

## BOARD AND CARE IMPROVEMENT PROJECT – REPORT FROM LORRAINE ZELLER

This project came about as I had first-hand experience living in the unlicensed wing of a local licensed board and care home and didn't know the difference and because I had heard stories from consumers, NAMI families, and clinicians about abuse, neglect, and inadequate care of residents in these facilities. I approached MHAP asking for support to help ensure that residents in board and care homes and unlicensed homes in our county are treated with dignity and respect and receive appropriate care. The project caught on with many interested stakeholders including consumers working for our County, NAMI members, providers, and a pastor. Project participants started putting on residents' rights workshops. Initially we struggled for direction but our project was adopted by the Mental Health Department which helped clarify our direction.

Given that County resources were limited, it was decided that this project would mainly focus on outreach and assistance with quality assurance on behalf of residents of supplemental board and care homes. As it turns out, we also became a support for the board and care operators. We got to know and hear some of the challenges these operators face; we provided the operators with information and resources to bring back to their residents; and we provided Client Culture and Mental Health First Aid Training. Resident's rights workshops, led by John Hardy, Mental Health Peer Support Worker, and Kim Pederson, senior attorney from MHAP continue to be held at CBO's and other organizations in our county. Consumer providers participate in annual site reviews of the supplemental homes, and via partnership with 24 Hour Care, Sharon Masadey and I reach out to residents at nine targeted county contracted homes.

We have had some success with residents who became interested in visiting self help centers and we were able to help ensure the quality of the homes we visited. I noted that many residents seemed to have been at these homes for many years and did not seem to be motivated. Due to these observations, I would like to know the following:

- How many board and care residents graduate out of licensed Board and Care into independent living?
- Is independent living a goal for residents?
- Are residents assessed regarding their readiness to live independently?
- If so, what mechanisms are in place to prepare residents for independent living?
- How do we gauge success of residents who have gone on to independent living? Reduced hospitalizations? Housing stability? Employment?

I hear that the County Board of Supervisors has recently become more concerned with ensuring the quality of licensed board and care and, I believe the unlicensed homes as well. Although it will take more resources and work from each of us, it's encouraging that they are paying attention to these issues. Through experience and research I have the following suggestions for consideration.

### SUGGESTIONS

- 1) Review solutions to abuse and less than adequate care in licensed board and care and unlicensed room and board that have been put in place in other states and municipalities in order to consider implementing the same or similar solutions. Examples from *White Paper on Living Conditions in Board and Care Homes in Tennessee* include:

Examine use of provisional licenses for facilities out of compliance including providing increased training as a precursor to upgrading to a full license.

Create and establish an operator driven peer support network to increase capacity throughout the system by highlighting and building on strengths of board and care homes which demonstrate best practices in service provision.

Educate stakeholders on the process for reporting compliance.

Examples of criteria from *Department of Health and Welfare Division of Licensing and Certification Residential Care and Assisted Living Checklist* include:

Does the facility assure that residents' funds are not mixed with the facility funds?

Does the facility assure that each resident has the right to . . . a diet that is consistent with any religious or health related restrictions? . . . a safe and sanitary living environment . . . to be communicated with, orally or in writing, in a language they understand? . . . and so on

- 2) Have two full time Mental Health Peer Support Workers dedicated to outreach, support, education, and advocacy.
- 3) Utilize Mental Health Peer Support Workers, who have lived experience with mental health challenges and, in some cases, have lived in board and care homes, to support and educate residents in IMDs, crisis residential, and other facilities from which clients are released into board and care homes. Have these workers introduce residents to WRAP, wellness and recovery concepts, peer support, and community resources before they move on to board and care residency.
- 4) Have Mental Health Peer Support Workers follow clients placed in residential care to continue support. These workers will educate residents, encourage them to engage in wellness and recovery, and help them learn to advocate for themselves.
- 5) Make resident's rights workshops available to more consumers, family members, providers, board and care and room and board operators, and other stakeholders.
- 6) Educate board and care operators about how they can benefit from allowing residents to form resident councils.
- 7) Encourage residents to form resident councils.
- 8) To help ensure improved quality of unlicensed homes help consumers establish a Peer Driven Room and Board Advisory Commission such as the one operating in San Bernardino. Room and board operators are given an opportunity to join a coalition of consumers, providers, colleagues, and other stakeholders if they agree to have their site evaluated and the evaluation shows that they are meeting standards developed by the coalition. Advantage to operators – opportunity to network and receive education through regular meetings and placement on a list of coalition approved room and board homes. See *How to Start a Peer Driven Room and Board Coalition* and the *Room and Board Comparison List*.

Thank you for your consideration and for including consumers in discussions and implementation of solutions.

Lorraine Zeller, Mental Health Peer Support Worker

John Hardy, Mental Health Peer Support Worker who co-founded the initially grassroots project has this to say, *Santa Clara County Mental Health has done a lot of talking about Recovery. The Transitional Care Planning (TCP) committee has studied this goal of recovery as a cost saving measure for a while. A study by the consultant, Karen Kalk, revealed that there were many consumers "stuck" in the system at the MORS 5 level. Perhaps it's time to assess and study where these consumers spend most of their time and money- Board and Care facilities, both licensed and unlicensed. For too long, this population has been presumed to be taken care of without much scrutiny of the quality of their care. The goal of deinstitutionalization and recovery needs to be mixed with an honest understanding of outpatient living facilities. These consumers must not give up on themselves and we must not assume they're taken care of without a long look at how they are living. We must not give up on them.*