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Adult Residential Facilities

Los Angeles County has been making significant investments in Permanent Supportive Housing (PSH) for some time, and since implementation of the MHSA Housing Program in 2008, the Department of Mental Health (DMH) has been actively developing PSH for homeless individuals suffering from Serious Mental Illness (SMI). While PSH is a very effective solution to homelessness for some individuals with SMI, PSH is not a viable option for others who require ready access to supports around the clock and/or those who prefer congregate living environments. Given the complex and individual needs of homeless individuals with SMI, it is important that the County expand its inventory of housing that offers 24/7 staffing as well as social milieus, the majority of which is provided by a network of Adult Residential Facilities (ARFs).

ARFs are licensed facilities that can range in size from 6 bed, single family homes, to larger facilities that house over 100 residents. ARFs provide long-term housing, 24-hour staff coverage, medication passes, meals, programs and more, and while ARFs do not provide nursing services, they do provide assistance with daily living

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tasks and coordination of activities in the community including clinical visits. As such, ARFs are effective living environments for many clients with diagnoses of SMI as well as substance-use disorders, non-complicated medical comorbidities and psychosocial challenges that confer an ongoing risk for homelessness. In short, the type of care and supervision provided in ARFs is required for some vulnerable clients to maintain baseline health as well as stable housing, and more ARFs are needed.

Unfortunately, at the current time our county system does not receive alerts from operators at risk of financial and/or staffing shortages until a closure is imminent. In order for the County to maintain and expand its network of ARF options, it will be necessary to develop consistent monitoring strategies and unified approaches for funding ARFs; in efforts to date, enhanced interim rates and special contracting with individual operators has been somewhat piecemeal. To succeed in this endeavor, the departments of the Health Agency have begun to integrate their collective resources under a single umbrella, Housing for Health, that will serve the County's most vulnerable clients in a more efficient, coordinated and high-quality manner. While resource integration is progressing under the Housing for Health initiative, we face challenges establishing rates that are affordable yet sufficient for ARF operators to remain viable, and adequate to attract ARF operators anew.

As pointed out in a report written by the Los Angeles County Mental Health Commission, ARF closures are happening at alarming rates in spite of proactive efforts over recent years to stem and reverse the tide. Without decisive, immediate action and development of long-term solutions, more ARF's are certain to close or stop taking clients under the current paradigm. Being an essential resource for the ongoing

wellbeing of vulnerable clients receiving services from our Health Agency departments, a more robust and better integrated approach to increasing the ARF inventory in Los Angeles County must be further leveraged. In particular, our network of ARF's must be stabilized in short order and a plan must be developed to increase available stock into the future.

As a companion piece to the ARF scenario above, it is important to note that the County's efforts to house certain subpopulations of vulnerable clients in years to come will require similar approaches to existing inventory that might be leveraged for SMI clients who are struggling with homelessness. With this strategy in mind, entities across the county including the Health Agency and Housing for Health in particular must continue exploring the use of other licensed as well as non-licensed facilities for housing.

WE, THEREFORE MOVE that the Board of Supervisors:

1. Direct the Health Agency, to report back in 60 days with a plan to stabilize and grow our existing Adult Residential Facility (ARF) network across the County. The plan should include (a) strategies for investment within the ARF system; (b) applicable data collection and real time bed tracking; (c) an outline of strategies and activities to organize the ARF network, including a convening of stakeholders; (d) an explanation of the best way to manage the ARF network within the Health Agency; and (e) identification of any needed state legislation in support of the ARFs;
2. Direct the Health Agency to explore other licensed and unlicensed housing environments; existing or potential, that could be used to permanently house

individuals with serious mental illness (SMI) or co-occurring disorders; and

3. Direct Health Agency leaders to identify additional funding opportunities, including Medicaid and philanthropy, to support and increase the availability of Adult Residential Facilities.

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