SPEAKER NOTES

Housing Costs and Mental Illness

Summarized by Thomas T. Thomas

In the 1950s, the United States treated about 500,000 people with severe mental illness in publicly funded psychiatric hospitals. Today, only about 108,000 hospital beds are available, and an estimated 590,000 mentally ill patients each year end up in jail, prison, homeless shelters, or the morgue from suicide.[1] This, said **Robert Ratner, MPH, MD,** is the result of a public policy shift toward community treatment in the late 1960s through the coming together of conservatives who wanted to cut state budgets and liberals who wanted to improve care—but neither side brought the resources needed to fund local care. "Because we haven't invested in places to live," Ratner said, "a lot of people are in these other kinds of institutions."

ROBERT RATNER, MPH, MD

Speaker at our May 27 meeting, Ratner has more than fifteen years of experience working on integrating health care services and on housing as a health care issue. He received his public health and medical training from UC Berkeley and UC San Francisco, and is currently a volunteer faculty member at the UC Berkeley School of Public Health. He spent six years as the director of a supportive housing program for formerly homeless individuals at LifeLong Medical Care, a community health center based in Berkeley. He currently works at Alameda County Behavioral Health Care Services as their Housing Services Director. As part of his role, Dr. Ratner helps promote models of integrated health care that include mental health, substance abuse, and primary care services.

He invited the audience to imagine they had a disabling health condition, such as a stroke, that presented difficulty in managing the daily tasks of independent living or that resulted in thoughts, emotions, and behaviors that impacted their own health and safety, that of others, and their ability to live with other people. Various audience members suggested a place that allowed them independence with safety, structured support, stimulation and activities other than TV watching, tolerance for their behaviors, respect, personal meaning … and love.

The difference between a stroke and a disabling mental illness, of course, is that the stroke is a visible affliction, commonly accepted, and usually occurring in the elderly. Mental illness, on the other hand, is invisible, attended by significant social stigma, often arising in the teen and young adult years, derailing a person's life and career prospects, and usually resulting in abject poverty. And the irony is

[1] Source: "Cost of Not Caring: Nowhere to Go" by Liz Szabo, *USA Today*.

that support is only available for those in poverty and crisis, and tends to disappear if the patient becomes stable or acquires funds. People who realize they're sick and want treatment can't get into the public system because they're not sick enough. You need to be 5150'd[2] to become hospitalized.

Ratner said he believes in the "rule of thirds." That is, of the 4% to 6% of the population with a severe, debilitating mental health condition, about a third get to a place with the right support and achieve some kind of recovery; a third have symptoms which they can manage and learn to function well; and a third are still struggling. "When we can get adequate support, it will tip the balance," he said. "But the current system doesn't seem to believe that psychiatric patients *can* get better. And if you don't believe, it won't happen."

A person's living situation—such as having a home or being homeless—impacts his or her health status through stress response and social, cultural, and environmental factors. Housing quality—such as meeting basic health and safety standards—as well as affordability, choice and control over space and support, and opportunities for privacy are linked to improved health and quality of life.

Unfortunately, housing in the Bay Area is priced beyond the reach of most people with severe mental illness. In Alameda County, with 1.6 million people, about 12% of the population lives below the federal poverty level of $11,490 a year for a single person. Someone living independently on Supplemental Security Income (SSI) only gets $889.40 per month, or $10,672 per year, which is the statewide rate. The U.S. Department of Housing and Urban Development (HUD) sets the Fair Market Rents[3] for housing subsidies and affordable housing programs in the East Bay at $1,039 for an efficiency apartment and $1,260 for a one-bedroom. This is significantly below the market average of $1,805 for all East Bay unit sizes and $1,400 for studio apartments.

"Restrictions on residential development in the Bay Area," Ratner said, "lead to low housing supplies, high demand, and costs going up." Alameda County is one of the ten worst in the state for its shortfall of homes that are affordable and available to extremely low income renters.

At peak capacity in winter, Alameda County has about 1,000 emergency shelter beds and 1,100 transitional housing beds; so an estimated 8,000 of those served by the public mental health system may experience an episode of homelessness during the year. The county has approximately 1,900 permanent, affordable supportive housing slots with a turnover rate of 5% to 15%; so only between 95 and 285 slots open up each year. The county also has about 29,000 affordable housing voucher slots and 33,000 affordable housing units—but far fewer of those are available to people living on SSI. For example, a recent 100-unit affordable housing development in downtown Oakland, with five units set aside under the Mental Health Services Act along with some project-based Section 8 units, received 5,009 applications; so each person had about a 2% chance of getting in.

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[2] Section of the California Welfare and Institutions Code which authorizes involuntary treatment of a person with a suspected mental disorder which renders him or her a danger to self or others or gravely disabled.

[3] Defined as the rate at which 40% of those seeking housing should be able to find at least one unit at this price.

In the marketplace for licensed supervised care, the county has 229 adult residential facilities (1,677 beds) and 355 residential care facilities for the elderly (6,194 beds), but less than 10% of those are affordable to someone on SSI. Few nonprofits able to serve individuals with serious mental illness operate this type of residential facility in Alameda County. There have been significant reductions in licensed board-and-cares that take SSI only, with few that focus on serving those with a mental illness. Alameda County provides supplemental payments to licensed residential facilities ranging from $14 to $19 a day—about half that of other programs in the region.

The county's permanent housing options include:

- **Private market—**single or shared occupancy, owned or rented. In the past year rents increased 12%, the highest in the nine Bay Area counties.
- **Community living facilities—**licensed board-and-cares, shared living arrangements (e.g., room and boards), "transitional housing," sober living, single room occupancy hotels, and dormitories.
- **Affordable housing buildings—**public housing projects, nonprofit housing, and for-profit tax-credit housing.
- **Affordable housing subsidies—**Section 8, Veterans Affairs Supported Housing (VASH), Shelter Plus Care, Mental Health Services Act, etc.—if the landlord will accept third-party payments.

Alameda County Behavioral Health Care Services has 400 housing slots in the county to serve 35,000 to 40,000 people with serious mental illness. ACBHCS housing strategies include full-service partnerships such as Housing First programs with funds attached; a Housing Authority of the County of Alameda subsidy partnership with the CHOICES community living program; the Mental Health Services Act Housing Program; the Supplemental Rate Program for licensed board-and-cares; the EveryOne Home Fund, a revolving fund that pays the first month's rent; 70 emergency housing beds; and work with the Community Living Facility. Starting in the fall, ACBHCS plans to create standards for the county's housing operators, like a Better Business Bureau certificate. Such a program has been operating through the San Diego Independent Living Association for four years.

The challenges are to create more affordable housing developments and funding subsidies with explicit set-asides for seniors and people with disabilities. We need to reorient support services away from the office to serve people in the field and at their homes. We need more education programs to fight stigma. And we need more family leadership examples such as the Housing Consortium of the East Bay, Housing Unlimited Inc. in Maryland, and the Homes For Life Foundation in Los Angeles.

"Housing issues can be discouraging at times," Ratner said, "but we need your advocacy on the real needs of people with severe mental illness and disabilities who are living on fixed incomes."