What does seem to be universal, is the desire for social acceptance, friendship and engagement with others. Unlike people with physical disabilities, autism, etc. those with a mental health illness often do not view one another as peers. Some enjoy friendships with one another (like in Clubhouse environments) but others only want to engage with fully functioning individuals. Many do not view their problems as a mental illness at all.

For a great majority, the illness isolates them from most of the community. Their mannerisms, lack of social insight or the stigma of the disease often scares people away.

The negative effects of medication or ramifications of the disease itself can create apathy and low energy which also make social encounters difficult.

Community Village addresses social needs by using a modified social practice model. This includes:

- A positive regard and empathy towards people
- Offering a sense of purpose
- Encouraging activities that give a sense of accomplishment
- Structuring housing so that everyday life cultivates a feeling of community and safety

What Makes Us Unique?

Most housing models are not designed to facilitate socialization with people who are fully functioning in the community.

Scattered housing provides potential for socialization. Barriers include mental health discrimination (described earlier) and the unfortunate reality that people with a mental illness are vulnerable to exploitation.

Housing that is only for low-income people may have built in socialization opportunities (community center activities) but may still feel isolating if everyone has some need or problem.

The best example of successful intentional communities that include people from all walks of life, are mental health residential treatment centers. At Gould Farm, <https://www.gouldfarm.org/> one of the first treatment centers, guests (patients) and helpers (staff) live and work side-by-side and develop relationships. Through these relationships, the work to keep the farm going, fun activities and medical treatment, people with a mental illness improve. The problem is this housing is temporary and can cost \$500/day or more.

The American Residential Treatment Association has 30 members that serve mentally ill patients around the country. Rose Hill in Holly, Michigan <https://www.rosehillcenter.org/our-story/> is a member. Many patients return to their family home (parents) after discharge.

Living in Community Village would be an excellent alternative.



What Does Community Village Offer?

Modern, attractive 1-bedroom apartments

On-site simple dining

On-site art/activity room

On-site workout area

On-site job training opportunities for those with a mental illness

On-site 24 hr social worker

Resident artist

Rents no more than 30% of income and always below market rate

What We ARE

Pioneering
Independence oriented
24 hr. social worker supported
Full individual apartments
Healthy, engaging neighbors
Ready-for-you activities
On-site job opportunities

What we ARE NOT

Residential Treatment
Therapy oriented
Medical care provider
Congregate housing
Satellite living
Plan ahead classes only
Employers

Support Staff:

2-3 social workers who live in the building

Resident Artist

What Support is Provided?

Part of supported living is accessible activities, food and psycho-social support. These are built into our model:

- 1) Nightly light meals (think Drury Inn)
- 2) Resident artist/activity developer (think retirement center)
- 3) Easy gathering spots (think college dorms; community center)
- 4) 2 resident social workers

Residents with a mental illness secure their own doctors which they must already have through Community Mental Health or privately. They also continue care with any health professional they see regularly. (maybe a counselor or support group for example)

They are responsible for their own medication (or monitoring can be offered through the social workers on sight if not provided by CMH)

They are fully able to take care of their physical needs.

Fully functioning residents choose to live in Community Village after completing training in community service and committing to helping others who live in the building. They are required to perform service in the building in exchange for reduced rent. This service contributes to the supported living model because tasks vary widely and most involve other residents. Service can be socializing, teaching a skill, serving pasta or working the front desk. Through natural encounters, the goal is to bond with other residents and provide a healthy role model.

They do not serve as formal therapists; they are caring neighbors.

Extensive interviews with family and mentally ill residents as well as review of successful support models (like Avalon) will also be done to make sure residents have all the support needed for success.



Resident Details

Our residents will come from three groups needing affordable housing within the community.

Group A - (40% of residents)

People with a mental illness who currently live with parents or other family members who provide social, emotional, and financial support for them.

Community Village will give them a stable permanent housing solution and reduce their risk of homelessness in the future when their family members can no longer be there.

They are fully able to take care of their physical needs, have demonstrated compliance with prescribed medication, and have no continuous history of violent behavior.

Group B - (50% of residents)

Fully functioning individuals who work in the area and have a natural affinity and interest in helping others. They struggle to find affordable rent close to their job and are willing to provide service to Community Village in exchange for below market rents that cannot exceed 30% of their income.

They do not provide direct support to other residents but through their village involvement, they provide Group A and Group C, role models, friendship and patient understanding. They must pass community service training before their applications are accepted.

They are everyday people from all walks of life. They may be recent graduates building a resume, retirees seeking community and meaning, artists starting a career, or simply individuals trying something new for personal satisfaction and reduced rent.

Some may be graduate students who can develop internships/work experience around their Community Village service requirements.

Group C – (10% of residents)

Homeless people or those about to lose their home. These Individuals may come from a variety of backgrounds and circumstances. They are in search of stability and may need a supported environment to thrive.

This group of mentally ill people are not homeless, why the need for housing?

People with mental illness who are currently supported by aging family members are a large and silent group of people, and they are not recognized among the potentially homeless. This population was 8.4 million nationwide in 2015 according to a NAMI study. We can only guess how much it has grown since.

<https://www.nami.org/wp-content/uploads/2023/08/CircleOfCareReport.pdf>

What will happen when parents die or are no longer able to care for their loved one? The need is expressed best by real people:

We are parents of a 31-year-old male with multiple mental health diagnoses; OCD, Anxiety, Depression, to name a few. I am very concerned about what will happen when we die or can no longer care for our son. We aren't wealthy people and can't provide for him when we can't.

Alice

My son, who is 44 years old, was diagnosed with schizophrenia almost 11 years ago. He has lived with us since that time, and I absolutely worry about what's going to happen to him when we're gone.

Barbara

I am one who is concerned about my son, age 53 now and living with me and other son. He has a diagnosis of schizophrenia and I am wondering if there will be some sort of supportive housing for him when I'm gone.

Ann

My wife and I are an older couple (age 81 and 64) with a 32-year-old daughter who has Borderline Personality Disorder. Our most pressing concern is where our beloved daughter will live when we are no longer able to provide care / support. Thank you for attempting to help us and others resolve this issue.

Gary

I am the mother of a 35-year-old woman with cPTSD. I am her sole financial support, and I'm very concerned about her future when I'm no longer in the picture.

Barb

I am a mother in her 70's with a 45-year-old daughter living with schizophrenia. I also am very concerned about where she will live when I am no longer able to take care of her. Her father is also still living, but is the same age as myself. She has always lived with me, but he will take her if I die first or am unable to care for her, but as I said he is also in his 70's.

Cheryl

Our 42-year-old loved one is living with us currently but we are very concerned about ensuring that our loved one has a safe and supportive home when we are no longer able to provide care.

Robert

We have a 27-year-old son with past bipolar diagnosis whom we suspect is schizophrenic. Becoming increasingly more difficult to have him at home and we don't know what to do.

Sandy

We have a 37-year-old daughter who lives in an apartment for which we pay a portion of the rent. We also pay for her food, electricity and phone. She has had multiple diagnoses (substance abuse issues, bipolar, etc.) with multiple stays in rehab and mental facilities and has a case worker and psychiatrist. We are also in our 70's. We, too, worry what will happen when we are no longer here.

Cathie

I am the mother of a 40-year-old daughter with schizophrenia who lives with me and her dad. We are in our 70's. We worry about what will happen to her when we die or become unable to be caretakers. Specifically, where will she find affordable quality supportive housing?

Jill

I'm 70 with an adult child who lives with me. She's very high functioning on the spectrum with some concurrent mental health issues. She cannot live completely independently. There appear to be no places where she could live after I pass away. It's incredibly frustrating, and a constant worry for me.

Arthur

I have two siblings in the 50s who are completely taken care of by my 73-year-old mother. They will need housing and care if something ever happens to my mother.

Angela

My husband and I are parents of a 37-year-old son who has a serious mental health thought disorder. We are very concerned about his future when we pass.

Kate

Are there other housing communities available like Community Village?

None that we know about. There are some working towards this goal.

Riverview Village

A group in Canada has designed an extensive housing community but has not been able to acquire the amount of land needed for it.

<https://www.riverviewvillage.ca>

Heart Forward

Two moms started a group that is working to develop a community modeled after a successful design in Trieste, Italy. It emphasizes social recovery and the full worthiness of every human being. Everyone around is seen as a support for someone with mental illness.

<https://www.heartforwardla.org/>

Solutions for Supportive Housing

A group in California is focusing on a tiny house community that includes people with a mental illness or development/physical disability and fully-functioning adults. <https://www.s4sh.org>

Other communities that have been formed exclusively for those with particular disabilities. These places involve members of the general

community only as direct care helpers. These tend to be very expensive.
Some examples:

Parents with a Plan

Neurodiversity -<https://redbank.parentswithaplan.org>)

Many Hands

Intellectual and Developmental disabilities <https://manyhandslc.org>

Intentional Communities of Washtenaw

Intellectual and developmental disabilities <https://intentcom.org>

St. Louis Center - Intellectual and development disabilities

<https://stlouiscenter.org/live-here/facilities/>

About Us

We are a small group of parents and mental health care advocates who see a void in housing opportunities for people living with serious mental health challenges. Our mission is to make sure decision makers know of this need and begin to acknowledge a growing population that is at high risk for homelessness in the future.

Our Ask

We are not financial experts. We are not builders or even providers of social services. We are looking for these experts to team up with us to create this sustainable housing model.

Financial Model

All combinations of financing should be explored including local, state and national programs, grants, private investors, corporate investors, universities, use of land trusts, etc. We realize the rules of grants obtained may influence resident requirements and anticipate a detailed cost/benefit analysis of the pros and cons of each financing option will be needed. We envision the managing organization to operate as a non-profit to maximize all credits and tax benefits.

The cost savings of using an existing building to remodel rather than building from scratch is a good option. Our preferred location is will be Washtenaw County. A remodeled unit should accommodate at least 12 apartments.

If building from scratch, Avalon's Dunbar building, 121 Catherine Street, Ann Arbor, would be an excellent model with just a few changes. This

building accommodates 62 apartments; we recommend a structure from 12 – 62 apartments.

Thinking outside the box can create other funds.

A one-time entry fee for residents with a mental illness can be considered in addition to their monthly rent. This number can be flexible and shouldn't be so high that residing in Community Village is financially out of reach for most people. We're thinking in the \$2,000 - \$5,000 range.

Many administrative and day-to-day building tasks can be provided through Group B residents' community service requirement rather than paid employees.

How can local universities/community colleges become involved?
(internships, practicums, residencies)

Related Articles and Research Studies

Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11403199/#wps21224-sec-0030>

Making a Home for Individuals with Serious Mental Illness: A Systematic Review

<https://journals.sagepub.com/doi/10.1177/00207640251387785>

Community as Therapy: the theory of social practice

<https://pubmed.ncbi.nlm.nih.gov/38095980/>

Supported housing for adults with psychiatric disabilities: How tenants confront the problem of loneliness

<https://onlinelibrary.wiley.com/doi/10.1111/hsc.12508>

The Clubhouse Model in Action

<https://www.chcs.org/the-clubhouse-model-in-action-at-fountain-house-designing-communities-for-people-with-serious-mental-illness/>

Three Moms in the Trenches – Housing for those with SMI

<https://www.youtube.com/watch?v=-xeRbmX6dhk>