April 15, 2011

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: MENTAL HEALTH SERVICES ACT SKID ROW SERVICES
QUARTERLY REPORT – APRIL 2011

This memo provides the latest status report regarding continuing Mental Health Services Act (MHSA) funded programs in the Skid Row area in response to your Board’s April 3, 2007 motion instructing the Department of Mental Health (DMH) to take several actions related to efforts to reduce homelessness in Skid Row in coordination with communities outside of Skid Row.

Your Board instructed DMH to provide a quarterly progress report on the MHSA community-based services and supports planned for Skid Row including:

- Progress on implementation of programs planned for Skid Row, including Service Area Navigator Teams, Crisis Resolution Services, Full Service Partnerships, Wellness Centers, and the development of housing options;

- Tracking outcome measures for MHSA funded programs in the Skid Row area; and

- Tracking the number of clients who refuse medical treatment for alcohol and drug abuse.

We will continue to provide quarterly reports as instructed.

MJS:TB:LAH:mb

Attachment

c: Sachi A. Hamai, Executive Officer

“To Enrich Lives Through Effective And Caring Service”
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT
SKID ROW SERVICES PROGRESS REPORT

April 15, 2011

On April 3, 2007, the Board of Supervisors approved the Department of Mental Health’s (DMH) request to utilize Mental Health Services Act (MHSA) funding to implement programs to reduce homelessness and promote wellness and recovery in the Skid Row area. Since that time, the Department has implemented the following programs:

- Crisis Resolution Service (CRS) at the Downtown Mental Health Center (DMHC) which provides short term, intensive mental health and supportive services, including comprehensive assessment, medication evaluation and management, emergency shelter placement, and the initiation of benefits establishment.

- Skid Row Management Team (SRMT) provides overall administration, management and coordination of existing services and the development of new services in collaboration with local stakeholder planning groups.

- Client Run Wellness Center (CR-WC) for the Skid Row area to serve individuals who no longer require intensive mental health services. On September 9, 2008, the Board of Supervisors approved the Board Letter awarding Emotional Health Association dba SHARE! the contract with DMH to operate the CR-WC in the Skid Row area. The program has been operational since April 2009.

- On March 1, 2009, the Department accomplished the goal of creating a directly operated WC through the successful transformation of the DMHC outpatient services.

- On June 30, 2009, the newly created DMHC Field Capable Clinical Services (FCCS) team began providing on-site mental health services, integrated with primary healthcare and substance abuse assessment services for clients at the Center for Community Health of Downtown Los Angeles (CCHDLA - formerly known as Leavey Center). The team also has the capacity to provide field services to those clients residing in the area’s shelters and Single Room Occupancy Hotels.

DMH MHSA funded programs in the Skid Row area serve individuals in need of a variety of mental health and other treatment needs and supports. With the opening of the CCHDLA and CR-WC, the implementation of a DMHC FCCS team, and the transformation of our DMHC outpatient program to a professionally staffed, enhanced Wellness Center, mental health clients in the Skid Row area currently have a vastly enhanced array of wellness and recovery programming to address their individual service needs. Other MHSA funded programs that service the Skid Row area include
the DMHC Full Service Partnership (FSP) program and the Service Area 4 Navigator Team (SANT 4) which are discussed below. Also included are detailed reports on the performance of the DMHC CRS program and the Department's funding of a new housing development and associated service collaboration efforts.

Full Service Partnership (FSP)

DMHC FSP program was implemented in December 2006 and serves a maximum of 180 consumers. As of April 4, 2011, for which the outcome measures below are compiled, the number of enrollees was at 158 clients. There are an additional seven potential clients that have been recently referred for enrollment and are actively being outreached and engaged for services. Staff continues efforts to identify and enroll clients that require and have proven to benefit from the intensity of services provided through FSP programming. This effort is concurrent with the FSP program evaluating clients that have demonstrated the ability to engage and comply with treatment to programs with lesser levels of programming while still supporting continuing wellness and recovery gains. This latter process has resulted in seven cases being identified for closure. Alternate programming may consist of directly operated Wellness Center services; CR-WC services along with employment and ongoing support from a private mental health provider; and/or other services determined by the individualized needs of those clients. The outcomes described below illustrate the continuing successful efforts of DMHC FSP to reduce homelessness, incarceration, and acute psychiatric hospitalization.

- Days hospitalized in the year prior to enrollment vs. post-enrollment (adjusted for time): 54% decrease (previously, 44% decrease).

- Days homeless in the year prior to enrollment vs. post enrollment (adjusted for time): 85% decrease (previously, 80% decrease).

- Days incarcerated in the year prior to enrollment vs. post enrollment (adjusted for time): 22% decrease (previously, 11% increase).

- 79% of the 158 clients currently enrolled in FSP have been identified with a history of co-occurring mental health and substance abuse/use issue in various stages of recovery, from active or episodic use, to abstinence. Most are actively engaged in appropriate treatment, ranging from 12-Step meetings, and FSP Skid Row Co-Occurring Recovery and Empowerment (SCORE) treatment programming.
Service Area 4 Navigation Team (SANT 4)

SANT 4 covers a wide and diverse area, which includes the Skid Row area. SANT links individuals of all ages to specialized mental health services such as FSP, Assertive Community Treatment (ACT), and Adult Targeted Case Management Services (ATCMS). One of the methods utilized by SANT 4 to accomplish its goals is through the Impact Unit. The Impact Unit serves a critical role in ensuring linkage to community programs and services. Meetings are held semi-monthly to provide Service Area 4’s DMH contracted and directly operated programs the opportunity to review individual case referrals and to determine the most appropriate specialized programs (FSP, ACT, and ATCMS) to serve individual consumers.

The goals of SANT 4 are:

- Linkage to housing resources;
- Successful community reintegration for persons with mental illness from institutional settings;
- Provision of services for underserved, unserved and inappropriately served consumers with mental illness through linkage to appropriate type and level of care;
- Reduction in homelessness in the Skid Row area;
- Promotion of MHSA services in the community in collaboration with service providers and community agencies; and
- Successful outreach and engagement efforts by contracted and directly operated programs that identify and link prospective consumers to services.

During the last quarter, SANT 4 has received 123 referrals for adult consumers aged 26 through 59 for specialized programming (FSP). Of these referrals:

71 were received from non-Skid Row areas, of which:

- 9 clients were successfully enrolled in FSP;
- 36 clients are currently in Outreach and Engagement; and
- 26 refused specialized services or did not meet FSP criteria (referred to FCCS or other clinical services).
52 referrals were received from the Skid Row area, of which:
• 18 clients were successfully enrolled in FSP;
• 26 clients are currently in Outreach and Engagement; and
• 8 refused specialized services or did not meet FSP criteria.

Received 76 referrals for Transition Age Youth (16-25 years), of which:

3 clients were referred from Skid Row Area, of which:
• 2 clients were linked to a TAY shelter; and
• 1 client has not yet responded to outreach and engagement efforts.

73 clients were received from non-Skid Row area, of which:
• 23 clients were successfully enrolled in services;
• 11 clients are currently in Outreach and Engagement;
• 3 clients refused services; and
• 36 clients did not meet FSP criteria and were referred to FCCS or other clinical services.

Permanent Supportive Housing

Consistent with the goal to reduce homelessness and promote wellness and recovery in the Skid Row area, the Department has committed MHSA funding to provide and/or leverage capital development, operating subsidy and service funding for the development of new supportive housing units. Overall, the Department is supporting the development of 781 new units of permanent supportive housing in Skid Row. Through its FSP and WC programs, DMHC has agreed to collaborate with Single Room Occupancy (SRO) Housing Corporation to provide in-kind supportive services for several of their supportive housing projects in the Skid Row area. Currently, DMHC is providing in-kind supportive services to approximately 89 homeless individuals with a mental illness, who are residing at the James Wood Apartments and the Renato Apartments. DMHC has also agreed to provide in-kind supportive services to homeless individuals with a mental illness who will be residing at the proposed SRO Gateways Apartments. This apartment complex will consist of a total of 108 permanent supportive housing apartments which are all efficiency studio units. It is scheduled to open in December 2012. Since the in-kind supportive services will be provided by DMHC, SRO has committed to set aside approximately 53 units for DMHC clients (see Figure 1).
Figure 1

<table>
<thead>
<tr>
<th>DMHC Supported Units</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FSP &amp; WC</td>
</tr>
<tr>
<td>Project Name</td>
<td>Supported Units</td>
</tr>
<tr>
<td>Renato Apartments</td>
<td>58</td>
</tr>
<tr>
<td>The James Wood Apartments</td>
<td>31</td>
</tr>
<tr>
<td>The Gateways Apartments</td>
<td>53</td>
</tr>
<tr>
<td>Total DMHC FSP/WC Supported</td>
<td>142</td>
</tr>
</tbody>
</table>

Through the MHSA Housing Program, a component of the MHSA Community Services and Supports Plan, the Department has made a local commitment to provide capital development and capitalize operating subsidies for the development of new supportive housing units. As of March 31, 2011, DMH has committed MHSA funds to 30 projects to provide permanent supportive housing. Of these 30 projects, three are located in the Skid Row area creating a total of 133 new supportive housing units for individuals with a mental illness (See Figure 2).

Figure 2

<table>
<thead>
<tr>
<th>MHSA Housing Program</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Cobb Apartments</td>
<td>25</td>
</tr>
<tr>
<td>The Ford Apartments</td>
<td>90</td>
</tr>
<tr>
<td>New Genesis Apartments</td>
<td>18</td>
</tr>
<tr>
<td>Total MHSA Housing Program</td>
<td>133</td>
</tr>
</tbody>
</table>

Finally, a Countywide MHSA Housing Trust Fund (HTF) Program of $10.5 million was established to support the development of new permanent supportive housing for people with psychiatric disabilities. The HTF provides funds for on-site supportive services for supportive housing projects as well as supportive services for scattered site housing projects.

Of the fifteen executed Service Agreements for the HTF Program, twelve are in operation. One of the operational service agreements involves both shared housing and scattered projects. Through the HTF Program, supportive services are being provided to approximately 400 tenants residing in permanent supportive housing. The services being provided assists formerly homeless individuals and their families.
maintain their housing and pursue their recovery goals. As indicated in Figure 3, two of the Housing Trust Fund Program projects are located in Skid Row. Project Home opened in December 2010. The Rainbow and Abbey Apartments are fully occupied.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HTF Units</td>
</tr>
<tr>
<td>Project Home</td>
<td>22</td>
</tr>
<tr>
<td>Rainbow &amp; Abbey Apartments</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total HTF Units</strong></td>
<td>72</td>
</tr>
</tbody>
</table>

**Housing Assistance**

The Department provides financial resources for clients moving into housing from homelessness by paying the security deposit and purchasing the basic essentials to furnish their apartment. During the period July 1, 2010 through March 31, 2011, the Department assisted the following numbers of DMHC clients with securing permanent housing:

- 47 clients with the security deposit at the time of move-in;
- 82 clients and/or their families with purchasing household goods; and
- 6 clients with ongoing rental assistance.

**Crisis Resolution Services (CRS)**

CRS is a short term (60 days or less), outpatient, intensive, clinical and case management program that provides crisis intervention and stabilization for new, returning or disengaged clients. Services include but are not limited to: emergency shelter, transitional and permanent housing, referral for medical and dental services, benefits establishment, intensive case management, psychiatric services, medication, short-term psychotherapy, and crisis intervention.

We are able to report the following information for the period of October 2010 through December 2010:

30 days after receiving services from Downtown CRS:

- 96.5% of the clients did not require intervention from DMH Psychiatric Emergency Services;
97.8% of the clients were not admitted to an Inpatient Psychiatric Hospital;

98.7% of the clients were not incarcerated; and

Within 90 days after initial services from Downtown CRS, 30.6% of the clients were linked to and seen by another outpatient mental health service provider.

Since implementation, CRS has:

- Opened 7,240 (October 2007 through September 2010) unique episodes;
- Provided linkage to emergency, transitional or permanent housing to 33% of homeless clients on day of screening or intake; and
- Engaged 33% of all clients with a co-occurring mental health and substance use/abuse issue(s). As a result, these clients were successfully enrolled in professional treatment or peer counseling services. Motivational engagement efforts with the remaining 67% are ongoing.

The program provides immediate, frequent, intensive case management for clients and employs a “whatever-it-takes” approach to addressing individual needs, including mental health services, housing, physical health care, and assistance with benefits establishment. Due to its demonstrated success over the past three years, DMH has developed additional CRS programs in each Service Area throughout the County.

**Skid Row Management Team (SRMT)**

During this past quarter the DMH SRMT continued its ongoing efforts to sustain engagement with community providers and stakeholder groups, including consumers and loft dwellers, to obtain critical input about the many issues affecting the Skid Row area. The SRMT has held bi-monthly meetings of the Skid Row Community Advisory Board (SRCAB) as a vital venue for this community engagement effort. The SRCAB is comprised of Skid Row stakeholders, i.e., housing, health, and social service providers; and residents, including consumers that are dedicated to collaborative and integrative efforts to develop more accessible and effective social and health care services.

SRMT activities over the past quarter have included:

- Represented DMH in the Center for Community Health of Downtown Los Angeles (formerly Leavey Center) Clinical and Executive Leadership Team meetings. Other participant agencies are JWCH; ADPA contractor, Homeless
Healthcare of Los Angeles; and County agencies: Departments of Public Health and Health Services.

- Hosted and participated in weekly and monthly meetings of the Skid Row (Family) Assessment Team (SRAT) with Department of Children and Family Services (DCFS), Department of Public Social Services (DPSS), Department of Public Health (DPH), and Los Angeles Homeless Services Authority (LAHSA) regarding the ongoing provision of collaborative services to homeless families with minors;

- Hosted monthly meetings with DMH SRCAB, which is a local forum for consumers, families, service providers, and community representatives to provide the SRMT with information, advice and recommendations regarding the mental health service needs in the Skid Row community;

- Participated in the monthly DMH Service Area 4 Executive Providers Meetings in collaboration with SA 4 Management Team;

- Participated in the monthly Service Area Advisory Committee (SAAC) meetings for SA 4. SAAC meetings are comprised of community stakeholders, including residents, persons who work in the area, consumers, family members of consumers, and social service agencies. The meetings serve to educate the public about the MHSA, including priorities such as Prevention and Early Intervention (PEI), and solicit input and feedback from the public about DMH’s implementation of MHSA programs;

- Participated in the Los Angeles City/County Coordinating Council for Homeless Families’ monthly working group meetings to implement recommendations of the Los Angeles 10-Year Plan to End Homelessness that are specific to family homelessness, by ending and preventing family homelessness via increased interagency collaboration and service delivery, and increasing access to housing. The work group is exploring ways to address the increase in family homelessness due to the current mortgage and foreclosure crisis;

- Continued participation in the Central Library Project, a weekly outreach and engagement service with the Los Angeles City Library in downtown Los Angeles;

- Conducted a full scope review of existing services and provided technical assistance to Hollywood Mental Health Center to enhance the effectiveness of MHSA programming to be offered to that community, such as CRS and PEI Crisis Oriented Recovery Services (CORS);
• Continued its leadership role in the La Placita Project, in conjunction with the First District to coordinate the efforts of the participating agencies (Adult Protective Services, Los Angeles Homeless Services Authority, TeleCare Full Service partnership, and the Department of Public Social Services) to conduct outreach, engagement, and service provision, including housing, benefits establishment assistance, and mental health services to homeless individuals in and around the old Plaza Church. To date the project has housed 47 individuals.

SRMT continues to work collaboratively with area stakeholders, service providers, and residents to enhance mental health services, and related programming and supports for homeless persons in the Skid Row area.

Summary

In summary, the Department of Mental Health is committed to enhance and increase innovative community based mental health services, housing, effective stakeholder collaborations, and other related services in the Skid Row area through the development of newly funded MHSA programs and the transformation of existing services. Most recently this has included the implementation of FCCS at the CCHDLA, a private and public partnership offering fully integrated medical and behavioral health services; the opening of the SHARE! Client Run Wellness Center; collaboration with SRO Housing Corporation’s James M. Wood Apartments in Skid Row providing on-site mental health services to residents; the initiation of the Los Angeles Library Outreach and assuming leadership of the La Placita Project; which both target identification of homeless individuals and linking them to mental health and other critical services. DMH programming in the skid row area has become a model for effective, integrated, and collaborative services countywide. These programs are dedicated to reducing homelessness for individuals with mental illness and breaking the costly cycle of emergency or inpatient psychiatric care, and/or incarceration, while promoting recovery and successful community reintegration.