

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

September 21, 2020

NEXT MEETING:

Monday, October 19, 2020
1:00 p.m. – 3:00 p.m.

VIRTUAL MEETING VIA ZOOM

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

BHAB Members Present

Claudia Armann
Soledad Barragán
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking
Kevin Clerici
Jesse Finkbeiner
Cmdr. James Fryhoff
Janis Gardner, Chair Emeritus
Mary Haffner, Secretary
Jerry Harris, Chair
Carol J. Keavney
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Michael Rodriguez
Elizabeth R. Stone
Carol Thomas, Member-At-Large
Sheri Valley

BHAB Members Absent

Dr. Margaret Cortese
Joe S. Ramirez, 2nd Vice Chair
Marlen Torres

Others Present

Christine Bae
Brian Brennan, Board of Supervisors
David Deutsch, Cal State University-Northridge
Roberta Griego, NAMI Ventura County
Pearl Lancaster, Homeland Languages Services
Lori Litel, United Parents
Kalie Matissek, Turning Point Foundation
Carole Shelton
Mark Stadler, Crisis Intervention Team
Scott Walker, Crisis Intervention Team
Liz Warren, Client Network
Jerry Weaver

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Mariella Aguilar, Electronic Health Record/Avatar Team Management Assistant
Hilary Carson, Mental Health Services Act-Innovations Program Administrator
Dr. Loretta Denering, Substance Use Services Division Chief
Jennifer Dougherty, Youth & Family Services Sr. BH Manager
Courtney Lubell, Policy & Procedure Unit Program Administrator
Kathy Mulford, Alcohol & Drug Program/Driving Under the Influence/DMC-ODS Sr. Behavioral Health Manager
Dina Olivas, Youth & Family Services Division Chief
Esperanza Ortega, Mental Health Services Act Community Services Coordinator
Joanna Peterson, MHS Management Assistant
Cynthia Salas, Equity Services Manager
Dr. John Schipper, Adult Services Division Chief
Susan White Wood, Housing Manager
Terri Yanez, Administrative Services Division Chief
Vickie Poliquin, Temporary BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:00 pm.		
II.	Roll Call Secretary Mary Haffner conducted the calling of the roll and Chair Harris identified that a quorum of the Board members was present.		
III.	Welcome and Introductions Chair Harris welcomed all attendees.		
IV.	Approval of the Agenda Mr. Harris asked the Board to review and approve the agenda. Ms. Gardner moved to approve; Ms. Haffner seconded. The motion carried unanimously through roll call.	Agenda approved as written. M/S/C	
V.	Approval of the Minutes Mr. Harris asked the Board to review and approve the minutes of the August 17, 2020 meeting. Ms. Armann moved to approve; Ms. Valley seconded. Ms. Haffner requested clarification regarding the statement, "Dr. Johnson provided a response to Ms. Haffner's previous request to provide the costs associated with out-of-county hospitalizations..." stating that she did not ask for this but for costs associated with out-of-county placements in longer-term care. Ms. Haffner requested a corrected response be provided by Dr. Johnson. Ms. Armann amended the motion to approve the minutes as amended. Ms. Valley seconded. The motion, as amended, carried by majority vote. Mr. Rodriguez and Ms. Stone abstained.	General Meeting minutes approved as amended. M/S/C	
VI.	Public Comments Public comments were made by Carole Shelton and Jerry Weaver.		
VII.	Chair Comments <ul style="list-style-type: none"> Mr. Harris welcomed new BHAB members Elizabeth R. Stone and Soledad Barragán. Mr. Harris apologized for the extended length of last month's BHAB General meeting and noted that going forward, public comments will be timed and tracked and an allocation of time will be maintained for each agenda item. 		
VIII.	Director's Report – Dr. Sevet Johnson <ul style="list-style-type: none"> Provided a COVID-19 update. September is Suicide Prevention Awareness Month. VCBH's Wellness Everyday website offers many resources on suicide prevention. The legislative cycle ended August 31. Bills are pending approval and an overview will be provided at the October BHAB General meeting. Noted that Ventura County drug overdoses are declining referencing the Ventura County Star news article that described VCBH's efforts in assisting with the decline. 		
IX.	Board Members Comments and Announcements <ul style="list-style-type: none"> Ms. Gardner – September is Suicide Prevention Month and National Hispanic Heritage Month. NAMI California's Virtual Convention will take place on October 12-13 and registration is available via their website. Reiterated Dr. Denering's announcement that on September 1, VCBH launched a public facing Data Dashboard that provided the community with important statistic around opioid-involved drug use. The website is https://www.coastventuracounty.org/. Ms. Haffner – Proposed including jails and the Pre-Trial Detention Center in the Board's site visit schedule, when resumed. Mr. Rodriguez – Expressed support of 1st Amendment rights to express opinions in both the public and private sector, however, recommended that Board member mentions their association with the BHAB when stating public opinion and explicitly state the opinion is that of the speaker or author only and does not reflect the opinion of the entire BHAB. Mr. Harris noted that this had previously been discussed, however, suggested Mr. Rodriguez prepare a written recommendation for a future BHAB agenda item for discussion and action. Elizabeth R. Stone – Suggested the BHAB consider the development of a mechanism to facilitate communication with people who make public comments stating that follow-up communication at virtual meetings is restricted. 		

<p>X.</p>	<p>Secretary’s Report – Mary Haffner Ms. Haffner reported on BHAB member’s attendance at the last Executive and General meetings. She welcomed two new BHAB members filling vacancies in District 1 (Elizabeth R. Stone) and District 5 (Soledad Barragán). She noted there are currently no vacancies on the BHAB.</p>		
<p>XI.</p>	<p>BHAB Committee Reports Mr. Harris noted that Committee Reports should relate to progress being made on achieving the Committee’s objectives.</p> <p>A. Adult Services Committee – Nancy Borchard and Gane Brooking, Co-Chairs Ms. Borchard and Ms. Brooking noted that the Committee meetings have been very productive and highlighted the details of a recent presentation provided by Dr. Mike Rodriguez, Behavioral Health Manager – Adult Services, regarding Mental Health Diversion.</p> <p>B. Prevention Committee – Janis Gardner, Chair Ms. Gardner noted the Committee follows State Prevention guidelines to reach out to the community with innovation-oriented services in an effort to prevent treatment or clinical intervention needs.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair Ms. Cortese was not in attendance to provide a report.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair Ms. Nielsen referenced the first meeting was held via Zoom on August 12 noting that most community-based agencies reported that they have moved to providing remote services via telehealth.</p>		
<p>XII.</p>	<p>Old Business</p> <p>A. Lanterman, Petris, Short (LPS) Reform Workgroup Update – Dr. Sevet Johnson/Jerry Harris Mr. Harris provided an update regarding the status of the BHAB’s request to meet with County Counsel to discuss the LPS Report and the limits of the BHAB’s responsibilities under the Welfare & Institutions Code (WIC) as related to advocacy on legislative matters.</p> <p>Mr. Harris suggested the BHAB could:</p> <ol style="list-style-type: none"> 1. Make changes to the report as recommended by County Counsel. 2. Send individual letters to BOS members attaching the report. Since this will not be a BOS meeting agenda item, it should not require review by County Counsel. 3. Meet with County CEO, Mike Powers, to contest the review process for BHAB documents as not enabling the Board to perform its functions. 4. Do nothing. <p>The following BHAB members voiced their agreement with the noted recommendations:</p> <ul style="list-style-type: none"> • Ms. Haffner – Recommendation 2 & 3 • Ms. Gardner – Recommendation 1 • Ms. Borchard – Recommendation 3 • Mr. Bhavnani and Ms. Brooking – Recommendation 2 <p>Supervisor Parks reminded the BHAB members of the process for adding items to the County’s annual Legislative Platform to ensure that items are vetted and provided to the BOS for its review on determining legislative support. She suggested that BHAB members review what exists in the Platform under Behavioral and Mental Health Services. Mr. Harris noted that this item will be added to the next agenda to further discuss.</p> <p>Ms. Haffner made a motion that the BHAB send a letter to each member of the Board of Supervisors, for their information, and attach the LPS Report that was generated over the course of seven months by the LPS Workgroup. Ms. Gardner seconded. Following additional discussion, Ms. Haffner amended the motion stating that the BHAB move forward with preparing a letter that will go to the individual members of the Board of Supervisors that has been vetted by the BHAB at its next General meeting regarding any changes that will be made to the substance of the LPS Report as it now stands and attach the revised LPS Report to the letter for the Board of Supervisor’s information. Supervisor Parks suggested that the proposed revised LPS Report be distributed to the BHAB members in advance of the next General meeting. Ms. Gardner seconded. The motion carried by majority vote, with Mr. Rodriguez and Ms. Valley dissenting and Ms. Stone abstaining.</p>	<p>Preparing a letter to members of the BOS with a revised LPS Report for action at the next General meeting. M/S/C</p>	

	<p>B. Amended Bylaws Follow-Up – Dr. Sevet Johnson Dr. Johnson advised that the amended Bylaws are under further review to ensure the content is congruent with the WIC prior to re-submitting to the BOS.</p> <p>C. Housing Workgroup Revised Outreach Letter – Ratan Bhavnani Mr. Bhavnani noted that with the recent loss of two board and care facilities, it was imperative to move forward to meet the Workgroup’s goal to assist with increasing the county’s board and care housing inventory by sending the cover letter and Workgroup’s Issue Brief to community recipients. He noted the revisions to the outreach cover letter were to correct the letterhead to reflect the current BHAB membership and to make one language change. Mr. Bhavnani moved to approve; Ms. Brooking seconded. The motion carried unanimously through roll call.</p> <p>D. Performance Outcome Measures Collaborative Change to Workgroup Mr. Harris noted that due to the number of BHAB members participating in the meetings and to stay in compliance with the Brown Act, his recommendation is to change the Performance Outcome Measures Collaborative meetings to a Workgroup. Ms. Stone moved to approve; Ms. Gardner seconded. The motion carried unanimously through roll call.</p>	<p>Outreach letter approved as amended. M/S/C</p> <p>Change Performance Outcome Measures Collaborative to a Workgroup. M/S/C</p>	
<p>XIII. New Business</p>	<p>A. Proposed Process to Identify Gaps in Service Mr. Harris recommended an approach of selecting BHAB members to provide reports identifying gaps in service based upon their viewpoint and occupational areas. No action was taken. This action item will be continued to the October 19 BHAB General meeting agenda.</p> <p>B. Review Objectives This action item will be continued to the October 19 BHAB General meeting agenda.</p> <p>C. Ombudsman / Peer Advocate for Assistance with Access to Services Issues This action item will be continued to the October 19 BHAB General meeting agenda.</p> <p>D. Virtual New Member Orientation Update – Janis Gardner This action item will be continued to the October 19 BHAB General meeting agenda.</p> <p>E. Develop Preliminary Plan for Fiscal Year 2019-20 Annual Report Preparation This action item will be continued to the October 19 BHAB General meeting agenda.</p>	<p>No action taken. Item continued to October 19 General meeting agenda.</p>	
<p>XIV. Contracts</p>	<p>There were no contracts submitted to the BOS in August 2020.</p>		
<p>XV. Adjourn</p>	<p>The meeting adjourned at 2:58 pm.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2020-21	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann	X	X	X									
District 5	9/15/20 – 9/15/23	Soledad Barragán			X									
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X									
District 3	1/27/18 – 1/26/21	Nancy Borchard		X	X									
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X									
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	e	X									
District 5	1/11/18 – 1/10/21	Dr. Margaret Cortese	X	X	e									
District 4	4/7/20 - 10/13/21	Jesse Finkbeiner	X	X	X									
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	X		X									
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X									
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X	X									
District 4	9/17/19 – 9/17/22	Jerry Harris	X	X	X									
District 2	7/21/20 – 1/7/22	Carol J. Keavney		X	X									
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X	X	X									
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X									
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X									
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X	X										
District 5	1/25/20 – 1/24/23	Michael Rodriguez	e	e	X									
District 1	9/1/20 – 5/27/21	Elizabeth R. Stone			X									
District 2	9/17/19 – 9/16/22	Carol Thomas	X	e	X									
District 5	1/11/20 – 1/24/23	Marlen Torres	X	X	e									
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X									

Present = X

- District 1: Supervisor Bennett
- District 2: Supervisor Parks
- District 3: Supervisor Long
- District 4: Supervisor Huber
- District 5: Supervisor Zaragoza

County of Ventura Behavioral Health Advisory Board

09/21/20

Agenda Item XII A - Lanterman-Petris-Short (LPS) Reform Workgroup Update

Options to Resolve this Issue

1. Make changes to the report as recommended by County Counsel.
2. Send individual letters to BOS members attaching the report. Since this will not be a BOS Meeting agenda item, it should not require review by County Counsel.
3. Meet with County CEO Michael Powers to contest the review process for BHAB documents as not enabling the board to perform its functions.
4. Do nothing.



Ventura County Behavioral Health Advisory Board

DATE

Members:

Claudia Armann
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking
Kevin Clerici
Dr. Margaret Cortese
Jesse Finkbeiner
Cmdr. James Fryhoff
Janis Gardner, Chair Emeritus
Mary Haffner, Secretary
Jerry Harris, Chair
Carol J. Keavney
Patricia Mowlavi
Denise Nielsen
Linda Parks, Supervisor
Joe S. Ramirez, 2nd Vice Chair
Michael Rodriguez
Elizabeth R. Stone
Carol Thomas, Member At Large
Marlen Torres
Sheri Valley

Dr. Sevet Johnson, Director
Ventura County Behavioral Health

The Honorable (First and Last Name)
Title
Agency
Street Address
City, State and Zip

Dear Honorable (Recipient Name):

We are writing to request a meeting with you to discuss our initiative below, for local supportive housing for people living with mental illness.

The Ventura County Behavioral Health Advisory Board (BHAB) advocates for the development and expansion of mental health and addiction services that support the stabilization and recovery of people living with these conditions. One of the main objectives of the BHAB is to participate in all efforts to establish affordable and supportive housing with for people with mental health challenges. To accomplish this objective, the BHAB has established a Housing Workgroup. The current focus of this workgroup is the crisis in housing options, and specifically Board and Care facilities.

The attached Issue Briefs contain more information on the problem, and highlight the financial issues relating to most of these Board and Care facilities.

We believe you are in a position to help us with possible solutions, and to that end we would like to set up a meeting to explore this matter with you and to share the ideas we have for creating new supportive housing resources in Ventura County. Please contact us as shown below to arrange a meeting.

Sincerely,

Jerry Harris, Chair
Behavioral Health Advisory Board

Address:

1911 Williams Drive, Suite 200
Oxnard, CA 93036
Phone: 805-981-1115
Fax: 805-658-4512

Ratan Bhavnani
Behavioral Health Advisory Board
Housing Workgroup
(805) 732-9667
ratanbhavnani@yahoo.com

Gane Brooking
Behavioral Health Advisory Board
Housing Workgroup
(805) 861-7284
gane.brooking@gmail.com

Attachments: Housing Workgroup Issue Brief
CALBHB/C Issue Brief on ARFs



California Association of Local Behavioral Health Boards and Commissions

January 2020

www.facebook.com/CALBHBC

www.calbhbc.org

ISSUE BRIEF: Adult Residential Facilities

ADULT RESIDENTIAL FACILITIES (ARFs) – The critical need for “Board and Care” facilities.

Adult Residential Facilities (ARFs) are a critical component of California’s housing continuum. Lack of ARFs (and RCFEs) impacts individuals, families and local communities. **The social and financial cost is high** as adults with severe mental illness enter revolving doors between crisis facilities, psychiatric facilities, emergency rooms, homelessness and incarceration. Local budgets are impacted due to crisis management, expensive placements and incarcerations when the appropriate placement would be an ARF with service offerings for adults with severe mental illness.

What is an ARF?

Names and acronyms include:

- ARF: Adult Residential Facilities
- RCFE: Residential Care Facility for the Elderly
- Board & Care (often called “Enhanced” or “Augmented” Board & Care)
- Assisted Living

ARFs are licensed to provide care and services sufficient to support needs resulting from an inability to perform Activities of Daily Living or Severe Cognitive Impairment. ARFs provide services that allow people to maintain independence and receive individualized care in a home-like environment, to include:

1. 24 Hour Care
2. Trained Staff
3. Three meals/day (must accommodate special dietary needs)
4. Access to a physician/nurse in case of emergency
5. Assistance with managing medications

Three Key Challenges

1. **Financial:** ARFs cannot survive on a small scale without substantial subsidies. On a larger scale (45+ beds), a supplemental rate (known as ‘patches’) from counties ranging from \$64/day to \$125/day is required for fiscal stability.¹
2. **Staffing:** Providing and retaining a professional, trained and experienced staff requires proper management, appropriate salaries and ongoing training.
3. **“Not In My Backyard” (NIMBY)** opposition from communities for new construction or attempts to rezone a property for ARF (required for more than 6 beds).



Costly Consequences

- Psychiatric hospitals/facilities range from \$350 - \$775/day.
- Prison costs appr. \$222/day²
- County jail costs appr. \$155+ per day (Alameda County, 2014)³
- Transitional Programs cost appr. \$150/day per resident.

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy.

Hundreds of Beds Lost

Among 22 counties reporting to a 2016 CA Mental Health Planning Council survey, 907 beds were needed with 783 beds lost in the last 10 years. The respondents represented 1/3rd of the state. This trend has continued into 2020.

It is clear there is a high need for this housing option for facilities that provide board and care for adults with severe mental illness in every county.

CBHPC 2016 ARF Issue Paper:

www.dhcs.ca.gov/services/MH/Pages/CBHPC-Reports.aspx

Addressing Funding

Current ARF funding for adults with severe mental illness is limited to the SSI rate, approximately \$1069 per month. Some counties bolster this rate, providing “patches” to large-scale ARFs, often located hours away from the consumer’s community. These patches range from \$64/day to \$125/day.⁴

It is worth examining a different funding model, such as the one available for adults with developmental disabilities. This model provides **several tiers of funding based on the needs of the consumer**. Funding ranges from \$1,069 to \$9,288 per month per consumer, allowing for community-based, appropriately staffed ARFs. *Department of Developmental Services Community Care Facility Rates are at:* www3.dds.ca.gov/Rates/docs/CCF_Rates_January2020.pdf

A Call for Immediate and Long-Term Solutions

It is in the best interest of adults with mental illness, and in the best financial interest of the State of California to increase access to appropriate community-based, long-term residential options that include the necessary supports to address mental illness and other co-occurring physical health conditions. **ARFs (and RCFEs) are a critical component of this housing continuum.** Solutions must be both immediate and long-term:

- 1) Immediate—Funding to prevent closures and increase offerings
- 2) Long-Term—Address key challenges:
 - **Financial:** Changes to current licensing structure to accommodate a tiered level of care system
 - **Staff Support:** Technical assistance, training and support for staff and owners to: a) Successfully work with this complex population; b) Maintain fiscal stability; c) Sustain licensing.
 - **NIMBY:** Advocacy toolkit to increase understanding of mental illness and the effective use of ARFs/RCFEs in order to overcome NIMBY (Not in My Backyard) opposition.

End Notes:

1. RCFs that provide residential care to adults with mental illness survive at a larger scale (45+ beds), with “patches” provided by counties. Psynergy Programs, Inc. and Davis Guest Home offer examples of companies that operate RCFs with a financial model that works due to “patches” paid by counties (added to resident’s SSI). Even with the additional revenue, this financial model requires a minimum of 45 residents. These are considered “Enhanced” or “Augmented Board & Cares” as they provide needed supports to the residents, including team leaders, activities, dietary staff, access to a psychiatrist and more. Psynergy additionally provides: Medication Support, Mental Health Services, Crisis Intervention, Case Management and Collateral (all Medi-Cal billable.)
2. CA Legislative Analyst’s Office: http://www.lao.ca.gov/PolicyAreas/CJ/6_cj_inmatecost
3. *The Price of Jails: Measuring the Taxpayer Cost of Local Incarceration (Page 26, Vera Institute of Justice.)*
4. Rates found on-line from 2016-17 [San Luis Obispo County Contracts with Psynergy Programs, Inc](#) (page 9) and [Davis Guest Home](#) (page 6).

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COUNTY OF VENTURA
BEHAVIORAL HEALTH ADVISORY BOARD
Housing Workgroup, Issue Brief: Board and Cares
March 2020

THE PROBLEM

People living with serious mental illness receive treatment from one or more of several resources: Ventura County Behavioral Health (VCBH), Hillmont Psychiatric Center, Vista Del Mar Hospital, and private providers. Many clients often are deemed disabled by Social Security and receive a small income. The amount of this Supplemental Security Income (SSI) depends on their living arrangement: their own place, or with family, or in a group home.

While VCBH provides access to step down rehabilitation facilities, these are intended to be transitional or short-term programs. A large number of clients need extended residential support, as offered by:

- Adult Residential Facilities (**ARFs**).
- Residential Care Facilities for the Elderly (**RCFEs**), for adults over age 60.

Both are commonly known as “Board and Cares” (**B&Cs**).

These care facilities are licensed by the Community Care Licensing agency and provide 3 meals a day, dispense medications, and usually have a visiting nurse, on-call doctor and psychiatrist. But in addition they provide on-site programs that help clients in their recovery. But both types of facilities have been gradually closing, primarily for financial reasons.

Ventura County numbers:

In 2014 there were 21 B&Cs/RCFEs with 337 beds, which were sorely inadequate at that time.

In 2020 there are 7 B&Cs/RCFEs with about 200 beds contracted to serve mentally ill clients.

It is estimated that we currently need between 600 and 700 beds.

This lack of appropriate housing causes bottlenecks upstream at treatment centers, and raises overall costs.

- When clients are discharged from Hillmont Psychiatric Center or Vista Del Mar, the hospitals often have difficulty finding suitable placements. Hillmont Psychiatric Center remains full at all times and new patients, some of whom are experiencing a mental health crisis, are held for hours in Emergency Rooms without treatment, or sent out of county.
- Casa De Esperanza (60 beds, short term rehab program) cannot accept new clients till they have graduated and discharged existing residents.
- Ventura Crisis Residential Treatment center (15 beds), which offers treatment for one to four weeks to people in crisis, is often unable to discharge for lack of housing even when a client has stabilized.
- VCBH sometimes has to send clients to Board and Care facilities in Los Angeles County and beyond. This causes great hardship to the client who is in unfamiliar and sometimes unsafe surroundings, away from their family support system which is proven to be crucial to recovery.

Eventually the lack of placements result in clients isolating, decompensating and ending up homeless, in the hospital or even jail. This ends up costing the County additional revenue and wasting badly needed resources.

FINANCIAL ISSUES

The problem of affordable housing in California is all too evident. In Ventura County, the average rent for a one bedroom apartment in 2020 is \$1,740 per month. If housing is supposed to consume 1/3 of a person’s income, then people will need to net \$5,220 per month. A person with social security or disability benefits living with mental illness receives a maximum of \$1,206.37 per month. This person will also need necessary supportive services such as medication management, meals, transportation and quality of life activities. B&Cs and RCFEs provide most of these services, and are reasonable and practical housing options.

The standard B&C rate for SSI recipients is: \$1,069.37 per month
 SSI income for B&C residents is: \$1,206.37 per month
 Which leaves for personal and incidental needs: \$137.00 per month

As noted before, these facilities are closing at an alarming rate. The majority of B&Cs and RCFEs in the state are family run businesses that serve 6 or fewer clients in a 3 or 4 bedroom home. To illustrate the reason why these facilities are closing we have developed a sample proforma as follows:

A six-bed Board & Care serving SSI clients will receive \$1,069 monthly from each resident, or a total monthly income of \$6,414 for the operator. This type of facility is licensed by Community Care Licensing (CCL) and requires 24 hour staffing.

Following is a very basic sample budget for a 6 bed Board and Care:

Description	Estimated Monthly Expense
24/7 Staffing @ \$15 per hour	\$10,800.00
25% employee benefits	\$2,700.00
Mortgage or rent	\$3,000.00
Utilities	\$400.00
Insurance	\$150.00
Food for 6 @ \$250 per person	\$1,500.00
Incidentals for 6 @ \$5 per day	\$840.00
Transportation for 6 @ \$100 per person	\$600.00
MONTHLY EXPENSE	\$19,990.00
Total Monthly Income	\$6,414.00

With a total available monthly income of \$6,414 and total expenses of nearly \$20,000, it becomes apparent why these types of housing facilities are closing. The few surviving smaller B&Cs likely no longer have a mortgage, and a family member is able to provide the 24/7 care required.

Larger Board & Cares (45+ beds) bring economies of scale, but even then are not able to keep up with rising costs.

The number of facilities willing to accept people with serious mental illness who receive disability benefits is diminishing rapidly, thereby creating the current community crisis.

POTENTIAL SOLUTIONS

Local

Note that B&Cs and RCFEs are not run by VCBH or other County agencies; they are operated by private individuals, non-profits or businesses. Several operators have shown interest, and there is the potential of opening new B&Cs if the financial considerations can be overcome. These may include the following actions:

- Encourage local hospital systems to work together to establish supportive housing or a fund for supportive housing for mentally ill clients with medical needs.
- Develop corporate partnerships to provide funding or reduced cost properties
- Work with Cities or the County to identify unused properties that can be leased at low rates

State, Legislative

- Increase the reimbursement rates to Board and Cares by upping California's supplement to federal SSI rates. The standard rate in 2020 for Non-Medical Out of Home Care (NMOHC) includes a federal SSI amount of \$783 and a State Supplementary Payment (SSP) of \$423, for a total of \$1,206.
- Consider a different funding model, such as the one in use for adults with developmental disabilities. Multiple tiers of funding based on the needs of individual clients range from \$1,069 to \$9,288 per month, allowing for community based, appropriately staffed B&Cs.
- Expand California's Assisted Living Waiver (ALW) program to include Ventura County. The ALW allows additional services, reimbursed by Medi-Cal, for eligible seniors in RCFEs. Currently this program is limited to residents of Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties.
- Require new and existing assisted living facilities to set aside a certain number of beds for low-income and mentally ill seniors.
- Require the State of California to maintain data on ARF and RCFE residents to better understand their needs and the demand for housing.