

## Overutilization of Emergency Departments and Independent Living Facilities

Providing stable and supportive housing is one of the most effective ways to decrease over utilization of emergency departments and hospital recidivism rates. The "Frequent Users of Health Services Initiative" a 2008 report on "Strategies to Reducing Frequent Use of Hospital Services" jointly funded by the California Endowment and California HealthCare Foundation found the following across 6 California counties:

- Connecting "frequent users to permanent housing makes significant differences in a frequent user's ability to reduce emergency department visits and charges".
- Those who became connected to "permanent housing in the first year of enrollment (in the initiative) saw a 34 percent decrease in emergency department visits and a 32 percent decrease in emergency department charges, compared to just a 12 percent decrease in visits and a 2 percent decrease charges for those clients who remained homeless or in less stable housing".
- "Inpatient days and charges decreased by 27 percent for permanently housed clients, but for those who remained homeless or in instable housing, inpatient days grew by 26 percent and inpatient charges increased by 49 percent".

<http://documents.csh.org/documents/fui/FUHSISummaryReportFINAL.pdf>

With the average length of stay at hospitals being between 5-7 days we rely on community partners (residential providers in particular) to keep people stable in the community. Tragically, as a community we are unable to appropriately house many extremely symptomatic people with serious chronic mental illness and substance abuse issues living San Diego County. The fact of the matter is there are simply not enough licensed beds to meet our housing needs. In October 08, Bob Rozer of Community Care Licensing reported to the Residential Care Committee that there are only 99 licensed board and care facilities in the county willing to serve adults with mental illness, and there had not been an application for over 4 months.

With so few licensed board and cares, very sick people end up cycling in and out of Independent Living Facilities (ILF's), where NO medication management or care and supervision is provided. Typically people who are inappropriately placed in ILF's face repeated psychiatric hospitalizations and incarceration or homelessness. It is estimated that there are more than twice as many ILF's for people with mental illness as board and cares, housing approximately 2000 people. In surveying of a little over 100 ILF's over a 3 year period the following issues have been identified:

- There is no regulation/accountability in ILF's- poorly run board and cares often convert themselves into ILF's to avoid Community Care Licensing oversight.
- No city registration required (no tax reporting checks)
- Anyone can open, own, and operate an ILF
- It's easy to own multiple homes as real-estate investments- more and more people are converting their homes into ILF's to avoid foreclosure.
- They are self-managed /no staff or assistance is needed
- No basic education and/or preparation to care for the mentally ill population is required
- Community providers usually DO NOT check facilities before placing patients making it easy to take advantage of an unprotected population.

Lack of oversight in puts crisis homes and hospitals (including CMH) discharging to ILF's at risk.

Vulnerable members of the community are often victimized by ILF's lacking of appropriate support and safety. Threats, domination and intimidation by owners and other residents as well as financial, verbal and physical abuse are common place in poorly run ILF's. Psychiatric nurses in emergency departments, as well as social workers on mental health units, regularly receive client reports of increased symptomology as a direct result of poorly run facilities.

We know of at least one preventable murder that occurred within the last 6 months as a direct result of an ILF owner not responding to a resident's pleas for help. It is expected that loss of life will continue at the hands of ill prepared owners. As of now there is no formal education, training or guidelines for ILF owners (many of which are hungry for knowledge and community input). Likewise, there is no way for mental health providers to know what type of facility they are referring clients to. As such, it is strongly believed that an independent living registry is an essential component to reducing utilization of emergency department services.