

Date of Hearing: April 23, 2019

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Eloise Gómez Reyes, Chair

AB 1766 (Bloom) – As Amended April 11, 2019

SUBJECT: Licensed adult residential facilities and residential care facilities for the elderly:
data collection: severe mental illness

SUMMARY: Requires the California Department of Social Services (CDSS) to collect data related to the population of individuals with severe mental illness living in certain types of community care facilities, as follows:

- 1) The number of individuals with a diagnosis of severe mental illness residing in each facility;
- 2) The length of stay for individuals with a diagnosis of mental illness;
- 3) The reason for discharge of individuals with mental illness;
- 4) The locations to which people with mental illness are discharged; and,
- 5) The referral source for individuals with mental illness in order to determine if the types of licensed adult residential facilities are appropriate to meet the needs of individuals with severe mental illness.

EXISTING LAW:

- 1) Establishes the “California Community Care Facilities Act” to provide for the licensure and regulation of community care facilities. (Health and Safety Code [HSC] Section 1500 *et seq.*)
- 2) Defines “community care facility” to mean any facility, place, or building that is maintained and operated to provide nonmedical residential care, day treatment, adult day care, or foster family agency services for children, adults, or children and adults, including, but not limited to, individuals with physical disabilities or mental impairments and abused or neglected children. Includes within this definition, among a number of other facilities: adult day programs, foster family homes, small family homes, full-service adoption agencies, short-term residential therapeutic programs, and crisis nurseries. (HSC 1502(a))
- 3) Defines “residential facility” to mean any family home, group care facility, or similar facility determined by CDSS, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living for the protection of the individual. (HSC 1502(a)(1))
- 4) Establishes the “California Residential Care Facilities for the Elderly Act” to provide for the licensure and regulation of residential care facilities for the elderly (RCFEs) as a separate category within the existing licensing structure of the California Department of Social Services (DSS). (Health and Safety Code [HSC] 1569 *et seq.*)
- 5) Defines “residential care facility for the elderly” to mean a housing arrangement chosen voluntarily by individuals ages 60 and older, or their authorized representative, where

varying levels and intensities of care and supervision, protective supervision, personal care, or health-related services are provided, based upon their varying needs, as determined in order to be admitted and to remain in the facility. (HSC 1569.2(p)(1))

FISCAL EFFECT: Unknown

COMMENTS:

Community care licensing: The Community Care Licensing Division (CCLD) within CDSS is charged with licensing and regulating a variety of community care facilities, defined in the California Health and Safety Code as “any facility, place, or building that is maintained and operated to provide nonmedical residential care, day treatment, adult day care, or foster family agency services for children, adults, or children and adults, including, but not limited to, the physically handicapped, mentally impaired, incompetent persons, and abused or neglected children” (HSC 1502). Community care facilities include an array of programs and settings, such as foster family agencies, foster family homes, adult day programs, social rehabilitation facilities, transitional shelters, group homes, runaway and homeless youth shelters, and others. CCLD also licenses and regulates facilities such as child care centers and residential care facilities for the elderly. There were approximately 72,000 CCLD-licensed facilities with the total capacity to serve almost 1.4 million Californians as of June 29, 2018. These include 5,092 adult residential facilities with capacity to serve a total of 37,561 individuals, and 7,252 RCFEs with capacity to serve a total of 153,195 individuals.

Homelessness in California: The United States Department of Housing and Urban Development (HUD) conducts an annual point-in-time count of individuals across the country who are experiencing homelessness. The “HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations” report for California indicates that, on a single night in January 2018, just under 130,000 people in the state were experiencing homelessness. Of these individuals, almost 90,000 were unsheltered. An individual experiencing chronic homelessness is defined by HUD to mean “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.” The 2018 HUD report indicates that over one-fourth (34,332) of individuals experiencing homelessness in California during the point-in-time county were experiencing chronic homelessness. Additionally, one-fourth of those experiencing homelessness (32,168) were also found to have severe mental illness, defined by HUD as, “persons with mental health problems that are expected to be of long-continued and indefinite duration and substantially impairs the person’s ability to live independently.”

In January of this year, this Committee and the Assembly Committee on Housing and Community Development held a joint hearing examining homelessness in California, and local, state, and federal responses to homelessness. It is clear that the state is facing a crisis resulting in no small part from the lack of affordable housing in the state. Additionally, it is clear that individuals experiencing homelessness often face significant barriers and issues, including mental illness and substance use disorders that may both contribute to and also be compounded by experiences of homelessness. A 2017 article in *The Journal of Law, Medicine and Ethics* stated that: “Poor health is simultaneously a cause and consequence of homelessness. The experience of homelessness leads to new health conditions, exacerbates existing ones, and complicates treatment options. Consequently, homeless people have high rates of chronic

disease and acute illnesses, often associated with, or exacerbated by, their living situations. A considerable amount of published research on the health status and conditions of homeless persons also shows that they have a broad range of mental health and substance use needs. Greater exposure to violence, malnutrition, extreme weather, and criminal charges are additional risk factors for homeless persons, contributing to poor health outcomes and premature deaths.”

Need for this bill: According to the author’s office, adult residential facilities play an important role in serving individuals with severe mental illness and, in some cases, preventing these individuals from experiencing homelessness by providing them a safe residence when they face limited housing options. At the same time, the author’s office also reports that the inventory of beds in these facilities has been decreasing over time. This bill, by requiring data collection regarding individuals living in certain residential facilities who have a diagnosis of severe mental illness, will help CDSS and the state to gain a better understanding of existing need and facilities’ current capacity to meet that need.

According to the author, “The lack of safe and affordable housing is one of the most significant barriers to recovery for people living with serious mental illness. Adult Residential Facilities (ARFs), also known as board-and-cares are an important option for older adults and people with disabilities that require long-term supervision. People with severe mental illness are more likely than others to be incarcerated or enter long-term health care institutions or cycle between institutionalization and homelessness. Board and Cares are a critical component of California’s housing continuum.

“[This bill] addresses a key gap in our understanding of who licensed ARFs are currently serving and how many beds we are losing due to the closure of a home, sale of property for another use or conversion to another demographic offering more profitable subsidy by authorizing the collection of data. Currently there is no reliable statewide data on the number of homes the state is losing. This data will show us whether the number of bed spaces we have available for those living with severe mental illness is enough to support this population.”

REGISTERED SUPPORT / OPPOSITION:

Support

Steinberg Institute (Sponsor)
The California Association of Local Behavioral Health Boards and Commissions

Opposition

None on file

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