



**DEPARTMENT OF MENTAL HEALTH**  
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TO: Supervisor Janice Hahn, Chair  
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FROM: Jonathan E. Sherin, M.D., Ph.D.  
Director

SUBJECT: **PROTECTING BOARD AND CARE RESIDENTS FROM “TRANSFER TRAUMA” (ITEM NO. 9, AGENDA OF JULY 23, 2019)**

On July 23, 2019, the Board of Supervisors issued a motion regarding the need to protect residents of Board and Care facilities from “transfer trauma.” The motion highlights the important role that Board and Care facilities have in housing the County’s most vulnerable residents, discusses the increasing number of Board and Care closures, and emphasizes the detriment to residents when facilities in the community close and residents are forced to relocate. In response to this growing crisis, the Board directed the Department of Mental Health (DMH) to:

- 1) Coordinate with the California Community Care Licensing Division (CCLD) to establish and/or strengthen a standardized notification protocol to inform DMH of impending Board and Care closures.
- 2) Develop a plan in consultation with the Chief Executive Office’s Homeless Initiative, Housing for Health, and other relevant County departments that provides and/or links adequate support services, including but not limited to housing, mental health treatment and substance use recovery programs, to individuals who are displaced by the closure of a Board and Care.
- 3) Report back to the Board with the findings and recommendations in 60 days.

## **Background**

The Board and Care system in Los Angeles County, comprised of both Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs), provides an integral housing resource for individuals with complex needs, including those with Serious Mental Illness (SMI), who are unable to live independently. These facilities provide residents with 24/7 nonmedical care and supervision, three meals per day plus snacks, medication management support, and assistance with various activities of daily living (ADLs). ARFs/RCFEs have long served the community as a safe landing place for individuals who are transitioning from higher levels of care such as acute hospitals, Skilled Nursing Facilities (SNFs), Institutions for Mental Disease (IMDs), and jails. For this reason, both DMH and the Department of Health Services (DHS) Housing for Health administer programs, known as Enriched Residential Care Programs (ERCPs), which provide funding to house high-acuity clients in ARFs/RCFEs. It is our experience that once these clients are placed in an ARF/RCFE, they are able to remain stably housed for many years and build a community of support within the facilities where they reside.

While ARFs/RCFEs are a critical housing resource for very vulnerable residents, the system as a whole is currently in crisis. This crisis was addressed in the 2018 Los Angeles County Mental Health Commission report and echoed in a Board Motion issued on September 11, 2018. The crisis is primarily the result of low reimbursement rates and rising real estate and operating costs resulting in many facilities struggling financially. As a result, 39 facilities have closed in Los Angeles County from January 2016 to May 2019 leading to a loss of 949 beds. Though the Health Departments (DHS/DMH/DPH) have made significant investments in ERCP, which provides a higher rate of funding for nearly 2,000 clients across a network of approximately 200 facilities, this has not been enough to halt these closures. As noted in both the Commission report and Board Motion, the closure of these facilities leads to an increased risk of homelessness for highly vulnerable residents for whom it may be very challenging to find new placements. Furthermore, while it is the responsibility of the closing facility to secure new placement for clients impacted by closures, the experience of "transfer trauma" can be detrimental to the client's stability and the longevity of the new housing placement.

Since the issuance of the September 11, 2018, Board Motion addressing the need to sustain these vital community resources, the Health Departments have been heavily engaged in developing strategies to preserve the ARF/RCFE network in the County. This work has included expanding programs that provide funding to ARFs/RCFEs, engaging in legislative advocacy on the State level to address low reimbursement rates and conducting a comprehensive stakeholder process that engaged operators, service providers, residents, and family members to better understand the system needs. The Health Departments also engaged CCLD in the stakeholder process and invited them to

present at the May 8, 2019, ARF/RCFE Stakeholder Summit to discuss their role as a licensing body, which includes providing support and technical assistance to facility operators. Following this, the Health Departments and CCLD have engaged in ongoing meetings aimed at strengthening our collaborative partnership and developing working protocols to address concerns at facilities and pending closures.

### **The Plan**

The following plan is aimed at strengthening the collaborative relationship with CCLD and the Health Departments, addressing any concerns at Board and Care homes that serve clients of the Health Departments, and mitigating “transfer trauma” by ensuring that transitions to new placements happen smoothly and that clients have adequate support to regain stability in subsequent placements. By providing this level of support to clients, DMH also hopes to eliminate the risk of any clients exiting to homelessness or becoming homeless following a transition to a new placement.

- 1) Update an existing Memorandum of Understanding that DMH and CCLD executed in 2004 which details communication protocols, the roles and responsibilities of each department, and the workflow when either agency is notified of a potential closure or other facility-related concern. The updated workflow will ensure all departments are notified in a timely manner of impending facility closures and will clearly delineate the flow of communication.
- 2) Develop a protocol to address the “transfer trauma” of each resident living in a facility that is facing closure. DMH is committed to ensuring that mental health and substance use services are made available to clients who are forced to relocate as a result of facility closures. In order to facilitate this, DMH will:
  - a. Partner with CCLD to obtain the resident rosters of closing facilities, which will be used by DMH’s Service Area Navigation Teams to identify existing clients and ensure that service providers are notified and available to support their clients through the transition process, including collaborating with the closing facility to locate alternative housing and coping with the subsequent trauma following the move.
  - b. For residents who are not linked to DMH services, Service Area leadership will mobilize mental health service providers to conduct outreach and engagement in an effort to link interested, impacted clients to mental health support. This is especially important for clients who are served by private health providers such as psychiatrists who provide services exclusively onsite at licensed facilities. With a

closure, these clients will lose not only their home and neighbors but may also lose their primary care and mental health services simultaneously.

- c. The Department's Crisis Response Team will conduct on-site debriefing sessions for residents who have been given notices to vacate as a result of a pending closure.
  - d. DMH's Patients' Rights Office will be engaged throughout the process to ensure that client's rights are made a priority during the closure and relocation process and to address any violations of patient rights.
- 3) The Health Departments will continue meeting with CCLD on a monthly basis and as needed to collaboratively address ongoing facility and client concerns. Furthermore, representatives from both DMH and DHS have committed to attending the existing monthly LA County Resident Placement Protocol Taskforce, which is convened by Adult Protective Services and includes CCLD, the State's Long Term Care Ombudsman, law enforcement agencies, fire departments and other key stakeholders to address concerns related to unlicensed facilities, upcoming closures, and complex client placements. The Departments believe that engaging with CCLD in these various ways will provide increased opportunity to intervene with clients who relocate as a result of both closures and other circumstances.

Finally, it is recommended that DMH and DHS continue to engage in these activities with the goal of implementing the plan outlined above.

If you have any questions, please contact Dr. Curley Bonds, Chief Medical Officer, at (213) 738-4108 or [CBonds@dmh.lacounty.gov](mailto:CBonds@dmh.lacounty.gov).

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