



Permanent Supportive Housing and Services: A New Model

Framing for the New Model

- Board mandate to ensure all people in PSH receive appropriate supportive services
- Homeless Initiative strategy to develop supportive services standards. On-site services are considered a best practice
- Health Agency homeless workgroup developing an integrated model based on best practices

Framing for the New Model

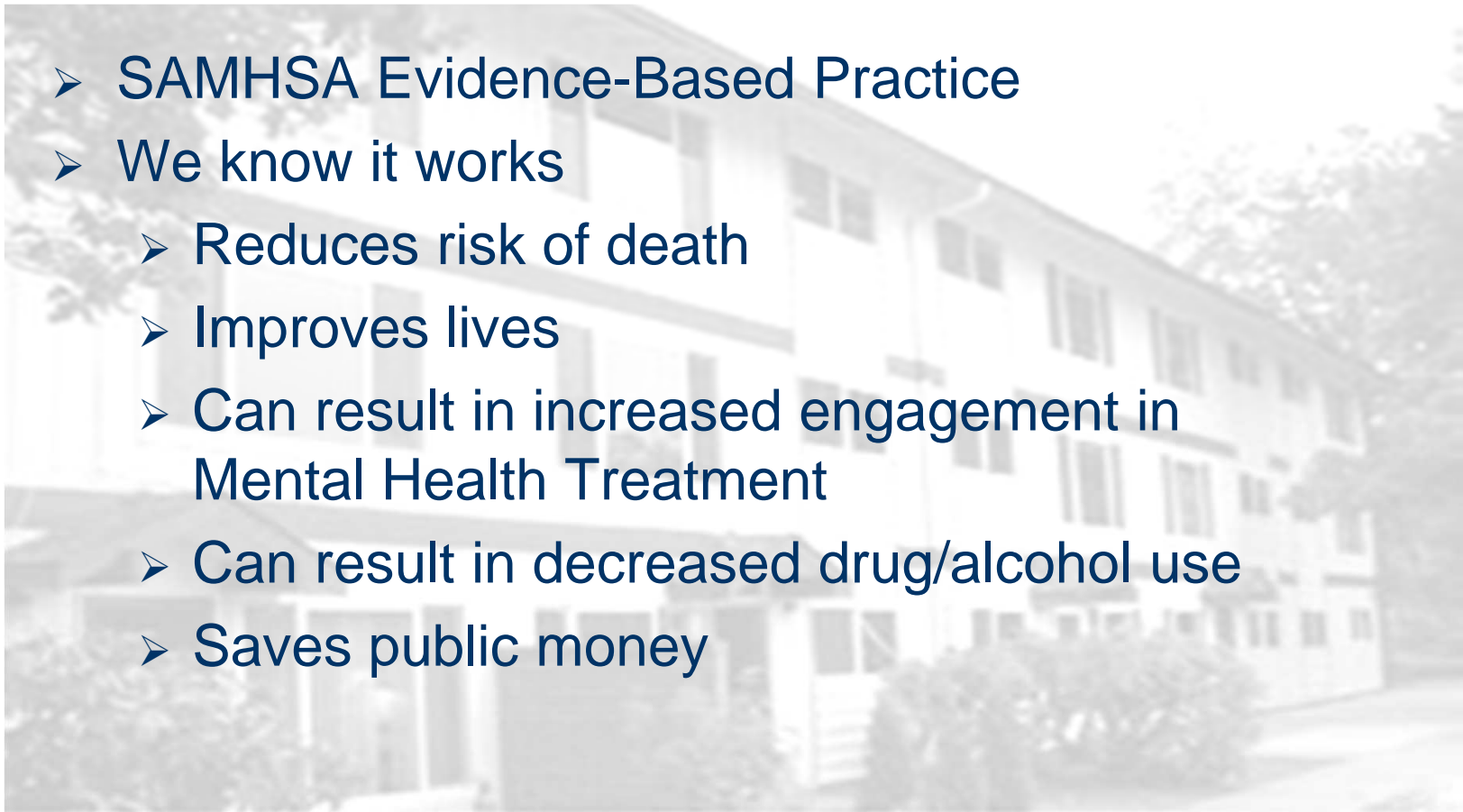
- No Place Like Home
 - \$2 billion statewide bond
 - Los Angeles is estimated to receive \$800 million
 - Depending on the leveraging, 1,500 to 5,700 units will be developed for DMH clients
- HHH -- Memorandum of Understanding between County and City of Los Angeles for County to provide services in the housing that is developed

Framing for the New Model

- Based on the Following Principles:
 - Maximizing leveraging of each Department's resources and of MediCal
 - Increasing efficiencies
 - Maximizing the expertise of each Department
 - Creates flow in FSPs as clients transition to on-site services

What is Permanent Supportive Housing (PSH)?

- SAMHSA Evidence-Based Practice
- We know it works
 - Reduces risk of death
 - Improves lives
 - Can result in increased engagement in Mental Health Treatment
 - Can result in decreased drug/alcohol use
 - Saves public money



What is PSH continued?

- **Targets people that are homeless and have a disability**
- **Tenant holds a lease and there is no time limit on length of stay (permanent)**
- **Tenants have access to the support services**
 - **Supportive services are key to successfully maintaining housing**
 - **Offering services is mandatory but accepting services is voluntary**
- **Affordable -- tenants pay no more than 30% of their income**

Current DMH Model for Supportive Services in PSH

- MHSA Housing Program -- DMH invested \$126 million in the development of Permanent Supportive Housing (PSH)
- 46 projects countywide and 990 MHSA units
- 1,900 tenant based subsidies

Current DMH Model for Supportive Services in PSH

- DMH does not have dedicated funding to provide services to tenants of PSH
- Services are connected to client not the housing resource
- Service commitment made by the program where the client receives at the time they are housed

Current DMH Model Challenges

- Services are not consistently on-site
- Many different mental health agencies providing services to the tenants in one building – causes confusion for property manager
- Some programs do not provide field based services
- Some programs are unwilling to assist the client with the housing process including the housing search
- Some programs are unable to provide the home visits
- Some programs are concerned that they cannot bill for housing services
- Clients get disconnected from services and cases are closed so no one is seeing the client
- When there is a housing related problem (e.g. hoarding, isolation, disrupting other tenants, non-payment of rent) there is no service provider to intervene
- Developers have concerns about partnering with DMH under this model

What we have learned from Department of Health Services

- Intensive Case Management Services (ICMS)
 - Master Agreement
 - Housing related supportive services
 - Site based and mobile teams
 - Every client that is matched to housing resources is also assigned to an ICMS provider
- Developers prefer this model

ICMS Service Package

- Conduct housing needs assessment
- Assist client with obtaining necessary documentation
- Assist with completing and submitting housing application
- Assist with housing search including negotiating rental agreements
- Provide eviction prevention support and intervention

ICMS Service Package Cont.

- Conduct home visits and submit quarterly reports as required
- Assist client with accessing and keeping appointments for health, mental health and SUD services
- Assist with life skills
- Assist with educational and volunteer opportunities
- Transportation
- Assist with obtaining benefits

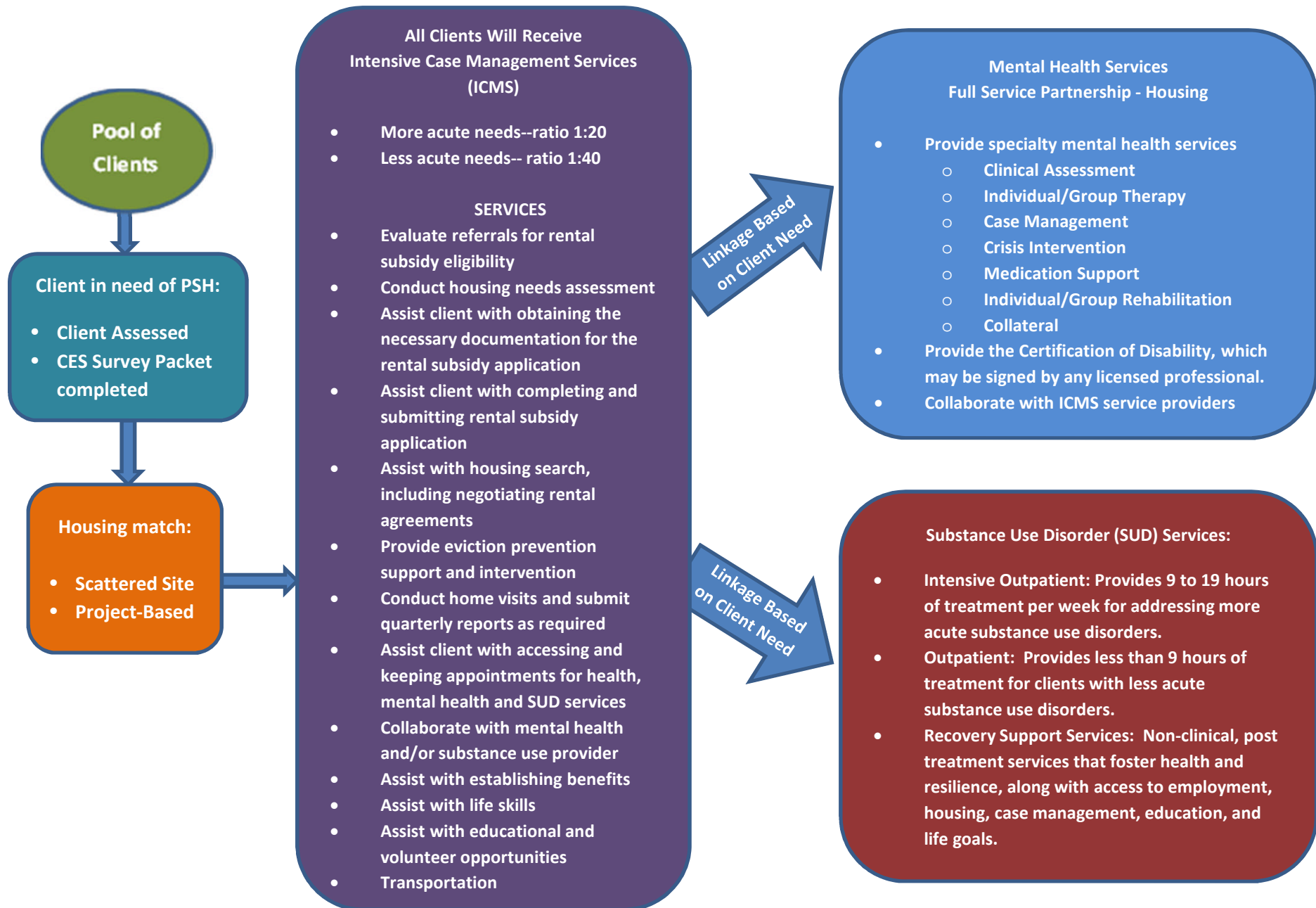
Over-Arching Goals of Redesigned Services

- Provide comprehensive services to tenants of PSH to achieve long-term stability and improved health and well-being
- Implement a standardized and easily replicable mechanism to ensure that supportive housing tenants have access to ICMS, specialty mental health and substance use services
- Utilize each Department's ability to leverage MediCal revenue to offset the cost of services including through Whole Person Care, Drug MediCal waiver and mental health MediCal

County's Proposed New Model of Supportive Services

- Designed to ensure all of those that move into Permanent Supportive Housing receive supportive services
- One uniform County model
- Inter-Agency Intensive team
 - Intensive Case Management Services
 - Specialty Mental Health Services
 - Substance Use Disorders
- Provides a FSP level of services
 - Field-based, intensive, low case manager/client ratio, 24/7 response capacity, whatever it takes

Permanent Supportive Housing – Menu of Services



Funding for New Model

- Leverage the ICMS funding which is \$450/client/month = \$5,400/year/client
- Proposed mental health funding \$8,000/year/client including leveraged MediCal.
- Estimated 1,000 units per year
 - MHSA funding \$8 million
 - Leveraged ICMS funding \$5,400,000
 - Leveraged DMC funding unknown