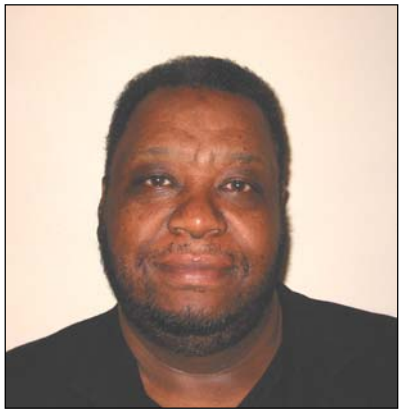
SPEAKER NOTES

Developing Housing for People with Mental Illness

Summarized by Thomas T. Thomas

After obtaining adequate treatment, the greatest need of people with mental illness is finding a safe and pleasant place to live. At our May 22 meeting we heard **Thomas Walker,** Senior Program Specialist in the Office of Management Services at Alameda Country's Behavioral Health Care Services, address his agency's role in providing available housing for people with mental illness and the county's future housing plans.

"There's a Ghanaian proverb--'The destruction of a nation begins in the houses of its people,' " Walker said. "This relates not only to the moral fabric of a society, but also its ability to provide safe, secure housing for everyone."



THOMAS WALKER

Walker started his discussion by noting that Behavioral Health Care Services (BHCS) was formed about ten years ago to merge mental health services and drug and alcohol programs in Alameda County. This makes sense, because a large number of clients have "dual diagnosis," both a mental illness and substance abuse, and they consume 85 to 90 percent of service dollars.

While the housing market has tightened in the Bay Area and housing costs have risen dramatically in the past decade, BHCS's revenues are approximately the same now as they were 15 to 20 years ago. Similarly, the level of Supplemental Security Income (SSI) available to persons with mental illness has not grown.

As a result, the community has several broadly based perceptions about the role of BHCS with respect to housing: that the agency should use its operating revenue to provide housing for the mentally ill, that the agency should be more aggressive in seeking housing grants, that it should develop its own licensed residential care facilities (LRCFs), and that it has the resources to address the housing needs of every mental health client in Alameda County.

"We don't," Walker said. "We currently have revenues of between $150 and $165 million per year, and they are committed by contract with the state to provide mental health services, not just housing. The reality is that we have no money to run LRCFs. And finally, going after a federal housing grant requires collaboration among a number of groups, with each one wanting a part of it."

The number of LRCFs in the county is declining. Where there used to be several hundred, now there are only 65 facilities. The operators have found that they can get more revenue by supporting the developmentally disabled population

than by serving the mentally ill. Many of these facilities were developed in low-income areas, and they are now being squeezed out by gentrification, rising housing costs, and the not-in-my-back-yard, or NIMBY, attitude of upper and middle class neighborhoods with residents of European descent.

Thomas Walker described a recent situation where a new facility had been planned. The developers had obtained a property and worked hard on a grant, lining up millions of dollars in funding. But, at the last minute, the neighbors objected and changed the local zoning so that the project could not go forward. The property and the funding were both lost.

"BHCS will continue to work with the board-and-care facilities," Walker said. "We will try to make them feel part of the system. But there are no incentives or additional budget for new LRCFs."

He noted that the optimum size of such facilities is approximately ten clients. In the 1990s, just after the Loma Prieta earthquake, the agency bought the Aztec Hotel in Oakland, planning to provide 65 beds for the mental health clients. "That was a bad idea," he said. "Putting so many chronically mentally ill people in one place creates its own psychosis. And they drew out the neighborhood predators, with resulting danger to the residents. It's much better to have scattered sites with seven to ten clients each—although they are harder to administer."

Walker provided a series of information sheets that illustrated the spectrum of housing services his agency supports:

- 650 beds in residential care facilities, representing the self-supporting LRCFs with no direct budget from BHCS.
- 50 shelter beds that are made available to mental health clients on an emergency basis, at a budgeted cost of $24,000 per bed per year.
- 10 crisis beds, representing a full complement of support staff for the mentally ill, at a cost of $136,000 per bed per year.
- 75 beds in transitional housing, such as Bay Area Community Services and Bonita House for dual diagnosis patients, with an annual budget of $48,600 each.
- 35 beds in supportive housing, budgeted at $72,000 each, which represent independent living but provide case management support.
- 30 beds in single-room occupancy (SRO), such as residential hotels, supported by vouchers worth $3,840 each per year.

In addition to these direct outlays, the agency provides a dedicated housing team with an annual budget of $450,000. Their goal is to increase these 850 beds to a total of 1,285 beds in the above classifications by 2005. The key to achieving this will be addressing the issues of geographic location, housing costs, and the special service needs of mental health clients.

"Another of the issues we face," Walker said, "is the ethnic differences in the county. We have Latino, African-American, and Asian populations with up to 25 language groups represented."

Walker said that his agency also supports facilities like the California Hotel on San Pablo Avenue in Oakland, which is SRO but provides services to its residents. The hotel houses a mix of mental health clients, people living with

AIDS, and the homeless. This facility has a better reputation than most residential hotels, he said, but it too is beginning to suffer.

Supported housing reduces recidivism, he said. Through intensive case management, Behavioral Health Care Services can help people stay on their medications and so keep them from having to go back into the hospital.

Throughout his presentation, Walker answered questions from the audience. The following are a sample.

What happens to Supplemental Security Income when a person goes into the hospital?

By state law, SSI is suspended while the client is in the hospital for longer than 30 days. This is unfortunate, because then the client can lose his or her residential situation, because there's nothing to pay the rent.

What is required to start a licensed board-and-care facility?

The operator needs training, such as for first-aid. You need cash reserves of $6,000 to $8,000. You must have a certain amount of food on site and facilities to prepare it in meals. Your facility must be safe and clean. And you must be willing for the licensing authority to come and inspect the facility.

When you have a family member in a board-and-care facility, it's important for you to visit them regularly and make sure things are done right. And, if not, you should report it.

Is there support for more residential care facilities?

BHCS has re-established its relationship with the California Association of Licensed Residential Care, with the goal of strengthening current providers and encouraging new ones. The group meets the second Thursday of each month from 10 to 12 a.m. at 2000 Embarcadero Cove, Suite 400, in Oakland. They encourage constructive input from case managers, clinicians, service providers, and other interested people.

Can you recommend a good board-and-care facility?

The agency's web site (www.housing.co.alameda.ca.us) lists local LRCFs, but we can only show what's available. The county's regulations prevent us from making recommendations.

Why do the developmentally disabled get more funding than the mentally ill?

In 1965, a prominent political family which had a developmentally disabled daughter added a rider to the National Mental Health Act requiring that the developmentally disabled be supported. And in California families with developmentally disabled children have been politically active since the early 1950s. By contrast, sadly, a lot of mental health clients don't vote.