

# **DMH's Strategy to End Homelessness: Examples of Integrated Care**

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# Why is this a Priority for DMH?

- 30% of the homeless population in Los Angeles County have a mental illness
- DMH's **Mission** is to support the recovery of individuals with mental illness
- **Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
  - Four major dimensions that support a life in Recovery:
    - Health
    - **Home - A stable and safe place to live**
    - Purpose
    - Community

“The treatment for  
homelessness is housing  
. . . It is that simple.”

*Sam Tsemberis, CEO  
Pathways to Housing*



# DMH's Approach to Ending Homelessness for our Clients

- Developing specialized community-based programs that target the homeless population (e.g. FSP, IMHT, MIT, SB 82 Mobile Triage Teams)
- Increasing our portfolio of housing resources
- Participating in collaborative efforts to end homelessness

# DMH Programs that Target the Homeless Population

- Full Service Partnership programs
- Integrated Mobile Health Teams
- PATH
  - Multidisciplinary Integrated Teams
  - VALOR – veterans
  - HOME
- SB 82 Mobile Triage Teams
- Single Adult Model

# Important Aspects of Programs that Target the Homeless Population

- Field/street based services
  - Many barriers to accessing traditional services
  - Intensive services – low case manager/client ratio
- People who homeless often have distrust of others
  - Consistent outreach is key to engagement
- Whatever it takes approach

# Important Aspects of Programs that Target the Homeless Population

- Able to provide for basic needs (food, shelter clothing)
- Trauma informed treatment
- Focus on assisting people with transitioning into permanent housing and providing the supports for them to be successful in housing

# Integrated Mobile Health Teams (IMHTs) – Example of Integrated Care

- Developed in 2011 before the ACA
- Modeled after street based medicine in Boston
- Integrated (not co-located) physical health, mental health and substance use team
- Federally Qualified Health Center partner



# IMHTs – Example of Integrated Care

- Goal to braid the funding streams
- Provides street outreach and field-based
- No wrong door holistic approach
- Incorporate evidenced based practices such as housing first, permanent supportive housing, harm reduction and motivational interviewing

# IMHT Target Population

Each team serves 100 individuals that are:

- Are homeless
- Have a severe mental illness and a co-occurring physical health condition requiring ongoing primary care and a substance use disorder
- Most had tri-morbid conditions of mental illness, chronic health condition and substance use
- High vulnerability as determined by the Coordinated Entry System assessment tool -- the Vulnerability Index – Service Prioritization Assessment Tool (VI-SPDAT)

# IMHT Staffing

- Federally Qualified Health Center partner on each team
  - Leveraged the FQHC funding
  - MHSA provided gap funding for staff time for services/activities that were not able to be claimed to another source
- IMHT staffing:
  - Physical Health Practitioner
  - Psychiatrist
  - Licensed Clinical Social Worker
  - Certified Substance Abuse Counselor
  - Case Managers
  - Peer Advocate



Exodus Recovery IMHT doing street outreach







# IMHT Outcome Data – Analysis by UC San Diego

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- 75% of clients showed significant improvements in overall health
- 73% of clients made significant progress in their recovery
- 33% of clients had a significant reduction in alcohol consumption
- 28% of clients had a significant reduction in drug use

# IMHT Outcome Data – June 2015

- Significant decrease in use of emergency services
- Reductions in psychiatric inpatient and emergency department use resulted in \$303,000 of costs avoided during first year of service
- 60% of enrolled clients were in permanent housing



# Multidisciplinary Integrated Teams (MITs)

- Similar to IMHT
  - Same target population and program goals
  - Less funding
  - Physical health services provided by DHS instead of FQHC
  - There are 8 MITs Countywide serving 60 clients each
  - Housing Resources Dedicated to program
    - 186 Shelter Plus Care certificates
    - 80 Flexible Housing Subsidies

# MIT Staffing

- Staffing includes:
  - Licensed Mental Health Professional
  - Certified Substance Abuse Counselor
  - Case Manager
  - Peer Advocate
  - Consulting psychiatrist
  - Half-time DHS Registered Nurse

# MITs Critical Time Intervention

- Evidence Based Practice required to assist with integration into the community and retention:
  - CTI provides short-term intensive services for about nine (9) months to assist individuals' transition from homelessness to housing.
  - The goals of CTI are to help individuals stabilize in housing and to link them to community-based supportive services, including less intensive, longer term mental health services

# MIT Outcomes

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- 838 individuals outreached (as June 30, 2016)
- 276 individuals engaged in services (to date)
- 73 permanently housed (to date)

# DMH Housing Resources

- Temporary Shelter Program
- Tenant based subsidies such as Shelter Plus Care/Section 8/Homeless Veterans Initiative
  - 13 contracts with the City and County Housing Authorities
- MHSA Housing Program— capital development that targets with who are homeless/disability/supportive services on site
  - \$126 million invested in 46 projects countywide (990 units)
  - 30 projects currently open and occupied

# DMH Housing Resources

- With the tenant base subsidies and MHSA Housing Program, tenants only pay 30% of income, subsidy pays the remainder
- Housing Assistance Program
  - Security Deposit
  - Household goods
  - Utility assistance
  - Eviction prevention

# DMH Housing Inventory

RESOURCE	Units	Shelter Beds (Any given day)
Homeless Section 8	200	
Homeless Veterans Initiative	50	
Tenant-Based Supportive Housing Program	325	
Shelter + Care	1,386	
MHSA Housing Program	993	
MHSA Housing Trust Fund	489	
Flexible Housing Subsidy Pool	49	
Temporary Shelter Bed -- TAY		25
Temporary Shelter Bed -- Adult		168
<b>TOTAL</b>	<b>3,509</b>	<b>193</b>

## Number of Clients in DMH Permanent Supportive Housing in Fiscal Year 2015-16

- Total number of clients moved into MHSA Housing Program = 165
- Total in MHSA Housing Program housing at end of Fiscal Year = 828
- Total number of clients moved into tenant based subsidies = 322
- Total in tenant based subsidies at end of Fiscal Year 1,101



# What is Next in Housing and Integrated Care

- No Place Like Home
  - Signed into law in September 2016
  - \$2 billion bond, MHSA funds used to secure bond
  - If City of Los Angeles' Proposition HHH passes can leverage the funding
- Homeless Initiative Strategy Coordinating Outreach investment of \$9.8 million for 16 new multidisciplinary teams