

Ventura County Behavioral Health Department Alcohol & Drug Programs

Mental Health Services

Michael Ferguson, M.D. Behavioral Health Medical Director

A Division of the Ventura County Health Care Agency

Presiding Judge of the Superior Court

July 21, 2003

RECEIVED VENTURA COUNTY SUPERIOR COURT

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OFFICE OF THE PRESIDING JUDGE

Ventura, CA 93009 Subject: 2002 – 2003 Ventura Grand Jury Report Behavioral Health Department Response

Dear Judge Clark,

Honorable Bruce A. Clark

800 S. Victoria Avenue

This letter is in reply to the findings and recommendations contained in the 2002 – 2003 Ventura County Grand Jury report entitled Ventura County Behavioral Health Agency Housing for Adults with Severe and Persistent Mental Illness.

The Department is in agreement with the overall conclusion of the report that there is insufficient housing for the mentally ill in Ventura County. The Department remains committed to encouraging the development of a wide array of community based housing options that are safe, secure, and affordable to the individuals and families we serve.

In those instances where the Department did not feel it was appropriate to comment or did not have sufficient knowledge to comment we have so noted. Where appropriate the responses serve as an opportunity to educate.

Findings:

F-1 The LPS Act passed by the California legislature in 1968 had an enormous impact on housing for mentally ill adults. California lost tens of thousands of hospital placements for the mentally ill. (See Addendum A)

Concur

F-2 According to the Ventura County Sheriff's Department Program Manager for the Mentally III, Director for Psychiatric Medications, in December 2002, 37% of the adult female inmates and 14% of the adult male inmates in Ventura County jails were

administered psychiatric medications while incarcerated. An additional number of inmates refused psychiatric medications. (See Addendum A)

Unable to comment

F-3 The County jails are the largest single provider of housing for the mentally ill in Ventura County. (See Addendum A)

Partially concur.

County jails provide a place of safety both to inmates and for the generally community. People are in jail because they have committed crimes; sometimes people commit crimes as a result of their mental illness.

Jails are acknowledged to be institutional settings and are generally understood as group quarters, not housing.

F-4 Command, management and rank-and-file law enforcement personnel discussed the change in law enforcement's role in terms of the closure of most California State Mental Hospitals and the lack of other housing for the mentally ill.

Unable to comment

F-5 Sheriff's deputies do their best but not all are trained to be the caretakers of the mentally ill. The Sheriff's department also coordinates with the Crisis Intervention Team to apprehend mentally ill adults who are possible threats to themselves or another.

Concur

F-6 There are policies for jail release and jail diversion for mentally ill adults, but they are not always applied due to constraints of time and resources.

Unable to comment

F-7 Statistics gathered by the 2001-2002 Grand Jury from the Ventura County District Attorney, indicate about half of all officer-involved shootings in Ventura County in recent years involved a mentally ill adult.

Unable to comment

F-8 Ventura County mentally ill adults are frequently released from the In-Patient Psychiatric Unit with only the address of a homeless shelter given to them by Behavioral Health as "housing." (See Addendum A)

Disagree.

> In response to the core finding, the VCMC Psychiatric Unit consistently attempts to provide for and arrange transportation for all hospitalized patients. During their hospitalization patients may need transportation services to specialty clinic appointments, for outside medical procedures, Superior Court, etc. After discharge patients typically need assistance with transportation to other facilities, their homes, new placements, outpatient clinics, and homeless shelters. At discharge each patient needing assistance with transportation is assessed to determine the most appropriate mode of transportation. Unit staff may personally drive the patients in a County vehicle, or alternatively, patients are given a bus voucher or bus token at no cost. The staff will also coordinate the schedule, provide written instructions for patient, and if needed, transport the patient directly to the bus stop in downtown Oxnard or Los Angeles Union Station.

> Each time the Unit staff transports a patient a "Transportation Worksheet" is completed and logged into a binder. Over the past six months the staff have logged a total of 549 patient transportation episodes including 47 direct patient transports to homeless shelters. Patients have been transported to placements as far away as Long Beach, CA and Bakersfield, CA.

> Patients, who have local discharge destination and who are able to use local public transportation, are given a bus token at no cost to them. The Unit has spent approximately \$800 in Greyhound bus tokens over the past year.

For patients needing extended transportation (for example, out of state), Greyhound bus vouchers are issued. Over the course of the past six months the Unit has issued \$2,602.75 worth in bus vouchers.

F-9 Many mentally ill adults released from the In-Patient Psychiatric Unit, never arrive at the shelter.

Partially Concur.

Despite the Units best efforts, it is acknowledged that some clients do not end up at their discharged planning location.

F-10 Severe and persistent mental illness is a condition with periods of crisis and Ventura County has no crisis or respite facility where a mentally ill adult may come for temporary residential care when they are below the legal threshold for a 72-hour voluntary or involuntary hold at the In Patient Psychiatric Unit, Hillmont Hospital. (See Addendum A)

Agree.

There is a definite ongoing need for a sub-acute facility in this County in order to "step down" sub acute hospitalized patients and to admit sub-acute clients as an

alternative to hospitalization. [See F-26 response; one is currently in development]

F-11 According to the Chief Mental Health Services Administrator for Adults and the subordinate Administrators for Adult Mental Health Services, in Ventura County between 30% and 70% of middle-aged mentally ill adults live with an elderly parent. These figures vary depending on the community. (See Addendum A)

Disagree.

The Chief Mental Health Services Administrator for Adults and the subordinate Administrators for Adult Mental Health Services were not interviewed.

F-12 The Behavioral Health Adult Clinics stated to the Grand Jury that very few mentally ill adults between ages 18 and 64 years in Ventura County are transitioned to the mentally ill senior's programs at 65.

Disagree. The Behavioral Health Adult Clinics were not interviewed.

F-13 Ventura County has an estimated 11,960 adults with a severe and persistent mental illness.

Partially concur.

The California Mental Health Planning Council in March 2003 published the California Mental Health Master Plan: A Vision for California. The Unmet Need Estimate Based on CMHS [Center for Mental Health Services] Prevalence Rate for persons in Ventura County between the ages of 21-59 is 5,388 at the lower limit and 17,435 at the upper limit. "These unmet need calculations were made in fiscal year 1999-2000. At that time, the most recent data available on the number of clients served in the mental health system was for fiscal year 1997-98."

F-14 The Housing Gaps Analysis 2000 led to the development of the Five Year Plan.

Concur

F-15 The Five Year Plan was designed to develop 500 new licensed/approved housing opportunities by the year 2006 and close a housing gap that was estimated to be at least 1,000 and growing.

Partially concur.

The Five Year Plan states: "The identified need for permanent housing in Ventura County for persons with psychiatric disabilities is at least 500 units." [1.2 Goals and Objectives, page 2]

F-16 The Five Year Plan presents milestones for each of the five years. The County is now in the third year of the Five Year Plan. None of the overall numerical goals for additional ready-to-occupy housing have been met.

Disagree.

While the Five Year Strategic Housing Plan, prepared with valued stakeholder input may have been unrealistically optimistic in the timeframes set forth, significant progress is being made in achieving the stated goals.

Relative to Homeless Services, permanent housing in Oxnard for six homeless mentally adults (AB2034) has been secured in partnership with Cabrillo Economic Development Corporation.

BHD has obtained approval for 11 Section 8 Shelter Plus Care tenant-based housing vouchers through the Oxnard Continuum of Care. This will provide rental subsidies for up to 11 mentally ill households for an initial term of 5 years.

BHD in collaboration with Ventura County Public Health, Turning Point Foundation and the Department of Veterans Affairs, Greater Los Angeles Healthcare System submitted an application on April 14, 2003 for funding through the Collaborative Initiative to Help End Chronic Homelessness requesting nearly \$2.6 million in funding. The application requests funding from the Department of Housing and Urban Development for a Safe Haven in Oxnard (to be operated by Turning Point Foundation) and funding from Substance Abuse and Mental Health Services Administration for case management and intensive mental health and substance abuse services to project participants. It also requests funding from the Health Resources and Services Administration for case management and primary health care services to program participants and funding from the Department of Veterans Affairs for a case manager at its contract clinic to serve homeless veterans with mental illness and an evaluator.

In transitional housing, the renovation of the former Inpatient Unit to serve 15 mentally ill adults is going forward with construction to start in the third quarter of 2003 and occupancy in the second quarter of 2004.

Most of the activity has been in the permanent housing arena even though the keystone piece of the strategy – California Supportive Housing Initiative Act funding – has been eliminated.

In addition to the permanent housing noted above, Many Mansions, a local nonprofit housing developer, completed renovation of Casa de Paz as Supported Housing for Persons with Disabilities (mentally ill) that now provides 13 affordable housing units. The Warwick Apartments are currently undergoing renovation and 13 of the 27 units are expected to be available for occupancy by adults of low income with mental illness in September 2003. BHD regularly refers clients to Esseff Village Apartments, another Many Mansions managed property.

BHD secured 32 "special needs" Section 8 vouchers from the Ventura Housing Authority for clients.

BHD has taken an active role in recruiting licensed Board and Care operators with the result that since March 2000, in spite of the loss of 7 facilities with a total of 53 beds, three new facilities with a total of 54 beds have been added. Another 4 facilities with a total of 24 additional beds are in the process of securing their licensure and will be serving mentally disabled clientele. The licensing process from first inquiry to first occupant can easily take 6 - 12 months, sometimes longer.

The planning, in conjunction with the Area Housing Authority, for the development of housing at Lewis Road is now able to go forward in earnest, following passage of the Housing Bond Act of 2002 in November 2002, making capital development funding available. The capital funding is just now being made available through periodic issuance of Requests for Applications.

The County Executive Office, at the direction of the Board of Supervisors, is currently evaluating converting the Honor Farm facility into a locked facility for the mentally ill. The forthcoming report will list the advantages and disadvantages of such a conversion, and provide the staff's professional estimates on the feasibility, initial and long-term cost, overall budget impacts and potential sources of funding for making the conversion. The report will provide sufficient information to enable the Board of Supervisors to determine whether the issue merits further, more refined analysis.

F-17 Santa Barbara and Kern Counties have over 150 beds per 100,000 of population for mentally ill adults compared to Ventura County's less than 40 beds per 100,000 of population.

Disagree.

Ventura County has 212 licensed Board and Care beds for mentally disabled individuals; Santa Barbara County reports 144 and Kern reports 285. As a ratio of licensed Board and Care (B&C) beds to open enrolled adult cases, Ventura County has 1 bed for every 14 adult clients; Santa Barbara County has 1 B&C bed for every 23 adult clients and Kern County has 1 B&C bed for every 18 adult clients.

F-18 Santa Barbara County's median household income, 46,677, and Kern County's median household income, \$35,446 are far below Ventura county's median household income, \$59,666.

Partially concur.

The FY2003 median household income for Santa Barbara County is \$60,600; for Kern County the FY2003 median household income is \$42,800; and for Ventura County the FY2003 median household income is \$73,600.

F-19 Santa Barbara and Kern Counties provide substantially more housing and residential care for mentally ill adults than Ventura County.

Disagree. Refer to Response to Finding F-17.

In addition, Ventura County provides residential care (e.g., Institute for Mental Disease, Mental Health Rehabilitation Center) at a ratio of 1bed to 40 adult clients as compared to Santa Barbara County with 1 bed to 59 adult clients and Kern County with 1 bed to 137 adult clients.

F-20 An unknown number of mentally ill adults live in motel rooms, rented rooms, etc. and are intermittently homeless.

Partially concur.

The BHD through its Emergency Shelter Program (ESP) safely houses an average of 8 individuals at any point in time in local motels while extending services and linking to mainstream services. For the fiscal year ended June 30, 2003 ESP served 151 clients for a total of 793 "bed-nights".

Lack of housing availability and affordability continues to challenge renters and homebuyers alike in Ventura County and other California coastal communities. According to the National Low Income Housing Coalition (NLIHC), California ranks second in the nation, behind Massachusetts, as "least affordable" for rental housing. "In California, an extremely low income household (earning \$18,303, 30% of the Area Median Income of \$61,010) can afford monthly rent of no more than \$458, while the Fair Market Rent for a two bedroom unit is \$1,024." [Out of <u>Reach</u>, 2002 - NLIHC]

The survey of homeless persons in Ventura sheltered in cold weather shelters and transitional housing facilities on February 27,2003 found over 51% were women and children. This seventh annual point-in-time survey, sponsored by the Ventura County Homeless and Housing Coalition found the ranks of the homeless population are growing, people are remaining homeless longer, and those sheltered are long time County residents.

F-21 Other adults with a severe and persistent mental illness are continually homeless and employ strategies such as living in abandoned buildings or covered bins.

Concur.

The American Planning Association (APA) released in May 2003 a "Policy Guide on Homelessness" that states 800,000 people are homeless across the United States. The APA papers notes several factors that have contributed to the rise of homelessness:

- Escalating housing costs which have outstripped personal income growth;
- Accelerated loss of affordable housing stock and declining rental assistance;
- Decreased affordability and availability of family support services such as childcare.

They remind us that planners can play a significant role in reducing homelessness by determining local housing needs through their comprehensive plans, removing regulatory and legal barriers to the development of affordable and supportive housing, and fostering community support for permanent housing for the homeless.

F-22 Most of these strategies bring the mentally ill adult into frequent police contact and possible incarcerations.

Concur.

When individuals, homeless or not, having a mental illness or not, are trespassing on private or public property or engaged in high-risk behaviors or criminal activity, there is a reasonable expectation of police contact and possible incarceration. Evidence from around the country shows that supportive housing typically results in decreased use of emergency medical service and incarceration, reduced recidivism among substance abusers and increased employment rates.

F-23 Presently there are fewer licensed board and care homes and board and care placements for mentally ill adults than when the Five Year Plan was prepared. (See Addendum A)

Disagree.

There has been substantial activity in this arena between the census of March 29, 2000 appearing in the Five Year Plan and the most current census of May 20, 2003. At March 29, 2000 in Ventura County there were a total of 211 beds for mentally disabled adults in 18 licensed adult residential facilities. At May 20, 2003 in Ventura County there are a total of 212 beds for mentally disabled adults in 18 licensed adult of 212 beds for mentally disabled adults in 13 licensed adult residential facilities. In the interim, 7 facilities either terminated operations or are serving a different population and 3 new facilities were added. BHD Adult Residential Services has a staff person actively working

to recruit and liaison with licensees serving mentally disabled adults in Ventura County.

The following hypothetical timeline is provided to better understand the process of becoming a licensed Board and Care (B&C) facility, arbitrarily setting July 3, 2003, as the date of initial inquiry: ¹

Data	Activity
Date	Activity
July 3, 2003	Prospective B&C operator makes inquiry
Aug. 6, 2003	Attend Community Care Licensing (CCL) Orientation in Santa
	Barbara
Aug.7, 2003	Mail request for Application Packet
Sept. 6-10,	Enroll for Administrator Certification Program – 5 Day training –
2003	Cost is \$239 where available
Sept. 24, 2003	Applicant takes required test
Sept. 25, 2003	Required fingerprinting takes place
Oct. 23, 2003	Results of certification examination
Oct. 31, 2003	Submit application to CCL
Nov. 15, 2003	CCL will call about items missing in application
Nov. 30, 2003	CCL Component II Interview – face-to-face
	Initial Fire Marshall Inspection
Dec. 15, 2003	CCL Component III Meeting – forms & regulations
	Final Fire Marshall Inspection
Dec. 28, 2003	CCL pre-licensing visit to the facility
Jan. 15, 2004	CCL issues license – residents begin moving in

¹The timeline set forth above assumes the applicant has no prior convictions, is knowledgeable about the program and mission of B&C facilities (Adult Residential Facilities), and the house is cleared by the Fire Marshall in a timely manner. CCL endeavors to complete their processing within 90 days from receipt of the complete application. In reality, due to holidays, staffing shortages, and applicants not being fully prepared, the process is prolonged.

The lead time to the creation and establishment of licensed Board and Care facilities is typically six to nine months after a prospective applicant has been identified through self-selection or recruited and a suitable building has been secured.

The lead time for ceasing operations as a licensed Board and Care, either voluntarily or by failing to be in compliance with licensing regulations can be immediate but more typically would be within 30 days.

F-24 Ventura County has 27 fewer board and care placements than three years ago occupied by adults with severe and persistent mental illness. (See Addendum A)

Disagree.

There has been substantial activity in this arena between the census of March 29, 2000 appearing in the Five Year Plan and the most current census of June 24, 2003. At March 29, 2000 in Ventura County there were a total of 211 beds for mentally disabled adults in 18 licensed adult residential facilities. At June 24, 2003 in Ventura County there are a total of 212 beds for mentally disabled adults in 13 licensed adult residential facilities. In the interim, 7 facilities either terminated operations or are serving a different population and 3 new facilities were added.

BHD Adult Residential Services has designated one staff member to recruit potential Board and Care operators, and to assist and support applicants through the licensing process. Operators receive support as they embark on operations, are brought together periodically to discuss issues of mutual interest and to be acknowledged for the valuable role of Board and Care facilities in the wide array of community living options.

F-25 Placements by Behavioral Health for adults between the ages of 18 and 64 with severe and persistent mental illness in semi-independent homes have decreased from 17 in 2000 to 11 in 2003.

Concur.

Currently 10 individuals reside in 3 semi-independent living homes. The reduction in BHD leased properties is in keeping with the philosophy of the Department to move away from the dual-roles of landlord and service provider. In keeping with best practices individuals are being more appropriately integrated into the community by having their own apartments and receiving clinic based services and, when appropriate, field based services as well. In semi-independent living BHD is in the awkward position of being in dual roles as both landlord and mental health services provider whereas in community-based housing the landlord roles and the supportive services are separate as they should be and clearly defined.

F-26 The former in-patient facility at Hillmont Avenue is now planned to house 15 adults in a rehabilitative setting after renovation. The Five Year Plan called for housing 34 adults in the facility.

Concur.

The Five Year Plan anticipated 27 adults living in the former inpatient unit following renovation. The building was designed as a psychiatric hospital with shared rooms and does not lend itself well to re-design as conventional housing. In recognition of the need for a more structured living environment with a

> treatment focus and given its proximity to the current Inpatient Unit, the current design makes the most appropriate and best use of the space. The plan is to serve 15 adults with sufficient space for both housing and the necessary rehabilitation environment to facilitate the movement to independent living within an established time period.

F-27 Adults between 18 and 64 years of age have the greatest difficulty obtaining funding and therefore services, housing, medication, etc.

Concur.

Recommendations:

R-1 The Ventura County Behavioral Health Department should take a strong leadership role in promoting group homes and reversing the loss of board and care homes that has occurred in Ventura County.

The Behavioral Health Department promotes quality licensed Board and Care facilities in Ventura County and actively recruits potential operators. Board and Care facilities, i.e., Adult Residential Facilities, are licensed by the California Department of Social Services Community Care Licensing Division. Each facility is privately owned and operated enterprise. The County does not own, operate, or manage licensed Board and Care facilities.

Since 2001 BHD mounted a focused effort on recruiting individuals to become Board and Care operators specifically to serve the mentally disabled population and supported these individuals as they navigate the licensing process with Community Care Licensing and has been successful in its efforts. The recruitment and retention of quality Board and Care homes is challenged by the fact that licensed operators receive 2½ times the rate for room and board and care and supervision for a developmentally disabled person as compared to a mentally disabled person. This is a parity issue to be addressed at the state and federal level and challenges any recruitment and retention effort.

R-2 The Ventura County Behavioral Health Department should research the success in housing for the mentally ill in Santa Barbara and Kern Counties and provide leadership to replicate that success in Ventura County.

BHD is proceeding with planning efforts for an in county locked facility and the renovation of the former Inpatient Unit as a Mental Health Rehabilitation Center. BHD is actively recruiting Board and Care operators and regularly acknowledging current Board and Care operators. BHD is working in collaboration with community partners to develop permanent and affordable housing linked to supportive services for persons of low income with mental illness and seeking grant funds for development, operations and supportive services.

R-3 That Ventura County develop a locked facility within the County capable of longterm care for patients requiring it. (See Addendum B)

The County Executive Office, at the direction of the Board of Supervisors, is currently evaluating converting the Honor Farm facility into a locked facility for the mentally ill. The forthcoming report will list the advantages and disadvantages of such a conversion, and provide the staff's professional estimates on the feasibility, initial and long-term cost, overall budget impacts and potential sources of funding for making the conversion. The report will provide sufficient information to enable the Board of Supervisors to determine whether the issue merits further, more refined analysis.

R-4 That Ventura County bring together a Demonstration Project Team comprised of stakeholders including Behavioral Health, the Sheriff's Department, family organizations, and the Ventura County Mental Health Board to develop an in-custody diversion program with residential care for mentally ill adults accused of minor crimes such as loitering, vagrancy, public nuisance, etc. (See Addendum B)

The described project team and collaboration exists in the current Mentally III Offender Crime Reduction (MIOCR) grant program and with that mechanism already in place, the MIOCR program will be expanded to include a locked treatment program.

R-5 That Ventura County proceed with the development of the Lewis Road site as called for in the Ventura County Behavioral Health Department Five Year Strategic Housing Plan 2001 – 2006. (See Addendum B)

BHD is currently working with the Area Housing authority of the County of Ventura (AHA) in preparation for an AHA application to California Department of Housing and Community Development (HCD) utilizing Proposition 46 funds for the construction of housing for mentally ill on AHA leased parcel at Lewis Road.

R-6 That Ventura County develop a respite house or crisis house.

Whenever possible, BHD will look to collaborate with community partners in the development of residential options.

BHD in collaboration with Ventura County Public Health, Turning Point Foundation and the Department of Veterans Affairs, Greater Los Angeles Healthcare System submitted an application on April 14, 2003 for funding through the Collaborative Initiative to Help End Chronic Homelessness requesting nearly \$2.6 million in funding. The application requests funding from the Department of Housing and Urban Development for a Safe Haven in Oxnard (to be operated by Turning Point Foundation) and funding from Substance Abuse and Mental Health Services Administration for case management and intensive mental health and substance abuse services to project participants. It also requests funding from the Health Resources and Services Administration for case management and primary health care services to program participants and funding from the Department of Veterans Affairs for a case manager at its contract clinic to serve homeless veterans with mental illness and an evaluator.

R-7 That a study be made of the Crisis Team's responsiveness to the site and its ability and willingness to provide other than predominantly criminal justice services to the mentally ill patient. (See Addendum B)

Addendum B states: "Data should be collected and compared to other similar jurisdictions to determine whether the Crisis Team is appropriately utilizing law enforcement assistance." BHD and law enforcement has forged a remarkable collaboration in the CIT (Crisis Intervention Team) training. To date eight academies have been held and a total of 257 people (law enforcement officers, dispatchers, and others) have been trained.

R-8 That the Sheriff's Department and Behavioral Health implement a consistent policy for releasing persons with mental illness from the County Jail. (See Addendum B)

BHD will continue to work with the part-time discharge planner at the County Jail.

Sincerely,

Linda Shulman, M.F.T.

Director Ventura County Behavioral Health Department

CC: Grand Jury Mental Health Board Pierre Durand David Stoll