SPEAKER NOTES

Issues in Managing Adult Residential Facilities

Summarized by Thomas T. Thomas

Locating decent housing for a loved one is among the greatest frustrations families face. At our March 28 meeting we heard from **Sharon Hawkins Leyden, LCSW,** who is Director of Coordinated Entry Systems at the Berkeley Food & Housing Project (BFHP), and from **Megan Liu,** who is the second generation in her family to manage licensed board and care facilities for people living with mental illness in the East Bay. Liu is also an Assessment and Outreach Specialist with the veteran-support group Swords to Plowshares. Both of the speakers shared a wealth of information, including elements of quality licensed adult (age 18-62) residential housing and the trends that are responsible for the closure of decent housing for people living with mental illness.

SHARON HAWKINS LEYDEN, LCSW

Leyden has a 33-year career of working with the homeless, 23 of them in the Bay Area. Before joining BFHP three years ago, she was also supervisor of the Russell Street Residence in Berkeley. This assisted-living, senior-care facility has 17 residents, of whom only one has required hospitalization in the past five years—a testament to the high level of care. "Russell Street is a good model for keeping people safe and thriving," Leyden said. Russell Street is also ranked in the top five such facilities in the Bay Area.

MEGAN LIU

The model looks at the whole person in terms of their mental health, nutrition, skill building, and issues of isolation. In the case of Russell Street and similar facilities, Leyden described five important factors for success:

- **Funding**—Russell Street is partially funded by a U.S. Department of Housing and Urban Development (HUD) grant, with a small amount of funding from the City of Berkeley, plus private donations. It has a yearly shortfall of about $30,000, which they always manage to make up. Residents at the facility also pay one-third of their income, such as from Social Security. "But if their income is zero," Leyden said, "then they pay zero."
- **Direction**—the current manager, Annette Suggs, has 19 years of experience and, on a personal note, she is the youngest in a family with 14 brothers, so she knows

how to deal with people. She treats the residents and staff at Russell Street as an extension of her family.

- **Staff**—the team supporting Suggs is close-knit with low turnover. Everyone shows up on time and knows what to do.
- **Mental health support**—the facility has a close relationship with Berkeley Mental Health (BMH), the city's own behavioral health services department.[1] Most of Russell Street's residents are BMH referrals and come with an assigned clinician, so residents get clinical care on a daily basis and in a crisis. "Without support from BMH, this level of care would be difficult to achieve," she said.
- **Community support**—Russell Street participates in activities like a community garden and classes in nutrition, computers, and life skills.

"The goal," Leyden said, "is to have people leave to go to independent living." Russell Street has had two residents leave in the past two years, which opens up its limited space.

Russell Street depends on its HUD grant, for which the facility has to file a renewed application every year. But a few years ago HUD issued a ruling on "coordinated entry." This calls for the homeless people in each county to have one point of entry into supported housing and use one tool that ranks them according to factors such as those with the longest period of homelessness, greatest degree of poverty, and highest need, including mental illness. Leyden has been working on this entry tool at BFHP. She notes that Berkeley currently has about 1,000 people sleeping on the streets each night, while Albany has 66 homeless people. In Contra Costa County, the decision has also been made to "streamline" the county's homeless shelters, so that only those with the highest level of need are served.

The result of this change in intake means that facilities like Russell Street may not get referrals from BMH, with all the clinical support that comes with them, but instead will get placements from high-scoring homeless people in the "north county" area (i.e., Berkeley, Albany, and Emeryville).

When one member of the audience asked about her son getting "blown off" the waiting list for housing, Leyden explained that HUD does not want lists but a dynamic pool of people to be served. "But for every bed in a board and care facility," Leyden said, "there are hundreds of people trying to get in."

She noted that HUD also offers housing vouchers under Section 8, which allow a person to obtain market-rate housing for one-third of their income and get needed support once a month. But she called this "Willy Wonka's Golden Ticket," because Alameda County only offers fifty such vouchers a year.

Megan Liu said that California will soon experience a major shift in adult residential facilities.[2] The trend is going to shut down board and cares as a private

[1] Berkeley is the only city in California with its own mental health program. All the rest are served by county functions, including San Francisco, which operates its mental health services at the county level.

[2] Liu distinguished between adult residential facilities (ARFs) and residential care for the elderly (RCFEs). ARFs are for people 18 to 62, and people with mental illness need to be diagnosed before age 18 to be admitted. RCFEs are for people 62 and older and provide a different level of services.

industry—owned, managed, and operated by individuals or a company, as hers is—in favor of operation by the state or a nonprofit organization. One aspect of this trend that she noted was changes in state licensing.

Her family business is regulated by the Community Care Licensing Division (CCLD), which maintains offices in most major cities, including Oakland. The business had one licensing analyst, who worked with them consistently for ten years. After a funding decision in 2012, the CCLD sent Liu's facility three different analysts in two years, and some of them knew less about the rules than she did. "The analyst is supposed to advocate for the residents," Liu said. But the trend now is for the analyst to visit once every five years if there is no complaint. And with a complaint—which must be founded—the analyst is required to show up within five days.

Many board and cares are unlicensed, but Liu suggested that NAMI should advocate for shutting them down. Her reasons were that such facilities are unregulated and there are no requirements for staff training or licensing of administrators, no capacity limits, no nutritional standards, and usually no overnight staff. Most of these facilities, she suggested, are only in business to collect the residents' Social Security checks.

The reason many private board and care owners are getting out of the business are threefold. First, they are frustrated with CCLD administration. For example, one analyst told Liu that residents could keep medications in their rooms—and that is simply not true. Second, many licensees own the residential property, and they can find a better use for it in the current housing market. And third, the SSI cap on housing expenses for the disabled, currently $800 per month, has not increased while facility costs are going up. In Oakland, the average cost of maintaining a bed in a board and care, including food and medication administration, is $3,000 per month.

As a result, there are simply no new, licensed facilities for the mentally ill in the Bay Area. Some of the alternatives are home health care, if you can afford it. This service can provide aides for cooking, cleaning, and other chores but may not be equipped to serve people needing a higher level of care. And Medicare will pay for In Home Support Services (IHSS), which does not include providing staff and caps the hourly wage it will pay.

At the end of the meeting, NAMI East Bay President Liz Rebensdorf described her and Vice President Margot Dashiell's work on the housing issue in Alameda County. One project is the Independent Living Association (ILA), which seeks to create a middle ground between licensed and unlicensed board and cares. Under this program, the county wants to leverage privately owned houses for unlicensed room-and-board spaces for adults who do not need medical supervision. The ILA would provide education and training for operators, perform annual visits, and offer advocacy and a complaint process for residents. The program is currently working in San Diego (see http://ilasd.org).

Dashiell is also working with the Supportive Housing Collaborative of the East Bay to encourage creation of support services in new housing for people with mental illness.

In closing, Sharon Leyden noted that MediCal is building a platform that will eventually provide supported housing under MediCal billing.