

**VENTURA COUNTY BEHAVIORAL HEALTH AGENCY
HOUSING FOR ADULTS WITH SEVERE
AND
PERSISTENT MENTAL ILLNESS**

Background

The 2002-2003 Grand Jury received a citizen complaint regarding housing at Villa Calleguas apartment complex. The complainant was afraid of losing housing at the apartment complex and becoming homeless. Police contacts, prior homelessness and distrust of Behavioral Health personnel were part of the background of the complainant.

The Grand Jury also heard repeatedly from law enforcement agencies during protocol visits regarding the burden of their role as the mental health professionals and residential facilities of last resort.

Methodology

The report examines housing for mentally ill adults between ages 18 and 64 years.

The Lanterman/Petris/Short Act (L/P/S Act) was reviewed. Welfare and Institutions Code Sections 5670-5676.5 were reviewed.

Meetings were held with the Behavioral Health Acting Director; Chief Mental Health Services Administrator for Adults; the Behavioral Health Housing Program Manager; the Operations Manager, In-Patient Psychiatric Unit, Hillmont Hospital; the Administrator of Ventura Region Licensed Clinical Psychologist and Regional Administrator Adult Services.

The 2002-2003 Grand Jury contacted the Sheriff's Department Program Manager for the Mentally Ill, Director of Psychiatric Medications.

Meetings were held with members of community groups such as the Ventura County Chapter of National Alliance for the Mentally Ill.

The United States Census Bureau 2000 Census (2000 Census) was used to research characteristics of the Ventura County population.

The Little Hoover Commission Report, November 2000, "Being There: Making a Commitment to Mental Health" (Little Hoover Commission Report 2000) was reviewed and analyzed.

The Housing Gaps Analysis for Adults with Severe and Persistent Mental Illness, Ventura County Behavioral Health, April 4, 2000 (Housing Gaps Analysis 2000) was reviewed and analyzed.

The Ventura County Behavioral Health Department Five Year Strategic Housing Plan 2001-2006 (Five Year Plan) was reviewed and analyzed.

The Grand Jury obtained updated information for the Five Year Plan, Housing Development Action Plan, and Board and Care Census.

Publications by the California Psychiatric Association were reviewed. Other books, publications and articles were reviewed.

The Grand Jury conducted protocol visits at which residential situations for mentally ill adults were discussed with managers and/or key personnel at the following:

Todd Road Jail

The Ojai Honor Farm

Ventura County Main Jail/Pre-Trial Facilities

Sheriff's Stations at Camarillo, Fillmore, Moorpark, Ojai and Thousand Oaks/East Valley

Ventura Police Department

Simi Valley Police Department

Santa Paula Police Department

Oxnard Police Department

Behavioral Health In-patient Psychiatric Unit at Hillmont Avenue

Behavioral Health Adult Clinics at Ventura and Conejo Valley

Behavioral Health Senior Clinic, Ventura

Villa Calleguas Apartments

Las Posadas Rehabilitative Housing

Findings

F-1. The L/P/S 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)

F-2. According to the Ventura County Sheriff's Department Program Manager for the Mentally Ill, Director for Psychiatric Medications, in December 2002, 37% of adult female inmates and 14% of adult male inmates in Ventura County jails were administered psychiatric medications while incarcerated. An additional number of inmates refused psychiatric medications. (See Addendum A)

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

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.

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.

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.

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.

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)

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

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)

F11. 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)

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.

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

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

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.

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.

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.

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.

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

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

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.

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

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)

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)

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

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.

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

Conclusions

C-1. Ventura County housing placements and residential treatment for adults ages 18 to 64 years with severe and persistent mental illness appear to be critically insufficient. (F1 through F-27)

C-2. California law places the responsibility for residential treatment of adults with severe and persistent mental illness with each County. (F-1)

C-3. Following closure of most state mental hospitals, an adequate system of community residential treatment for the mentally ill was not developed in Ventura County. (F-1 through F-27)

C-4. Ventura County lags behind other smaller and/or poorer counties in providing residential care for mentally ill adults. (F-17 through F-19)

C-5. In Ventura County the final destination of the mentally ill tends to be the criminal justice system. (F-2 through F-6 and F-22)

C-6. In the criminal justice system the costs are greater, the treatment setting is inappropriate and there is a substantial probability the mentally ill adult will be returned to the community and cycle through the criminal justice system again. (F-2 through F-6 and F-22)

C-7. The County jails are the largest single provider of housing for adults with severe and persistent mental illness in Ventura County. (F-2 through F-6 and F-22)

C-8. Encountering mentally ill adults, responding to citizen complaints, arresting, transporting to in-patient facilities for psychiatric evaluation, incarcerating, processing, feeding, housing, treating and guarding mentally ill adults is costing the law enforcement agencies of Ventura County millions of dollars annually. (F-2 through F-6 and F-22)

C-9. Current jail diversion programs for the mentally ill don't adequately take into account the need for residential care with treatment of the mentally ill offender. (F-2 through F-6 and F-22)

- C-10. The mentally ill are being released from Ventura County jails without regard to time of day, mental condition and notification of caseworker or family. (F-6)
- C-11. The Crisis Intervention Team's training of police officers and sheriff deputies is very helpful. (F-5)
- C-12. The presence of police officers in a person's home often escalates the mentally ill person's fears and symptoms, results in stigma and has led to tragedies. (F-4 through F-7 and F-22)
- C-13. Ventura County is losing board and care homes, and now has only 13 licensed board and care homes remaining for adults between ages 18 and 64 with severe and persistent mental illness. (F-1 through F-3 and F-16 through F-27)
- C-14. Ventura County has a net total of placements for adults with severe and persistent mental illness that is about the same as in the year 2000. (F-23 and F-24, and Addendum A: F-23 and F-24)
- C-15. The additional placements at Villa Calleguas and Esseff Apartments have been completely offset by the losses in board and care beds and semi-independent homes. (F-24 and Addendum A: F-24)
- C-16. In Ventura County there are 27 fewer board and care placements for mentally ill adults than three years ago, rather than the planned increase of 72. (F-23 and F-24)
- C-17. The number of adults with severe and persistent mental illness is estimated to have grown to approximately 11,960, most of whom are possibly indigent or extremely low income. (F-13 and Addendum A: F-13)
- C-18. Mental illness is a cyclical disease and a place to go voluntarily in a time of crisis below the homicidal/suicidal criteria for County hospitalization is needed. (F-1, F-2, F-6, F-7, F-10, F-20 through F-22 and F-27)

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

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)

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

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)

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)

Commendations

The 2002-2003 Ventura County Grand Jury commends those throughout the community organizations, family organizations and County agencies who struggle daily with housing for adults with severe and persistent mental illness.

Required Responses:

Ventura County Behavioral Health (R-1 through R-8)

Ventura County Sheriff's Department (R-3, R-4, R-7, R-8)

Ventura County Board of Supervisors (R-3, R-4, R-5, R-6)

Addendum A
Supporting Material for Specified Findings

F-1. According to Little Hoover Commission Report 2000 the California Department of Mental Health has less than 5,000-licensed state mental hospital beds remaining of the approximately 40,000 beds before passage of the L/P/S Act.

The responsibility for housing the mentally ill was transferred from the State to each county in the L/P/S Act as follows:

Welfare and Institutions Code 5670: "(a) It is the intent of the legislature to encourage the development of a system of residential treatment programs in every county which provides a range of alternatives to institutional care based on the principles of residential, community-based treatment. (b) It is further the intent of the Legislature that community residential mental health programs in the State of California be developed in accordance with the guidelines and principles set forth in this chapter. To this end, counties may implement community residential treatment system described in this chapter either with available county allocations, or as new money becomes available." [Emphasis supplied.]

F-2. The percentages were derived from the total number of inmates and the number of inmates administered psychiatric medications in December 2002 as supplied to the Grand Jury by the Sheriff's Department Program Manager for the Mentally Ill, Director for Psychiatric Medications.

F-3. Housing-through-incarceration is more expensive than any other setting for mentally ill adults. Incarcerating and treating a mentally ill adult costs approximately \$50,000 per year (Little Hoover Commission Report 2000.) Rehabilitative housing in Las Posadas, currently offering comprehensive care, costs Ventura County \$28,000 per year, per client (Las Posadas). Board and care housing for mentally ill adults is paid for by Supplemental Security Income (SSI) and Medicare at the rate of approximately \$800.00 per month or less than \$10,000 per year, per client (Behavioral Health).

F-8. According to the In-Patient Psychiatric Unit, Hillmont Hospital Administration as well as client and family interviews: after a 72-hour voluntary or involuntary psychiatric hold for being homicidal or suicidal (likely to harm/kill oneself or another), the patient is released, often to curbside. The client may be given the address of a homeless shelter as "housing". The homeless shelter may be miles away; the patient may have no transportation and be confused. No transportation to the shelter is arranged. The Unit administration is aware that many never arrive at the shelter.

F-10. The criteria for instituting a 72-hour voluntary or involuntary hold is that the subject must be judged to be a "danger to themselves or others." After such an evaluation, law enforcement and the Crisis Team are permitted to take action. When this criteria is met the person may be admitted to the In Patient Psychiatric Unit, Hillmont Hospital either voluntarily or involuntarily.

The In-Patient Psychiatric Unit, Hillmont Hospital is often filled to legal capacity. Therefore, when a new patient is admitted the staff must review other patients to see whom they may discharge. The staff has only a few hours to bring the patient load down to the legal limit.

F-11. Regarding the 30 % to 70 % of mentally ill adults who live with an elderly parent: the Behavioral Health Housing Program Manager advises parents to set up a Special Needs Trust to benefit their mentally ill adult child. Few of the elderly parents have the assets to protect their offspring beyond the parental lifetime. When the elderly parent dies, the mentally ill adult may be bereaved, homeless and alone simultaneously.

F-13. According to the Little Hoover Commission Report 2000, 2.6% of adults have a severe and persistent mental illness. The County has a population of 460,000 adults between ages 18 and 64 years out of a total County population of 770,000 (2000 Census). Application of this measure to the County adult population results in an estimate of 11,960 adults in Ventura County with severe and persistent mental illness. The majority of adults with severe and persistent mental illness are indigent or extremely low income (Behavioral Health).

F-23. At the time the Five Year Plan was developed there were 18 licensed board and care homes housing 211 mentally ill adults in Ventura County. In the update provided to the Grand Jury in January 2003, by Behavioral Health, there were 13 licensed board and care homes, housing 184 mentally ill adults in Ventura County.

F-24. Ventura County has 27 fewer board and care placements than three years ago occupied by adults with severe and persistent mental illness. Instead of the 256 beds planned by 2003 in the Five Year Plan, there are 184 according to updated figures provided to the Grand Jury by Behavioral Health.

There are 112 fewer board and care placements than planned by the beginning of the year 2006 for adults between ages 18 and 64 with severe and persistent mental illness in the Five Year Plan.

Note: Each bed and facility in the updated census was reviewed by the Grand Jury with the Behavioral Health Program Manager for Housing, and verified as being occupied by a mentally ill adult between ages 18 and 64 years in order to make the comparison with the Five Year Plan.

The Five Year Plan called for 256 licensed board and care beds by 2003 as follows: Twelve (12) beds added in year one of the plan, 18 in year two and 15 in year three, above the 2000 base of 211 beds. Fifteen (15) additional beds added in year four and an additional 15 beds in year five, for a planned total of 286 by 2006.

Ventura County currently has only 184 board and care beds for mentally ill adults under age 65 years (daily census varies slightly).

Some units of housing for mentally ill adults have opened. Villa Calleguas Apartments opened housing 23 adults, and Esseff Village provides placements for 10 adults. United States Department of Housing and Urban Development (HUD) vouchers have increased slightly.

Other housing for adults with severe and persistent mental illness is planned. However, the largest amount planned in the Five Year Plan, 350 placements funded primarily with new state money, is now considered moot.

Other planned development, rehabilitation and new construction include 13 placements at Warwick Apartments, four placements at Hacienda de Feliz, and 14 placements at Casa de Paz.

Addendum B
Additional Information for Specified Recommendations

R-3. This facility would allow Ventura County residents who would be sent out of the County for care, at County expense, to be cared for within the County. Possible sites include the Ojai Honor Farm and the Anacapa Hospital site.

R-4. These diversion programs could make use of a secure facility with greater family visitation allowed and other provisions as developed by the team. The objective would be diversion to housing and care rather than continual cycling through County custody. Possible sites include the Ojai Honor Farm and Anacapa Hospital.

R-5. This includes Villa Calleguas II that will house 23 mentally ill adults, Los Posadas II that will provide rehabilitative residential care for 30 mentally ill adults, and additional approved HUD subsidized housing for mentally ill adults. These projects will house only modest numbers and are severely needed. They should go forward at the earliest possible time.

R-7. Data should be collected and compared to other similar jurisdictions to determine whether the Crisis Team is appropriately utilizing law enforcement assistance.

R-8. Prior to release, Behavioral Health would be notified and have a case worker present to facilitate the mentally ill released person reconnecting with family or housing and mental health services.