

**EL DORADO COUNTY
MENTAL HEALTH COMMISSION'S
2009 REPORT TO THE BOARD OF SUPERVISORS**

Housing for Mentally Ill Individuals in El Dorado County

This report was begun as part of a follow-up to the previous year's Board of Supervisors Report on the Psychiatric Health Facility and the Behavioral Health Court. Mentally ill individuals post hospitalization or incarceration need to be placed in readily available and appropriate housing that includes services as part of their treatment plan. Maintaining a stable residence during cycles of psychiatric illness is a serious problem with a large proportion of mentally ill individuals. Lack of stable income and deteriorated relations with family and friends are the most frequent reasons for mentally ill individuals becoming homeless. Affordable housing, including housing for the mentally ill, is in short supply, especially in El Dorado County. There is an established need for permanent supportive housing for the mentally ill in El Dorado County as part of an effective treatment plan as well as supporting the goals of the Behavioral Health Court.

Supportive housing is a successful, cost effective combination of affordable housing with clinical and social services that help people live more stable lives. It is well established that supportive housing with appropriate caring services directly improves the quality of life and degree of recovery for the mentally ill and has been shown that reductions in incarceration, hospitalizations, and shelter use pay for much of the cost of the housing.

Currently there are no Board and Care homes in El Dorado County. Our County Mental Health clients needing 24hour care are housed in Sacramento and Galt. Approximately 60 severely mentally ill clients served by county Mental Health reside outside the county and receive services from El Dorado Mental Health case workers on a weekly basis who must drive to see to the needs of their clients and bring them up to Placerville for doctor visits and medication evaluations.

El Dorado County had, until recently, five community transitional houses serving approximately 24 residents. In these houses, clients live independently with varied support services including assistance with grocery shopping, medication management, and life skills. One 5-bed house for men has recently closed. Since the passage of Proposition 63 (Mental Health Services Act) El Dorado County has established a contract with a non-profit agency, Choices Transitional Services, and opened two community transitional houses utilizing MHSA funds; one for Older Adults, and one for women with co-occurring disorders. This house for women is currently the only transitional housing that the MHD contracts with which targets women with serious mental illness in El Dorado County.

Attempts at using MHSA funds to provide permanent housing has met many roadblocks and little progress has been made in this area.

Some clients reside with family or in individual or shared living situations such as apartments or duplexes. The average rent for a studio or one bedroom apartment in EDC exceeds 50 - 70% of SSI/SSDI payments. Section 8 housing at this time is not accepting applications for two years. For clients who are able to live with their families, their SSI is sharply reduced. Isolation and loneliness are contributing factors in relapse. Support services for those living independently are often needed to maintain a level of independence and wellness.

El Dorado County Mental Health has many dedicated employees who work very hard to see that the clients are placed in safe and adequate housing. The clients are monitored skillfully to establish correct placement and their case managers maintain a close relationship with their clients, sometimes over many years, forming close bonds. They should be commended for their knowledge and effort toward alleviating suffering and loneliness among the county's mentally ill population.

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MENTAL HEALTH COMMISSION
2009 REPORT TO THE BOARD OF SUPERVISORS**

Housing for Mentally Ill Individuals outside of El Dorado County

**JULY 9, 2008 - HOUSING COMMITTEE VISIT TO HOUSING SITES IN
SACRAMENTO AND GALT**

Attending visit: MHC Housing Committee – Cathy Hartrum, Jan Melnicoe, Bonnie McLane; Patient Rights Advocate – Prestine Skinner, MHD staff – Mary Ellen Kinnings, and Public Guardian – Mari Robertson

TERMINOLOGY

IMD - Institute of Mental Disease; a locked facility having 16 or more beds with long term and intensive care for clients who are on LPS Conservatorship..

Transitional Facility – An unlocked facility with fewer than 16 beds providing 24/7 supervision and includes licensing for both Mental Health and Social Services. Utilizes a “patch” fee to provide intensive social service skills in addition to base housing rate. A step-down facility for those ready to leave an IMD.

Transitional/Discharge Program - A program provided within some IMD facilities to help clients transition into less restrictive care, providing training in educational, vocational, life and social skills.

Board and Care – An unlocked licensed facility providing 24/7 supervision with no regularly provided social programs.

Transitional Residential House - Housing which provides 6 or less beds which has services for individuals ready to step down from Board and Care homes. Houses can be utilized for Independent Living or Supportive Living with services ranging from minimum to high degree of support from mental health department staff or contracted services, paid via a patch.

OBSERVATIONS

AMERICAN RIVER BEHAVIORAL HEALTH CENTER – IMD

This is a 53 bed locked facility. Rooms consist of single, double, or quad. They are unlocked and beds are separated with curtain partitions. When possible, staff accommodates client requests for number of roommates. There are scheduled bedtimes and hourly bed checks. There are no seclusion rooms but a “meditation” room is available when clients need some quiet time. There are large T.V. rooms, a recreational area, and a smoking area. Clients are allowed \$35/\$45 for spending money per month

from SSI/SSDI. Smokers receive a pack every three days. Smoking cessation programs are provided and encouraged. Clients are allowed personal contact. They are tested for STD's and provided precautionary items. A public phone is available at scheduled times and a pay phone is located in a common area. Planned activities such as art, creative writing, computers, and counseling are provided. Clients are taken in small groups to outings in the community.

Facility is older and in need of a "facelift". Carpets needed cleaning, walls could use some fresh paint, and rooms tended to be dark and "hospital like". Staff was very pleasant and accommodating and seemed to have good rapport with clients. The main staff person has been there over 20 years and expressed positive interactions between staff and clients, remarking on the "family atmosphere" present in the facility. Clients can earn "points" by participating in jobs. Points can be spent in the canteen and an on-site thrift store.

Clients usually enter after an assessment and not in a crises situation. If an event occurs, the client is isolated and attended to by a staff member until they have regained some control. Client to staff ratio is 7 to 1. Clients are assigned clinicians as case managers. Clients are referred to their case manager if there is a problem. Conservators meet with clients every 3 months. Grievance and Patient Right's Advocate information is posted in the hall. A doctor evaluates medications once a month.

Length of stay is generally 3 to 6 months but may be longer. Clients are then "stepped down" to a less restrictive facility; transitional house or board and care facility. All clients are conserved and receive SSI.

ENGLE HOUSE

This 13-bed facility is adjacent to and attached to American River Behavioral Center with a separate entrance. Clients progressing in their recovery may transfer to this transitional facility where they can receive an intensive program including job skills, social interaction, and community involvement. Their motto is "Looking toward self-sufficiency and independent living". An unlocked facility, it has both a Mental Health License and a Social Service License. It is coed and serves ages 18 to 59. Clients are assessed to qualify for the program with a 12 month limited stay. Average stay is 6 to 9 months. Staff to client ratio is 2/13. Board and care is covered by SSI/SSDI. An "enhancement patch" from the county, 50% of which is reimbursable, covers the social services component. Family involvement is encouraged and sought and amounts to around 10 to 15%. Programs for clients are based on individual needs and progress.

Facility is clean and common areas are attractive and inviting. Clients are involved in day-to-day maintenance chores and are responsible for maintaining their personal space. They can go out with a pass and may have an outside job. They are shadowed as they learn job skills, use the transit system, and integrate back into society. There is also a substance abuse program. This facility and programs are popular with clients who have used them.

CRESTWOOD, SACRAMENTO – IMD/TRANSITIONAL PROGRAM

This is a 90/9-bed facility with an interior courtyard. There are separate male and female wings. The large center courtyard has a lawn barbeque, and basketball court. Facility is currently undergoing maintenance. Client rooms and common areas are being painted and updated. There are separate rooms for meditation and visitation. The Grievance and Patient's Rights Advocate information is posted. Church services are provided as well as a spiritual advisor. Clients meet twice a week with physician and psychiatrist for general medical needs and med evaluation. Monthly menus are posted for meals. 35% of clients are considered long term. Group sessions are conducted continuously throughout the day and include, but are not limited to, personal hygiene, current events, computer, recreation, and vocational skills. Staff reported that few clients choose to use the computers. AA and NA meeting are available three times a week.

The 9 bed transitional unit is attached to the main facility through locked doors. It offers vocational skills, independent living skills, and community activities. They are introduced to public transportation and transported to Loaves and Fishes and local food banks to volunteer. There is a service coordinator who facilitates events three times a week. Clients are assisted in forming a residential government where they are involved in decision-making. Staff/client ratio is 1 to 6. Psychiatrists and physicians come in twice a week for medications and treatment. Clients are assessed for progress and potential to move to a less restrictive environment providing a step-down process toward more independent living.

GREEN PASTURES – BOARD AND CARE

This board and care facility has 46 beds. Most are shared rooms with a partition and some singles. It is unlocked, but clients have a 9:00 PM curfew. The facility is large and long with multiple smaller common sitting areas. The rooms are off the common areas. Client's rooms may be decorated and furnished with personal items. There is a recreational area and a TV room. A friendly dog lives in the facility. A wellness center and activities such as art, music, and computers are available. Staff transports clients to community activities, i.e. library, swimming pool, shopping, etc. The facility had a pleasant homey feel to it and the staff was pleasant and helpful.

A client interviewed reported being happy living in the facility. This client felt safe and much preferred this place to a previous a homeless situation and other less appealing environments. The size of the facility was appreciated as it allowed clients room to walk and interact with a variety of people. This client also was aware of funds provided by counties for housing and specifically inquired why this money was not being used to provide housing in El Dorado County. This person has family and an attachment to the county and would love to have housing closer to home. This client also missed coming up and participating in programs offered by the county as it afforded additional social interaction with peers that had become a substitute for family.

The biggest drawback to this facility other than its distance from EDC, was its location in a very marginal neighborhood. The before dark or 9:00 pm curfew is necessary to protect clients from the very real danger of crime in the area.

CRESTWOOD, FRUITRIDGE – TRANSITIONAL PROGRAM

This is a 12 bed unlocked facility staffed 24/7. It has a male and female wing but geared toward young male clients working toward completing their GED and vocational training. Jones School provides several vocational programs. Programs are individualized according to the needs and progress of the clients. Clients are taught to use the public transit system and encouraged to be active in the community. They can go to the mall, public library, parks, and look for employment. Staff transports clients to sports and cultural events. Facility has a computer for client use and clients are allowed computers in their rooms. Clients participate in maintaining common area and are assigned chores on a weekly basis. They can earn gift cards for additional jobs. There is a menu posted and clients participate in meal preparation.

El Dorado County has a Behavioral Health Court Client in this facility. This client was willing to talk to the committee about experiences and the facility. The client is around 30 years old, happy to be in this facility, and grateful for the opportunities provided by the BHC program. Having had a slip in set boundaries, the judge restricted activities. The client is learning to have more self-control, but feels helpless and would like to be informed of the decision-making process, although it is still much preferred over jail. The client enjoys being in Sacramento because of the availability of resources, i.e. theater, mall, library, etc. This client utilizes the public transit system and is looking forward to learning job skills and becoming a productive member of society.

JULY 22 VISIT TO GALT HOUSING - unannounced

Attending: Cathy Hart rum, Jan Melnicoe, Bonnie McLane, Staff members; Prestine Skinner and Tom Donahoe

TWIN CITIES Board and Care, Galt

This is an old, rambling farmhouse style facility. It has 15 beds. Recently remodeled on the outside, it is close to a small mall where residents can walk to for shopping. There is a lawn and front porch where clients can sit. One client keeps his doors locked. There is a recreation room with TV and most residents have personal TVs. One client from El Dorado County lives there. He likes it there and did not want to move when others from EDC were moved to a different B&C. He wants to live in EDC. Facility was clean with 2 beds to a bedroom. Sitting areas are available inside as well as outside. House Rules, license and Patients Rights Advocate flyer are posted.

C&F BOARD AND CARE, Galt

This facility is comprised of two buildings; one older residential, the other is

newer, larger and has an office, reception, TV room as well as bedrooms and bathrooms. It has 22 beds. Bedrooms have personal belongings and include TV, pictures, and stereos. The rooms are large, clean, and recently painted. The exterior shows some recent maintenance.

SUSIE'S PLACE, Board and Care, Galt

This is an older facility, a rambling farmhouse that has been added to over the years. The owner is continuing to upgrade and improve the facility. The rooms are clean. Most are shared rooms with a few singles. Clients have pictures on the wall, mementoes, and other personal belongings. At least one staff member is always available with some overlap of staffing during meals and morning. There is a swimming pool on the property, but it is fenced off and not used by the residents. The staff takes the residents on shopping trips and to the local farmer's market where they purchase fruits and vegetables for meals. The residents report that the meals are good. The facility has animals, a llama and chickens. Residents help care for the animals. There is an outside patio and lawn where the residents can sit and smoke. The staff responds to requests from county personnel in a timely fashion, i.e. increased lighting in the hallways. Several residents from EDC are housed here.

SUNRISE BOARD and CARE, Galt

This is an older facility. It is currently undergoing maintenance. It is a 14 bed facility and has a wing where staff live. There is a small, crowded, older kitchen with a bar to pass food to residents in the dining area. The house appears to have been added on to for more rooms and storage in caretaker's area. There is a small yard with a basketball court. There is a large TV room and residents have pictures and artwork on their walls.

SUNRISE MANOR, Transitional House, Galt

This is a small track home in a residential area. The clients live independently. Staff from Sunrise Board and Care comes in once a day to provide a meal. Clients are free to come and go. The EDC resident rides his bike to the doctor. House had an unkempt appearance to it with food left out and flies in the kitchen.

SUMMARY OF OBSERVATIONS

All the clients from EDC are housed in safe, adequate housing. They are placed appropriately to their needs. Their case managers and facility staff maintain good communication. Most of the clients commented they want to come back and live in EDC, but seem reasonably satisfied with their living conditions. Due to the distance from EDC, most clients have little or no contact with their families and friends. They quickly engage with their case manager and have a friendly open relationship. For some, that relationship is the closest thing they have to a family member and they rely on that relationship for much of the positive interactions and structure in their life. Moving to a

less restrictive environment requires that they adhere to certain rules and standards. They need frequent positive feedback to make the most progress. For some of these clients, especially those in the far out board and cares with no services, there is little incentive to recover lost skills.

EDC has 60 clients housed out of county with 3 case managers currently serving them. The cost of providing program to these clients as well as the cost of bringing them up for medication check is money that could be put to more effective and efficient use in improving the quality of life and chance of recovery for our EDC mentally ill.

AUGUST 8, 2008 - HOUSING COMMITTEE VISIT TO TRANSITIONAL HOUSES IN EL DORADO COUNTY

Attending: MHC: Cathy Hartum, Jan Melnicoe, Bonnie McLane, Clay and Ellie Dawson, and MHD Staff Prestine Skinner, and Terri White
These were announced visits.

Debbie Lane House –Placerville

This is an older house in a woody location near stores, the county library, and public transit. The house was clean, attractive, if somewhat dark, and the female clients voiced appreciation of the location including the friendliness of the neighbors and feeling safe. There are four bedrooms, with 4 current residents. The case manager for the house meets with the clients five days a week. During the visit the residents have a community meeting to discuss any problems, meal planning, chore assignment, meds and appointment schedules. Assistance for appointments is provided if needed. Rent is \$531 per month not including meals. Money for meals is pooled and shopping is done together weekly. Emergency information was visibly posted.

This house as of January 2009 was changed to housing the TAY (Transitional Age Youth) group due to the lack of demand for this type of housing by the previous target population: conserved women.

Tunnel Street House – STAR (Strategies to Achieve Recovery and Resiliency) Choices Administered – Cost per client is around \$850/month including meals and regular staff support.

This “Little Yellow House” is the newest Choices house. The clients are all women working toward recovery and self - sufficiency. There are three bedrooms; one large shared room, one very small single and another single room. The clients voiced a high degree of satisfaction with the living arrangements. The interior of the house is clean and attractive. The house has a backyard with a barbeque and appealing landscaping. A laundry room is attached to the back of the house and a bus stop is nearby. The house is not yet computer ready, but will be soon. It has been approved for supervised CPS visitation as three of the clients have children. They have weekly meetings to discuss meals, assign chores, and deal with any problems. Their meals are family style and the residents are very supportive of each other. Emergency information is visibly posted.

New Directions – Spring Street, Placerville

Choices Administered for independent MH client's age 50 and older
This home is currently housing three clients, 2 men and one woman. The client is responsible for their rent and MHSA funds pay for the services provided by Choices. Currently three beds are empty. It has 3 shared rooms with locking nightstands for medications. The bus stop is across the street and goes directly to the Senior Center. The house has a computer with Internet access and email availability. Staff is there from noon to 8:00 PM. Clients are assisted in developing meal plans, grocery lists, and chore sign up. Clients work together and help each other. This home is attractive, cozy, and well maintained. The clients express a high degree of satisfaction with their quality of life.

Turner Street Community House (house has been closed as of January 09)

This home previously served five adult males. This house was closed January 2009 due to the lack of demand for this level of service at the time.

Patterson House, Diamond Springs

The clients in this house are men who are able to live independently. There are four clients, 2 share a large room, one has a single with own bath, and one other single. Rent is \$625 per month (\$1025 for single with bath) and includes meals and utilities. Clients get \$40 per month spending money from their SSI/SSDI funds. Bus is available three blocks away, but must be called first. Clients have to transfer at Missouri Flat to get to Phoenix Center. Clients are hard on the property and the house was in visible need of repair. Flooring missing in kitchen, drawer front missing, light out in refrigerator, were some obvious maintenance items. Case Manager comes twice a week to assist clients in grocery shopping, meals. Clients seemed satisfied living there and one client who moved up from Sacramento especially expressed pleasure in living in EDC. Emergency information was visibly posted.

SUMMARY OF OBSERVATIONS

The EDCMH clients in all the houses visited voiced satisfaction with their living arrangements. More than one client related how much they enjoyed being in EDC over staying in Sacramento. The houses for the most part were well run, clean, and orderly. The quantity and quality of the support provided seemed to directly affect the degree of satisfaction and quality of life as well as achievement of goals toward recovery. It was apparent that a certain degree of structure and support is necessary in these homes if the clients are to achieve their long-term recovery goals and have an improved quality of life. Effective case management enables these houses to run smoothly and effectively.

30-DAY CRISIS RESIDENTIAL TREATMENT (CRT)

A portion of the existing PHF (Psychiatric Health Facility) on Spring Street in Placerville has been restructured to create a 6 bed Crisis Residential Treatment Facility (CRT) which clients receive crisis stabilization services under 24/7 supervision for up to 30 days. Persons who have been stabilized in the PHF and are ready to step down can utilize this facility. Also, persons who do not meet criteria for entering the PHF can receive treatment in the CRT. The step down approach is proven to be extremely effective in helping mentally ill individuals transition back into the community. However, for the transition back into the community to be successful, appropriate housing must be provided as the next 'step-down' phase.

PROSPECT PLACE PROGRAM

Prospect Place's mission is to provide a community for recovery from homelessness, mental illness and substance abuse and the services and supports needed to achieve self-sufficiency. Prospect Place is funded by MHSA dollars to provide intensive case management for seriously mentally ill adults who are homeless or at imminent risk of homelessness and who voluntarily engage in a rehabilitation program design to achieve self-sufficiency and recovery. The housing options mentioned above (with the exception of IMDs) are utilized for this program.

HOMELESS RESOURCE CENTER

The proposed Homeless Resource Center, which will house 15 clients at a time, offering an array of services should prove to be very effective in helping homeless individuals transition back into the community.

The recent estimated count of 100 + people who are homeless during any given day/night is admittedly undercounted. Two counts were done by the Department of Human Services in 2008, the second yielded the amount of 231 homeless. However using 100 as an approximation, National statistics show that 1/3 of the homeless population are persons with mental illness. With that in mind, 30 mentally ill people in need of housing most often are untreated and very difficult to engage. Without the appropriate care and medication needed to stabilize symptoms it is likely that the Homeless Resource Center's program would prove too difficult for most. The MHD program, Prospect Place is an effective tool to engage people and to assist individuals in accessing housing Mental Health services, and other supportive services within the County

OBSERVATIONS

RECOMMENDATIONS

A traditional homeless shelter is needed in this county. Many homeless individuals need a safe place to stay and food to eat and in the case of the mentally ill homeless, mental health treatment and medications, before they can engage in programs designed to help them transition into the community.

MENTAL HEALTH COMMISSION RECOMMENDATIONS:

1. Decent and affordable permanent housing for El Dorado County clients must be available to provide alternatives to the residential instability and homelessness that occur in the severely mentally ill population. Choice, flexibility, and support in housing options will insure that more of our ill county residents can remain close to their family support groups and get the treatment and care they need.
2. EDCMH should continue to expand housing options for our residents in El Dorado County as quickly and efficiently as possible. The current system of housing half of our clients in Galt and Sacramento is an inefficient and costly way to provide services to our residents and impacts their quality of life and recovery. Currently, clients living in Galt and Sacramento in Board and Care homes or Transitional Facilities are served by their case workers who weekly travel down to see them and/or bring them up to Placerville for medication/counseling services. Persistent follow-up with clients is essential to maintaining stability and improving outcomes for recovery. Current budget cutbacks and geographical distance for those housed outside of the county make follow-up less effective and increases the burden on the caseworkers trying to maintain a quality of service for those they care for. Clients' SSI and SSDI monies provide the income to pay for housing and the basic services associated with Board and Care placement. However, a higher level of care is often needed or desirable to maintain stability in the community. The cost for these services is covered by the Mental Health Department for conserved clients. These resources would be better used in El Dorado County than in neighboring counties.
3. The development and availability of houses for the mentally ill in El Dorado County should be encouraged. MHSA funds could be utilized to provide layered or "patched" services. Property owners with investments in housing property in El Dorado County should be encouraged to rent to three or four independent clients on SSI/SSDI with Mental Health, property owner, or private agency such as Choices providing assistance with meals, and other life skills. Transportation to the Mental Health Wellness Center for activities and community volunteer project should also be made available. Alleviation of loneliness through social living and activities is a real need among the mentally ill, and is proven to foster wellness and recovery.
4. There is a great need for Board and Care facilities in El Dorado County. These

facilities provide 24/7 care for those clients who are severely disabled but ready to transition from an IMD. Currently there are no Board and Care facilities in EDC, however one Board and Care facility in Galt expressed interest in providing a facility in El Dorado County. Another aspect of housing that must be considered is the utilization of MHSA funds to acquire permanent housing such as a suitable multiple room facility within the county and staffed by county employees or private owner.

5. By developing housing in El Dorado County specifically for mentally ill adults, future homelessness, repeat hospitalizations, and possible incarceration among these individuals may be avoided and instead provide places for our residents to live closer to their families and friends. This supportive housing may take many forms, from shared living with occasional support, to transitional housing with limited daily support, and 24/7 staffed Board and Cares. These housing options, along with the Psychiatric Health Facility and adjoining Crisis Residential Treatment, and the addition of a new homeless shelter will give the county the options needed to provide appropriate, financially sound, and effective residential placement and emergency treatment for the county's vulnerable mentally ill population and greatly improve the probability for recovery to functional independence and wellness.