FINDING HOMES FOR THE HOMELESS: THE LACDMH MOBILE TRIAGE TEAM

By Kathleen Piché, Public Affairs Director

The Los Angeles County Department of Mental Health (LACDMH) Countywide Housing, Employment and Education Resource Division (CHEERD) is working hard to house people experiencing homelessness throughout Los Angeles County. By reaching out to those with mental health issues on the streets of our communities, the SB 82 Mobile Triage Teams (MTT) find, interact with and move clients facing homelessness to permanent supportive housing and provide supportive services, optimizing well-being and helping them on the road to recovery.

The teams provide field-based outreach, engagement, triage and assessment of individuals and families to assist with participation in mental health services. The primary populations served by the Mobile Triage Teams (MTT) are individuals and families who are homeless or at risk of homelessness, veterans and adults age 60 or older. All individuals are offered linkage to appropriate services and resources based on their eligibility. Case management and short-term, transitional mental health services are provided to actively work toward the goal of connecting clients to consistent, effective services.

Our dedicated SB 82 workers walk the streets of all eight LACDMH service areas, working in partnership with other County departments, city governments and community based organizations, offering resources and assistance to those in need. Often times, outreach workers interact with individuals affected by homelessness several times in order to build trust with those wary of authority. Once they establish trust, resources can be again be offered and hopefully, accepted.
From Desert to Home:

On January 27, 2016, the SA 1 SB 82 MTT was contacted by the LA County Department of Health Services about a 53 year-old man living without a home who had been bitten multiple times by coyotes. The DMH MTT began the outreach and engagement process with this man who had been living in the desert on the edge of Lancaster since September, 2015. Working collaboratively with Health Services, the LACDMH SB 82 staff transported the client to Olive View Urgent Care Center for medical and mental health stabilization. After the UCC visit, SB 82 staff continued to outreach the client and developed a trusting relationship.

The client was eventually connected with LACDMH’s Antelope Valley Mental Health Center for ongoing treatment, and a housing plan was created with the client using the Coordinated Entry System Survey Packet. The client got a Shelter Plus Care certificate and the SB MTT searched for rental properties with him. On December 20, 2016, the client was permanently housed. From the first day of outreach to the day of being permanently housed, the MTT provided support and utilized clinical interventions to reduce barriers that had prevented him from getting into permanent housing, including obtaining food, clothing, shelter, plus ongoing medical, mental health and case management services.

Maria Funk, Ph.D., Mental Health Clinical Program Manager III, CHEERD, related the importance of MTTs: “The work the SB 82 Mobile Triage Teams is critical to end homelessness. Many of the people the teams connect with have no contact with the mental health system and are not seeking services on their own. Through our field-based services, we are able to build trust and engage individuals in treatment with the goal of supporting their recovery by linking them to on-going mental health services and helping them transition from the streets to a permanent home.”

“
2015-2016 Fiscal Year Accomplishments

• 525 DMH clients transitioned from homelessness into permanent housing through DMH housing resources
• 347 DMH clients issued vouchers through the Housing Authorities are looking for housing
• 1,636 DMH clients in Permanent Supportive Housing units subsidized through DMH resources on June 30, 2016
• 663 new tenant-based Federal Housing Subsidies awarded to DMH
• With a $6.1 million investment of capital funding through the MHSA housing program, 4 new housing developments opened with 64 new PSH units dedicated to DMH clients
• 486 adults and 197 children assisted through the temporary shelter program and 36% exited to permanent housing
• 910 clients provided security deposits, household goods, security deposits and rental assistance
• Multidisciplinary Integrated Teams (MIT) Integrated staff with physical health, mental health, substance use and lived experience expertise providing field-based services:
  • 1,258 individuals outreached
  • 287 engaged in services
  • 51 permanently housed
Each New Year’s we make resolutions and promises, telling ourselves: “This will be the year I accomplish my goals.” Time goes by, and the resolution to lose weight doesn’t quite pan out and the promotion that you were really hoping for doesn’t come through. The resolutions fade, unrealized. When this happens to me, I read. Reading helps me deal with stress; it’s where I go when I am looking for a calm place or a few uplifting words.

When I read “Dreams” by Langston Hughes, I remember to “hold fast to [my] dreams”—of looking good in my skinny jeans or paying off my debt and buying a new car. This poem obviously goes deeper—Langston Hughes is telling us that life is nothing without dreams and to never let them go. “Dreams” reminds us that whatever your dreams are, big or small, don’t give up.

Contributed by Ebony Campbell

We welcome submissions of inspirational quotes, poems or passages from LACDMH employees for future editions of Mental Health News. Please send yours to pio@dmh.lacounty.gov.
Repeal, replace or repair? 
The language used by President Donald Trump and the Republican party has softened in the first month of his presidency. Although Trump promised to repeal the Affordable Care Act (ACA) he declared that he would retain the provisions that allowed parents to insure their adult children on their family policy until age 26 and he would make sure that those with preexisting conditions would not lose coverage. “No one will lose medical care, it will just be better and different,” said the president.

Congress can kill the ACA – also referred as “Obamacare” – without a total repeal through the Budget Reconciliation Act (BRA) this month by cutting off funds for health care subsidies and exchanges. Such an action would have a very destabilizing effect on the health care industry.

Here at LACDMH, we have been able to provide services to 43,600 new clients who were covered under Medicaid Expansion. The revenue to the department for these clients’ covered services has been quite significant. Our services directed toward homeless clients with mental illness and clients in jail diversion programs would be decimated without the coverage offered through the ACA.

In the past five years, Republicans have offered seven bills directed at dismantling the ACA. Last year, Speaker Paul Ryan’s ACA bill passed through Congress but was vetoed by President Obama. Health and Human Services Director Tom Price also has a proposal for repeal of the ACA but the debate rages on with some Republican hardliners wanting strict repeal. However, many of these legislators have heard from their constituents and want to see some sort of replacement proposal before voting for repeal.

The first bill proposal was floated last week by Sen. Bill Cassidy and Sen. Susan Collins: their proposal to repeal and replace the ACA would give states the flexibility to keep the ACA. California was held up as an example where the ACA has worked well. Governor Jerry Brown and leaders from the State Senate and Assembly have vowed not to roll back coverage and to fight the repeal aggressively. California receives $20 billion annually through the ACA, which helps provide care to one-third of all Californians that are currently covered through Medi-Cal.

Change proponents have suggested that states receive Medicaid funding either as a block grant or get paid per capita with a cap. Clearly, repealing and replacing the ACA or even “repairing” it is more of a challenge than President Trump anticipated.