



NAMI
National Alliance on Mental Illness

Contra Costa
County

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Senator Steve Glazer
7th District
State Capitol, Room 4082
Sacramento, CA 95814

RE: Oppose “No Place Like Home” budget proposal unless greatly amended

NAMI-Contra Costa and the Contra Costa Mental Health Community Coalition represent over 2,500 families and their loved ones living with mental illness in Contra Costa County. We understand too well the importance of the problem of housing for those who cannot recognize they live with serious mental illness. However, we have carefully studied this initiative and strongly oppose unless it is greatly amended for the following reasons:

- As currently proposed, per the Attorney General’s 2006 opinion it would involve long-term state contracts for the bond and likely create an unconstitutional debt. The plan would indebt the state of \$1.9 billion in interest for 30 years on top of the \$ 2 billion bond. This has not been clearly defined or publicly vetted.
- It would violate the intent of Proposition 63 approved by voters in 2004 to provide comprehensive treatment for those with serious mental illness (Welfare Institutions Code 5600.3). It does not adequately focus on this population because it does not immediately require wraparound stabilization services (psychiatric and social rehabilitation help) for this population. **People must be stabilized in order to live on their own.** Stabilization of severely mentally ill people requires intensive, ongoing, evidence-based costly services not defined in the plan. We know because our loved one, like millions of other gravely mentally ill persons in California, has lived in at least 20 unsuccessful housing arrangements for the past decade of his mental illness.
- Sadly, it would actively discourage badly needed monitored group home arrangements like Pete Earley, author of *Crazy, A Father’s Search through America’s Mental Health Madness*, aptly described in his May 2, 2016 blog (attached). These home arrangements have the psychiatric and social rehabilitation wraparound stabilization services that the seriously mentally ill really need to become vibrant members of society. The “revolving door” costs of unsupported housing are detailed in the Contra Costa Laura’s Law analysis on page 2.
- Since counties would compete for housing grant funding, it would violate the intent of Proposition 63 (Mental Health Services Act) to treat all counties fairly. This budget proposal would also deprive counties of \$2 billion dollars in local control intended by the Mental Health Services Act (MHSA).

As a result, we strongly oppose this budget proposal unless it is thoroughly amended to:

- Avoid unconstitutional state financial obligations, AND,
- Immediately mandate housing as well as psychiatric and social rehabilitation wraparound services for the seriously mentally ill first as defined in Welfare Institutions Code 5600.3, AND
- Actively encourage a variety of monitored housing arrangements that provides badly needed psychiatric and social rehabilitation wraparound services for the seriously mentally ill, AND
- Fairly preserve all counties maximum local spending control of MHSA funds.

Sincerely,

Charles Madison
President
NAMI Contra Costa

Douglas W. Dunn
NAMI Contra Costa 1st Vice-President
Director-Government Relations

Attachments: Pete Early blog—May 5, 2016 regarding Stevenson Place

Recent Contra Costa County Annual Costs of Caring for the Gravely Mentally ill

| | | |
|-----------------------------------------------------------------------------|----------------------|--------------|
| Contra Costa Regional Medical Center (CCRMC) Psychiatric ward (4C) Costs: | \$ 10,137,626 | \$ 1,496/day |
| Institute for Mental Diseases (IMD) Out-of-County LPS Conservatorship Costs | \$ 4,551,654 | \$ 286/day |
| Likely State Hospital (forensic)/LPS Renewed Conservatorship Costs: | \$ 7,694,431 | \$ 507/day |
| Total Likely Civil "locked facility" Treatment Costs: | \$ 22,383,711 | |
| Detention Facilities (Jail) Costs for the Mentally Ill (4,527 inmates): | \$ 1,950,131 | \$ 61/day |
| Likely "locked facility" Treatment Costs: | \$ 24,333,842 | |

Recent Behavioral Health Budget: \$182,940,179

"Locked Facility" % of budget: 13%

Rising LPS Conservatorship and State Hospital Costs vs. Behavioral Health Budgets

2001-2002 Behavioral Health Division Spending: \$100,010,338

2014-2015 Behavioral Health Division Budget: \$182,940,179: Percent Increase from 2001-2002: 82%

2007-2008 Mental Health Services Act Spent: \$ 9,969,221

2014-2015 Mental Health Services Act Budget: \$ 32,424,232: Percent Increase from 2007-2008: 225%

2000-2001 Total LPS Conservatorship/State Hosp. Costs: \$ 5,324,218: 95-125 persons (205 days)

2013-2014 Likely Total LPS Conservatorship/State Hosp. Costs: \$12,246,085: 90-128 persons (376 days)

Total Cost Increase: \$ 6,921,867 **Percent Cost Increase: 130%**

Contra Costa County annual Hospitalization costs for the 37 Laura's Law eligible persons

| # of 5150s and Hosp. Stays | # of Persons | Avg. Day Stays | Tot. Hosp. Days | Cost/day | Tot. Hosp. Cost |
|----------------------------|--------------|----------------|-----------------|----------|-----------------|
| Tot.: 167 | 37 | 8.6 | 1,336 | \$1,496 | \$2,148,555 |

CCRMC Psychiatric Ward (4C) Annual Cost: \$10,137,626 Percent of 4C Cost: 21%

Hospital Costs: 2 "lost system" persons: \$251,328 Hosp. days: 168 Percent of 4C Cost: 2.5%

Annual Laura's Law and Care Team Costs

| | | |
|-------------------------------------------------------------------------------|---------------------|------------------|
| • 75 person program with Assertive Community Treatment (ACT) incl. housing: | \$ 1,778,664 | \$132/day |
| • Care Team Cost—based on 07/15/2014 workgroup approved SF Amendments: | \$ 471,336 | \$ 28/day |
| • State (MHSA, Medi-Cal, Realignment) and/or Fed. Medi-Care Reimbursed costs: | \$ 2,250,000 | \$160/day |
| • Legal & Court Costs (if necessary): Per BOS Feb. 3, 2015 Laura's Law Order: | \$ 418,500 | \$ 31/day |
| Total Program Costs: | \$ 2,668,500 | \$191/day |

NOTE:

Cost Avoidance Example: Money saved from fewer involuntary hospitalizations can be used to expand voluntary services.

Cost Savings Example: Less 5150s lower 5150 Law Enforcement costs.

Annual Laura's Law Savings, with 66% of the 75 clients experiencing 66% less:

Avoided "revolving door" hospital stays: \$ 2,148,555—60-75 persons—fewer inpatient stays

Avoided incarceration costs: \$ 181,220----- 6 persons less 5150 "hold" time

Avoided Crisis Residential Facility (CRF) stays: \$ 806,610—75 persons—less CRF stays

75 persons remain in the community usually with much better quality of life results.

Avoided out-of-county IMD conservatorships: \$ 1,795,100: 30-37 likely less IMD conservatorships

Initial cost avoidance savings: \$ 4,931,485—Less use of 60-75 locked facility beds.

Less Law Enforcement 5150 Costs: \$ 558,000—at least, possibly much greater savings

TOT. Initial "Cost-Avoidance" & Cost Savings: \$ 5,489,585—at a minimum, possibly greater savings

Reduced SH & renewed conservatorships: \$ 5,078,324—if less use of 24-28 SH & LPS conserv. beds

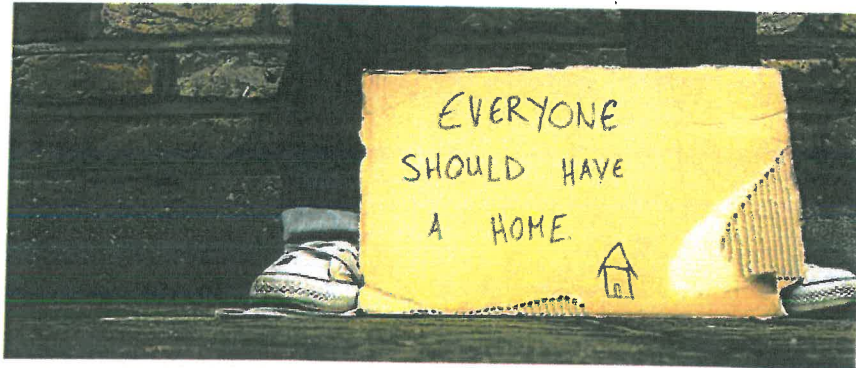
Pos. long-term "cost-avoid." & cost savings: \$10,567,809—Pos. less use of 86-96 locked facility beds.

POSITIVE RESULT: Program savings to compared to "crisis stabilization" costs:

- \$2.05 initial savings per dollar spent \$3.96 possibly saved long-term per dollar spent

Stevenson Place Helps Those Who Need Extra Care, But It's Not Being Replicated

Pete Earley



(5-2-16) The Justice Department, many mental health advocates and federally funded protection and advocacy groups are opposed to group homes and housing that resembles an institutional setting. The goal is for everyone to live independently in their own apartment.

But is it realistic to believe that everyone can live on their own if they have a severe mental illness and other debilitating challenges?

My good friend [Trudy Harsh](#), the driving force behind the non-profit [Brain Foundation](#), believes that some individuals need services that are best delivered in a group setting or multi-person facility. That's currently a politically unpopular point of view, but Trudy is speaking from her experiences not only as a housing activist but also as a mother.

If you are a regular reader of this blog, you are familiar with [Trudy's story](#). She grew tired of attending countless community meetings where everyone complained about a lack of affordable housing in Fairfax County, Virginia, but didn't do anything to help resolve those complaints. Talk without action is meaningless so Trudy used her experience as a real estate broker to obtain a low interest loan from the Virginia Housing Development Authority in 2006 to buy a house for persons with brain diseases (she refuses to call them mental illnesses.)

She named it Laura's House, after her daughter, Laura, who developed a brain tumor at age eight and underwent surgery that left her stunted emotionally and physically. (Laura faced numerous challenges for the next thirty years until her death in 2006.)

Trudy contracted with Pathway Homes, a local mental health provider, to oversee care for residents in Laura's House. Her formula — of having a non-profit group finance a house — caught on. It [was copied](#) in Florida. Today, there are nine Brain Foundation houses in our community and last Saturday, I spoke at a fundraiser for the [Brain Foundation](#), which I would urge you to support.

In addition to creating these nine group homes, Trudy believes Fairfax needs to construct two larger facilities patterned after [Stevenson Place](#), which is not far from my home. It is a dormitory style facility composed of six "neighborhoods." Each neighborhood is located in a wing of the building and each wing contains six separate

bedrooms with full baths, a communal living room and a kitchenette.

Trudy gave me a tour of Stevenson Place a few years ago. At that time, it was staffed round-the-clock by a total of 33 employees. The workforce included a registered nurse, a nurse practitioner, two mental health therapists, a psycho-social rehab specialist, and a psychiatrist, who was on call. Meals were provided, as well as, classes on social skills and job placement for those capable of working part-time.

Stevenson Place describes itself as a:

... non-institutional, warm and homelike environment which addresses the needs of all residents for a stable, safe, and supportive place to live...designed to empower and encourage residents to recover and to realize their individual potential in the least restrictive environment in which they are capable of living.

The top goal of Stevenson Place is:

to emphasize consumer empowerment, choice and a sense of self-determination through incentives and encouragement for resident to assume increasing responsibility and control over their own lives.

Who lives at Stevenson House?

All thirty-six bedrooms were occupied when I visited. Fourteen of the residents had come directly from state mental hospitals, ten had lived previously in supportive housing that had proved too much for them to handle, four had lived with their families, two had been living in homeless shelters, two others had come from assisted living facilities outside Fairfax County, and three had arrived after being evicted from apartments.

Half of the residents had severe and persistent schizophrenia. Forty percent had been diagnosed with schizo-affective disorder and the final ten percent had other mental disorders that interfered in their daily lives, including severe depression.

Let's dig a bit deeper. In addition to those mental illnesses, eighty percent of the residents had additional personality disorders that made it challenging for them to live independently. The other twenty percent had intellectual disabilities and/or developmental disorders that required them to have daily help.

Despite all of these challenges, one fourth of the residents were able to work part-time in our community at jobs in national chains such as Red Lobster, IHOP, Wegmans and Food Lion.

When I visited, I asked how many of the residents had moved out from Stevenson Place during the seven years that it had been operating. Sixteen had moved. Five residents had gone into nursing facilities because they needed more nursing care than could be provided at Stevenson Place. Three had moved into less restrictive independent housing. Two had transferred to a group home, two others had returned to a state hospitals for more intense inpatient care, two others had gone to live with their families, one had ended up being arrested and was in jail, and one had died.

The goal was to help those, who were capable, to move into a less restrictive environment but there was no hurry to push them out the door.

"Laura could not live independently," Trudy told me. "She just couldn't survive without getting daily help."

Now let's look at the cost.

Stevenson Place's per person cost per day was \$86.07 when I visited it. The average per person, per day cost of [housing someone at a Virginia state hospital](#) is \$2,680. It is \$1,753 in a nonprofit hospital and \$1,878 inside a for-profit one. The cost of an 8-person group home in Virginia is \$258 per person per day. The cost of housing an inmate in the Fairfax detention center is \$145.49 per day.

This means that Stevenson Place is much less expensive than the current housing alternatives in Fairfax County. (I am not including the costs of Housing First and an ACT Team because those services are in short supply and the clientele in Stevenson Place routinely require more intensive services.)

If Stevenson Place is more economical than hospitals, group homes, and jail –if it helps persons who haven't been able to live successfully in a less restrictive environment by providing them a safe, home-like environment where they have their own room, receive nutritious meals, have access to medical help and job training, why isn't the county building more facilities like them? Why are other counties and states not replicating this successful model?

The answer: fear and politics.

The Olmstead Act, which requires states to place qualified individuals with mental disabilities in community settings, is being used by the Justice Department to close group homes and facilities such as Stevenson Place. They want everyone to live in an apartment. Period. End of discussion.

I understand why the Justice Department and others oppose group homes and residential facilities. When I did research in Miami for my book, there were 650 Assisted Living Facilities there that housed about 4,500 individuals. Only 200 of those ALFs could pass the state's minimum standards for operating as a group home. The others were granted waivers by the state to operate at lower standards than the norm. One home I visited had a hole in the roof that rain poured through, medications were scattered on a kitchen table, meals were rice and beans, the caretaker spoke only Spanish but none of the tenants did. There was no therapy, no counseling, nothing but half-dressed residents smoking cigarettes and staring at a black and white television. It was inhumane.

Our fear of institutional living is rooted in our past. For decades, many state hospitals were giant warehouses where residents were neglected, marginalized, dehumanized and abused. One writer in Oklahoma compared state hospitals there in the 1960s to Nazi concentration camps.

I understand those fears.

But the group homes that the Brain Foundation operates are well-run, integrated housing in suburban neighborhoods. There are safeguards. People are treated with respect. Stevenson Place also is a welcoming, clean, and modern home-like facility. It fills a niche often missing in most states.

When I visited, there were 95 individuals on the Stevenson Place waiting list. There currently are some 150 individuals in Virginia state hospitals waiting to be discharged but unable to leave because there are no facilities in their communities that can accommodate them.

Currently, there is a FIVE year wait in Fairfax County if you have a mental illness and need supportive housing.

Many of the residents of Stevenson Place would fall into the "frequent user" category of persons with severe mental disorders. That's the group that often spend their lives homeless or in jails and prisons. That's the group caught in revolving door of despair. That's the group that traditionally uses as much as half of all local mental health dollars yet rarely receive the services that are necessary to help them recover.



Despite the need to provide housing to this group, Trudy Harsh is a lone voice in supporting group homes and multi-unit facilities. She risks being publicly pilloried for daring to say that some people may not be able to live independently and do better in a group home or a multi-housing unit.

Fear and politics triumph.

Clerk of the Board

From: Douglas Dunn <douglaswilldunn@sbcglobal.net>
Sent: Monday, June 06, 2016 3:21 PM
To: Clerk of the Board
Subject: Consent Item C27--"No Place Like Home" MHSA state budget initiative
Attachments: Rev. NAMI-CC Letter re DeLeon Housing Proposal.docx; petearley.com-Stevenson Place Helps Those Who Need Extra Care But Its Not Being Replicated.pdf

Good afternoon Clerk:

Attached is NAMI-Contra Costa's (NAMI-CC) letter of Oppose Unless Significantly Amended on this issue. I discovered earlier today it is a consent item sent from the Chief Administrative Officer's office. At this late date, I asked Supervisor Andersen, 2016 Board Chair, and Supervisor Piepho, 2016 Board Vice Chair to pull this consent item and have it discussed at the Board meeting tomorrow. I have individually contacted each supervisors office and the Chief Administrative Officer's office and individually forwarded them this information.

In concept, everyone should support housing for the most severely mental ill among us. However, as currently proposed (as we understand it), this budget initiative, especially the competitive grant process provision, would likely greatly harm Contra Costa County. I can have more to say at the Board meeting tomorrow.

Sincerely,

Douglas Dunn
(925) 706-2453