

Housing Options and Programs in Alameda County

Summarized by Thomas T. Thomas

At the top of most people's list of needs, and especially for persons with a mental disorder, is safe and affordable housing. Alameda County Behavioral Health Care Services (ACBHCS) has a number of programs, and Housing Services Director **Robert Ratner, MPH, MD**, is a highly qualified and committed professional who makes housing a top priority. He described the county's housing needs and its programs at our May 28, 2008, meeting.



ROBERT RATNER,
MPH, MD

Dr. Ratner noted that he has both medical school and public health school training, and he went into housing because he could see that many mental health issues are related to having a place to live. "I think of myself as a 'housing doctor,'" he said, "and I wish I could write a prescription that says, 'Here's a safe place to live and get the support you need.' My position was created out of Mental Health Services Act¹ money, and many of the things we are doing out of the Housing Services Office are funded with that money."

Alameda County's services, including those of the Housing Office, are provided primarily to people with mental health and drug and alcohol abuse problems in target populations defined by state and federal legislation.

These populations include Medi-Cal recipients, severely and persistently mentally ill patients without insurance but who can qualify for Medi-Cal, children with special education needs, and inmates of the county jail or under alternative drug sentencing. Dr. Ratner noted that people with insurance, like Kaiser or the Veterans Administration, should expect their insurer to provide an appropriate level of service.

"The county became interested in housing," he said, "because people with mental health and substance abuse issues have housing problems." Of 6,000 people living on the streets in Alameda County, 2,000 have mental health or drug and alcohol problems. That compares with an incidence in the general population of about 5%. And 1,000 people with severe and persistent mental illness are homeless each night in the county, while up to half of people with such illnesses will be homeless at some point in their lives.

Housing is expensive in Alameda County, he said. The U.S. government has established \$866 as a "fair market rent" for a studio apartment in the county.

¹ Passed by California voters as Proposition 63 in November 2004, the act provides approximately \$750 million per year, to be apportioned among the counties for services, by increasing the taxes of high-income individuals.

Yet people living on Supplemental Security Income (SSI) or disability are only allowed \$870 per month. “The standard in the housing policy world,” Dr. Ratner said, “is for an individual to pay 30% of his or her income for rent and utilities. On SSI, that’s \$240 a month—which is impossible to find in this area.”

Policies aimed at creating “affordable housing” usually leave people with disabilities living on SSI far behind. For example, the area median income (AMI) for Alameda County in 2007 was defined as \$58,700 per year for an individual. A person is defined as “extremely low income” if he or she is making 30% of that, or \$17,600, and “very low income” if making 50%, or \$29,350. A person on SSI makes \$10,392.

Subsidized housing through the federal Section 8 voucher program is designed to help people with low incomes. “But the reality is that no Section 8 vouchers are currently available,” he said. The organizations that provide these vouchers do not advertise them when they become available. Instead, a person working through contacts with a social worker² or a persistent family member finds out when more are made available—usually through the creation of new housing units linked to the vouchers. Then the individual can apply for a voucher—but the application only puts the person into a lottery which, with luck, puts him or her on a waiting list. “And the waiting list is three to five years to get a voucher,” Dr. Ratner said.

So where do people with persistent and severe mental illness live? The first step up from the streets and parks are places not deemed suitable for human habitation—vehicles, transit stations, or urban campsites. Next comes temporary housing programs focused on the homeless, like shelters and transitional housing.

Single-room occupancy (SRO) facilities like hotels where the individual shares a bathroom and may or may not get a meal is next up the ladder. Dr. Ratner noted that such places are not conducive to care because they provide no services for the mentally ill person.

Alameda County has 239 licensed residential facilities, colloquially known as “board and care,” but only 21 of them take people with mental illness. That’s a total of 313 beds to serve an estimated population of 20,000 people with mental illness living below the poverty level. And three of those 21 facilities are on the verge of shutting down due to cost issues, Dr. Ratner said.

Alameda County has a supplemental rate program that will pay an extra \$500 per month to put a patient in 200 of those 313 beds. However, the county is bidding against the 21 Regional Centers run by the state’s Department of Developmental Services, which will provide \$4,000 per month to place people with developmental disabilities like autism in these board and care facilities. “With a differential like that, you can guess who they take,” he said. He noted that children with developmental disabilities are often considered more important than adults with illnesses for which, due to the stigma still attached to mental illness, they are sometimes thought to be in some measure responsible.

² As a starting point, call the ACBHCS Access line, 1-800-491-9099, to talk with an intake representative who can walk the person through insurance options and qualifications for programs. But call this number between 9 a.m. and 5 p.m. Monday to Friday, because after hours it reverts to a crisis center with limited informational resources.

Unlicensed facilities—those providing simple room and board—are of uneven quality. Usually, they don't attract attention until there's a problem, and the landlords often do not treat mentally ill individuals with the same respect and rights as other landlords. "People are often kicked out without notice, which is illegal," he said, "or the landlord becomes the payee and takes the person's check without establishing a clear rent level."

The Substance Abuse and Mental Health Services Administration (SAMHSA) issued a report³ stating that single-room occupancy, room and board, and board and care facilities that do not supply services are not conducive to people getting better. "We need to get people into housing and support situations that improve their lives."

Dr. Ratner also cited the U.S. Supreme Court's Olmstead Decision of 1999, based on two sisters with developmental disabilities who were diagnosed with schizophrenia and personality disorder, respectively, were voluntarily treated in a Georgia state hospital, and then discharged. The suit was brought under the Americans with Disabilities Act (ADA) because no suitable residence in the community was available to take them upon discharge. The decision provides a tool for advocates of housing for the mentally ill, although Dr. Ratner noted that the decision only requires communities to "write plans" rather than actually implement them.

So what is the Housing Services Office doing in Alameda County to counter these conditions? Dr. Ratner cited several programs either under way or currently in development:

- Working with six new "full service partnership" programs to provide \$7 million in housing and services for some 300 individuals in different eligibility groups. One such program is Bonita House, serving 90 formerly homeless individuals in Berkeley, Oakland, and Hayward. Another targets youth aged 16 to 24 who are homeless in a shelter and have serious mental health issues.
- Providing \$200,000 for a homeless prevention fund, which will help people with interest-free loans repayable whenever possible at \$20 per month.
- Providing \$20 million to provide 150 to 200 new affordable apartments. For example, the new Oxford Plaza development on Oxford Street in Berkeley near the U.C. campus will provide four units out of 92 for people with mental health issues.
- Establishing a new, centralized number for up-to-date information on housing resources through Eden Information and Referral. The number is 2-1-1 from a pay phone.
- Actively participating in the EveryOne Home plan that will attempt to provide 18,000 new residences and services over the next 15 years for people with HIV/AIDS, serious mental illness, and the homeless. The program is estimated to cost \$2.1 billion, Dr. Ratner said, "but that's a fraction of what we spend on the war effort in Iraq. So it's all about shifting priorities." He noted that the money might come by redirecting the housing support for people making a

³ The report and other advocacy materials are available at <http://www.acbhcs.org/housing/resources.htm>.

large percentage of the median income to people with disabilities living on the SSI income.

He also urged NAMI members to become involved with housing issues, first by becoming a recognized sponsor of the EveryOne Home plan. He also described a program in Los Angeles started by a local NAMI group called Homes for Life to support licensed board and care housing and apartments. "Housing is not a task for one person," Robert Ratner said, "but for our community."