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

Maria Funk, Ph.D., *Mental Health Clinical Program Manager III*

Countywide Housing, Employment and Education Resource Development

Department of Mental Health

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:

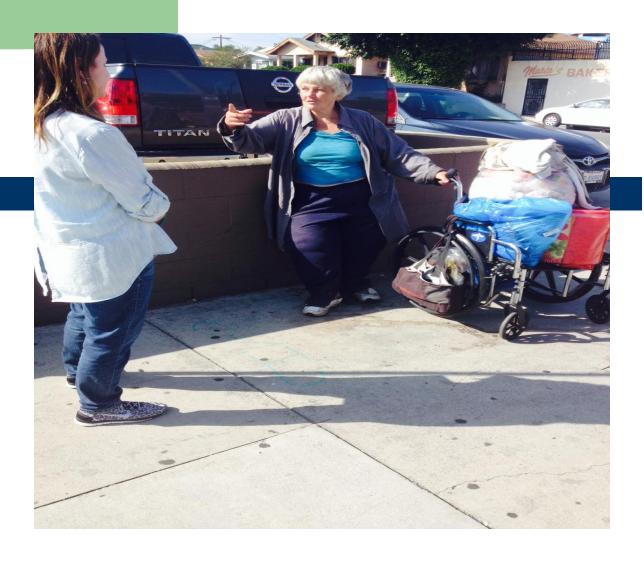
- Are homeless
- Have a severe mental illness and a co-occurring physical health condition requiring ongoing primary care and a substance use disorder
- Most had tri-morbid conditions of mental illness, chronic health condition and substance use
- High vulnerability as determined by the Coordinated Entry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

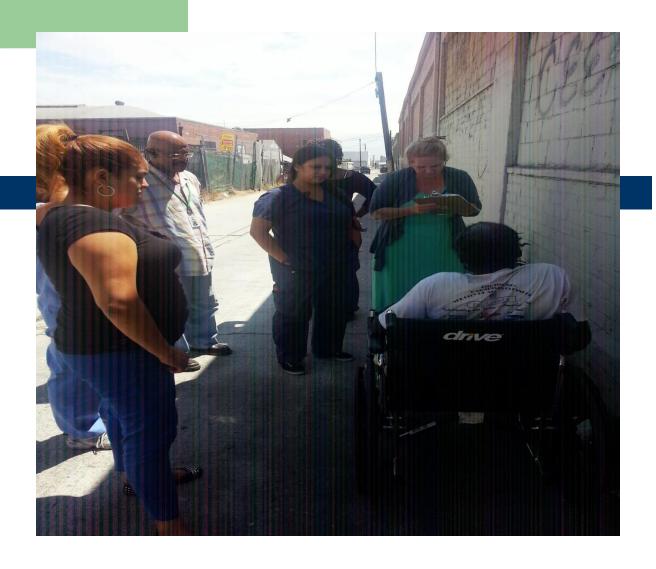
IMHT Staffing

- 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

- 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

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 |
| TOTAL | 3,509 | 193 |

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