65LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT ADMINISTRATION

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
X Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
X Local Mental Health Board Approval Approval Date: February 23, 2023
X Completed 30-day public comment period Comment Period: January 20-February 20, 2023
X BOS approval date Approval Date: If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _June 6, 2023__ _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _ April 2023_____ ***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.***

County Name:	Los Angeles County
Date submitted:	March 7, 2023
Project Title:	Interim Housing Multidisciplinary Assessment and Treatment Teams
Total Amount Requested:	$155,927,580 INN
Duration of project:	5 Years

Section 1: Innovations Regulations Requirements Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☒ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☒ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☒ Promotes interagency and community collaboration related to mental health services or supports or outcomes
- ☒ Increase access to mental health services, including but not limited to services provided through permanent supportive housing

Primary Purpose

The purpose of this program is to create new regional, field-based, multidisciplinary teams dedicated to serving people experiencing homelessness (PEH) who are living in interim housing to learn if this multidisciplinary/multi-agency, on-site site service approach will result in:

- Increased access to mental health services and co-occurring substance use disorder (SUD) services,
- Increased exits to permanent housing,
- Decreased exits to homelessness,
- Increase in housing provider staff increasing their knowledge and skills when serving individuals with severe mental illness,
- Reduce incidence of overdose related fatalities.

Section 2: Project Overview

Primary Problem

According to the 2022 Greater Los Angeles Point-In-Time Homeless Count conducted by the Los Angeles Homeless Services Authority (LAHSA), there are 69,144 PEH in Los Angeles County. Of this number, 48,548 are unsheltered on any given night, marking Los Angeles County with the unfortunate distinction of having the largest unsheltered homeless population in the nation. Further examination of the Homeless Count notes that 39.5% of individuals experiencing homelessness in Los Angeles County have mental health and/or substance use disorders[1].

Although significant efforts and resources have been allocated to the development of permanent affordable housing solutions, including Permanent Supportive Housing (PSH), there is no question that interim housing continues to play a significant role in addressing the immediate and future needs of unsheltered PEH. To this end, there has been a significant investment in interim housing by Los Angeles County and many partnering cities over the last five years including interim housing developed in response to the COVID-19 pandemic such as the State-funded Project Roomkey sites. Amongst the 8 service planning areas (SPA) in Los Angeles County the current interim housing inventory totals approximately 220 sites and 14,376 beds. Another 11 interim housing sites are in the pipeline which will make available an additional 1,037 beds to support PEH. Further, in fiscal year 23-24 the Los Angeles County Homeless Initiative has budgeted 182.2 million (30% of the total budget) for interim housing.

Los Angeles County - Estimated Interim Housing Inventory by SPA*						
	Existing Sites	Existing Beds	Pipeline Sites	Pipeline Beds	Total Sites	Total Beds
SPA 1	9	278	1	38	10	316
SPA 2	35	2,787	1	148	36	2,935
SPA 3	11	487	2	132	13	619
SPA 4	64	5,013	3	239	67	5,252
SPA 5	19	525	-	-	19	525
SPA 6	43	3,211	3	400	46	3,611
SPA 7	15	932	1	80	16	1,012
SPA 8	24	1,143	-	-	24	1,143
Total	**220**	**14,376**	**11**	**1,037**	**231**	**15,413**

** Estimate based on excluding the following interim housing sites: Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC) sites, Department of Health Services – Office of Diversion and Re-entry (DHS-ODR) sites, DHS – Housing for Health (DHS-HFH)*

[1] Health & disability indicators are not mutually exclusive; a single person may report more than one condition and thus be represented among more than one health & disability subpopulation.

Safe Landing, LACDMH Care First Community Investment (CFCI) sites, Veterans Affairs (VA) sites and Project Homekey sites being converted to PSH.

While interim housing sites in Los Angeles County are funded by a collection of public and private dollars (including but not limited to Measure H, Los Angeles Homeless Service Authority (LAHSA), Departments of Health, Mental Health and Public Health) and available to any person experiencing homelessness, the reality is that PEH often have a variety of complex needs that limit their ability to successfully access and/or maintain stability in these settings despite their desperate need for shelter. For example, interim housing sites are traditionally staffed by homeless service providers who are ill-equipped to serve individuals with more complex medical needs (e.g., colostomy bags, wound care), mental health conditions (e.g., psychotic spectrum disorders, bipolar disorders) and/or substance use disorders (e.g., alcohol, methamphetamine or opioid addiction) as well as individuals who need support with activities of daily living (ADLs) such as bathing, eating and dressing and/or independent activities of daily living (IADLs) such as managing medication and finances. This was highlighted in the 2020 preliminary report conducted by LAHSA entitled *Higher Level of Care Needs Among People Experiencing Homelessness at Los Angeles County Project Roomkey Sites*. The report found that a subset of individuals that had complex health and/or mental health conditions which significantly impaired their ability to engage in ADLs/IADLs were recommended for a higher level of care by site operators and LAHSA site coordinators.

The housing service agencies charged with operating the Project Roomkey sites did not have adequate funding or staff trained to provide the needed supports resulting in an increased risk of returning to homelessness for the identified subset. Our experience has also found that individuals who experience behavioral impairments as a result of their mental illness and/or substance use disorders are at high-risk of being exited from interim housing, which often results in them returning to the streets without proper care.

Accordingly, as part of the system of care in Los Angeles County, Department of Mental Health (LACDMH), Department of Health Services (DHS) and Department of Public Health have been intentional about designing, implementing and partnering in programs that can address the wide range of needs that PEH may experience. This included providing specialized psychiatric street outreach through the LACDMH Homeless Outreach & Mobile Engagement (HOME) teams as well as providing integrated specialized supportive services once someone is in permanent housing through the LACDMH Housing Supportive Services Program, DHS Intensive Case Management Services Program (ICMS) and DPH-Substance Abuse Prevention and Control (SAPC) Client Engagement and Navigation Services Program. However, the County currently lacks the dedicated resources needed to be able to respond to requests for field-based, on-demand and proactive health, mental health and substance use services in interim housing settings for individuals living with symptoms and functional impairments associated with severe mental illness, chronic health conditions and/or substance addiction. In fact, the need for these types of augmented services in interim housing was also identified during the community and stakeholder engagement process for Los Angeles County's Measure H funding recommendations and by the Board of Supervisors in a December 20, 2022 Board Motion for the County to support the City of Los Angeles in their State of Emergency on Homelessness.

Given the prevalence of health, mental health and substance use disorders among PEH, there is no doubt that providing interim housing residents with on-site access to health, mental health and substance use services and supports would fill an important gap in the homeless services system and offer assistance that is imperative to supporting a successful interim housing stay and transition to permanent housing and preventing individuals from returning to homelessness by providing critical skills and supports.

Proposed Project

Overview

Through the proposed Innovation project, LACDMH seeks to create new regional, field-based, multidisciplinary teams that are specifically dedicated to serving people experiencing homelessness (PEH) who are living in interim housing. The project is designed to address current gaps in behavioral health, including substance use, and physical health services, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness. The Interim Housing Multidisciplinary Assessment and Treatment Teams will serve all eight Service Areas in Los Angeles County and will be comprised of staff from LACDMH, DPH-SAPC and DHS-Housing For Health (HFH) in an effort to ensure the full spectrum of client needs can be addressed. LACDMH Innovations funding will be used to support the mental health component of this effort including the provision of on-site specialty mental health and co-occurring SUD care and supports.

Mental health services will include crisis response, outreach, triage, screening/assessment, individual and/or group rehabilitation and therapy, medication evaluation/administration, including medications for addiction treatment (MAT) and ambulatory withdrawal management; crisis intervention including non-MHSA funded psychiatric hospitalization when deemed clinically appropriate, linkage to longitudinal care and consultation DPH-SAPC will provide substance use outreach, engagement, screening and referrals to SUD services including linkage to DPH-SAPC treatment providers who offer MAT in situations where the client's need for MAT and/or ambulatory withdrawal management is not met by an existing mental health service provider.

In addition, DPH-SAPC will provide educational sessions (individual and group) at the interim housing locations that will offer individuals an overview of SUDs and the treatment system as well as a more specific curriculum targeting those at risk of SUDs that is focused on overdose and relapse prevention; recognizing the health consequences of substance use and the connection to mental health; and harm reduction services including naloxone and fentanyl test strip distribution to interim housing residents and providers. For interim housing residents who may need traditional SUD treatment but are reluctant or unable to participate at a SUD treatment site, outpatient treatment services can be provided to residents onsite via DPH-SAPC's network of Field-Based Service treatment providers, including connections to MAT. DPH-SAPC will also coordinate referrals and linkage to appropriate harm reduction services, such as syringe services programs (contracted by DPH and/or DHS), for individuals who continue to use substances.

DPH-SAPC's network consists of 72 residential service (American Society for Addiction Medicine-ASAM) treatment level 3.1, 3.3, and 3.5) providers. Of the 72 residential providers, 16 providers identify as serving the Co-Occurring Disorder (COD) population, consisting of 31 sites. DPH-SAPC proposes a total of 10 residential beds to be dedicated to the COD population residing in interim housing sites, with the proposed INN funds supporting the non-Drug Medi-Cal cost, including room and board. When an interim housing resident needs residential substance use disorder treatment the IH teams will prioritize placement in a treatment location closest in proximity to the IH site whenever possible. INN Funding will also support 16 psychiatric social workers embedded in approximately 31 DPH-SAPC contracted residential treatment sites for the purpose of co-occurring disorder crisis de-escalation, assessment, treatment planning, and care coordination for the provision of integrated mental health and SUD care for patients receiving residential SUD treatment. Psychiatric social workers would be positioned to provide care coordination that links patients with co-occurring disorders to any necessary continuity mental health services, that aren't otherwise accessible from the residential provider directly, in parallel with their SUD treatment.

DHS-HFH will also contribute nursing and other staff to the teams who will be able to provide short-term, physical health care services to residents including but not limited to wound care, medication administration and ADL/IADL support until a dedicated In-Home Supportive Services (IHSS) provider can be established. To fund the physical health component, DHS has received Housing and Homelessness Incentive Program (HHIP) funding from managed care organizations (e.g., L.A. Care, Health Net, etc.).

Program Development & Implementation

a) Identify which of the three project general requirements specified above [per CRR, Title 9, Sect. 3910(a)] the project will implement

This project proposal will make a change to an existing practice in the field of mental health, including but not limited to, application to a different population. Outreach and engagement and field-based service delivery are standards of care. Most often, individual participants are enrolled in one of many community-based mental health programs. While LACDMH has street teams who do community outreach for individuals, none are assigned to settings such as an Interim housing site. In addition, multi-agency partnership and supports, including funding from managed care partners, is a new approach for Los Angeles County.

The project proposal supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite. Interim housing is often a necessary first step in the journey to permanent housing for people experiencing homelessness. For many individuals these settings serve as a stabilizing resource allowing one to gather the skills, resources and service connections they need to move to permanent housing. The sites are generally staffed by paraprofessional and security staff who lack

training and clinical skills to manage complex behavioral health, health and substance addiction needs of the residents. The result is that individuals with such complex needs are frequently deemed inappropriate for admission or prematurely exited from interim housing due to the provider's limited capacity to manage their needs. The proposed project will fill this service gap by providing critical mental health, health, and addiction treatment onsite, harnessing the collective expertise of three public entities to stabilize their living situation and support a successful transition to permanent housing.

b) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

The proposed Innovation project will not only adapt critical lessons learned from the interim housing efforts implemented during the height of the pandemic (e.g., Project Roomkey) but expand the scope and availability of the services to the entirety of the interim housing portfolio in Los Angeles County. Instead of the current model which requires PEH to connect to specialty care independently, the project will use a multi-Department and multidisciplinary support model to provide tailored mental health, physical health, and substance use services onsite at interim housing facilities.

The teams providing these services will be the first of their kind in Los Angeles County to target residents in interim housing, allowing PEH with complex mental health, health and/or substance use disorders to be provided, for the first time, with augmented care in interim housing settings that will not only support their access to, and stay in interim housing, but also assist residents with obtaining the necessary services and care needed to transition to appropriate permanent housing and prevent a return to homelessness.

c) Estimate the number of individuals expected to be served annually and how you arrived at this number.

According to the Los Angeles County Point-In Time Homeless Count 25% of individuals experiencing homelessness self-report having a diagnosis of a serious mental illness and 26% self-report having a substance use disorder[2]. The current inventory of interim housing beds in Los Angeles County (14,376) combined with those is the pipeline (1037) is 15,413 beds. Using the 2022 homeless count self-report percentages LACDMH anticipates serving 4000 individuals in interim housing sites annually, 20,000 over the life of the Innovations project.

[2] Health & disability indicators are not mutually exclusive; a single person may report more than one condition and thus be represented among more than one health & disability subpopulation.

d) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate.)

The target population for this Innovation project are individuals 18 and older who are homeless and residing in interim housing in Los Angeles County. These individuals will also have mental health, health and/or substance use disorders and can benefit from augmented supports to successfully access and maintain their interim housing, transition to appropriate permanent housing and prevent a return to homelessness. Services and supports will be provided in interim housing settings serving single adults and families. When working with families mental health treatment for children will be coordinated with LACDMH Children's System of Care.

According to data gathered for the Los Angeles Homeless Services Authority (LAHSA) the current demographic breakdown for their interim housing portfolio is as follows:

Ethnicity

- Hispanic/Latino -4 0%
- Black/African American – 43%
- White – 21%
- Mixed or Multi Race – 2.5%
- Asian - .9%
- American Indian 2%
- Native Hawaiian/ Pacific Islander - .2%

Age

- Under 18 – 28%
- 18-54 - 55%
- 55 and Older – 17%

Gender

- Male - 51%
- Female – 48%
- Non-Binary – .003%
- Questioning – 1 %
- Transgender – .004%

Research on INN Component

A. What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The proposed INN project aligns with the Governor's proposal for mental health reform by: 1. Focusing on the intersection of mental illness and homelessness. 2. Building out the entire continuum of care as it relates to mental health services in community; 3. Building regional centers of care and support for people experiencing homelessness, mental illness and co-occurring substance use disorders and 4. Leveraging broader strategies related to Medicaid reform. Additionally, the project aligns with LACDMH's strategic plan as it touches our three domains of care 1. Re-Entry Initiatives, Crisis Care and Community Services. Our Re-Entry

Initiatives are comprised of programs designed to deploy specialty mental health treatment to help clients who have fallen out of community into the "open-air" asylum of homelessness, "closed-air" asylum of the jail, and the "personal asylum" of deep isolation (i.e. Regional IH Teams) Crisis Care includes the intensive care resources deployed to help individuals in crisis who are falling out of community (e.g. Psychiatric Mobile Response Teams, law enforcement and other first responders); and our North Star, Community Services where the clients we serve are at the center of community, connected not only to treatment but also stable housing, purpose in their lives (e.g. employment, school volunteer opportunities) and meaningful supportive relationships. The entirety of the proposal is focused on moving individuals from the Re-Entry level of care, eliminating the need for Crisis Care, and increasing connections to Community Services.

While some aspects of the proposed project are remotely similar to services/linkages provided by Full Service Partnership and other programs n Humbolt, Santa Barbara and even Los Angeles County, none provide comprehensive services with two key elements that make this project truly innovative:

- The implementation of dedicated field-based multidisciplinary teams that are specifically outreaching, engaging and providing direct mental health, physical health and substance use services to clients in interim housing at their interim housing location, which is an entirely new service setting. This includes 24/7 psychiatric crisis response.
- The partnership with the managed care organizations that will allow the County to leverage private resources from local health plans to support interim housing client needs.

The most widely recognized and revered wrap-around treatment protocol for individuals with severe mental illness (SMI) in Los Angeles County are Full-Service Partnership (FSP) programs. These programs offer comprehensive intensive mental health treatment (including wrap around support) to individuals with severe and persistent mental illness. Without question FSP is effective in treating individuals with SMI however the program has eligibility requirements and is enrollment based, thereby limiting services to those with prior treatment failures and those fortunate enough to be connected to a provider. The proposed regional interim housing teams differ from FSP in several ways. First, no eligibility or enrollment criteria is required for an IH resident to receive services. Second, services are provided in the interim housing setting thus increasing access to care and likely, participation rates. Third, services extend beyond specialty mental health to include treatment for substance use and complex medical conditions, and support with ADLs/IADLs and, as clinically indicated, connection to managed care behavioral health resources and other Medicaid reform resources (e.g. Enhanced Care Management). Finally, consistent with the Governor's focus the modernization of the Mental Health Services Act, the interim housing teams described in this proposal are focused on the twin epidemics in the state of California, homelessness and behavioral health. The primary goals of the team's interventions are to increase access to housing resources for individuals with complex, behavioral health, substance use, and/or health needs; prevent unnecessary return to homelessness due to behavioral health, medical or substance use concerns; and support successful transition to permanent housing.

Humboldt County's Resident Engagement and Support Team (REST) program seeks to improve housing stability in transitional housing via the assignment of case workers and peer staff in the outpatient setting. The primary focus is to help individuals create daily structure and routines, linkage, care management, and providing supportive/problem solving interventions with landlords. REST is different than the proposed project in that services are provided in the outpatient setting and a predominantly aimed at linkage and care and coordination. The services to be provided by the proposed project are 100% on site and entirely dedicated to the interim housing portfolio in Los Angeles County. The multi-disciplinary teams are able to provide interventions on-site in real time through face-to-face intervention and/or telemedicine (including 24/7 crisis response) in addition to being able to connect individuals to longitudinal mental health, health and substance abuse treatment as they transition to permanent housing.

Santa Barbara County currently has a Housing Retention Team facilitated by Good Samaritan Shelters and is funded by a grant from the Santa Barbara County Department of Housing and Community Development. It provides intensive wraparound services including a 24-hour help line for recipients of Emergency Housing Vouchers (EHV) in Santa Barbara County, of which they have approximately 230 EHV recipients. The distinction between Santa Barbra's Housing Retention Team and the project proposed herein is the focus on interim housing residents; comprehensive support which includes assistance with ADL/IADLs, substance abuse prevention, harm reduction and treatment (including medication assisted treatment); and multi-county department collaboration in partnership with managed care plans.

In general, while some homeless service providers in Los Angeles County e.g., LA Family Housing, People Assisting The Homeless (PATH), employ Masters level Social Workers as part of their shelter leadership structure, the services they provide are primarily in the domain of linkage and referral rather than on-site structured treatment and/or crisis response. When residents demonstrate significant behavioral, substance useor physical health needs paraprofessional and paraprofessional staff in these settings rely on the various LACDMH (directly operated and contracted), DPH-SAPC and DHSaccess points to link and obtain services for the clients serve. Due to the myriad of specialized programs and referral process within these bureaucracies finding the appropriate level of care or specialized resource for an interim housing resident can be a daunting and time consuming endeavor.

An example of more dedicated support in IH settings in Los Angeles County is the recently established interim housing model operated by Special Services for Groups (SSG), the Community First Community Investment (CFCI) model. SSG is a LACDMH legal entity and also manages the IH location. Services to these residents are provided via enrollment in the SSG Full Service Partnership Program. The CFCI model is limited in terms of its target population in that all referrals originate from Twin Towers Correctional Facility and are Misdemeanor Incompetent to Stand Trial (MIST). This approach essentially ties enrollment based intensive mental health supports to IH residents including 24/7 crisis response as part of their service array. The project is dissimilar to the proposed project in multiple ways: residents must be released from correctional institution, be MIST and meet criteria for FSP services; While specialty mental health services are provided, interventions for complex health and substance use treatment needs are not; partnership between County entities and managed care organizations is absent.

Prevent Homelessness Promote Health $(PH)^2$ is a joint program between the L.A. County Departments of Mental Health and Health Services Housing for Health that focuses on housing stabilization. $(PH)^2$ works with adults and families countywide to address risk factors and build skills that support the maintenance of permanent and stable housing. Services consist of brief interventions and other appropriate treatment modalities which are provided by an integrated team of mental health clinicians and physical health care staff and providers. Individuals are referred to $(PH)^2$ by case managers in permanent supportive housing sites when a tenant is deemed at risk for eviction. Though the program does offer collaboration between County departments it is fundamentally different than the proposed project in that interventions take place in permanent supportive housing settings with the intention of preventing eviction. Conversely, the IH multidisciplinary teams will provide treatment interventions and supportive services while individuals are in transitional housing thereby reducing premature exists from interim housing and increasing the likelihood of successful transition to, and maintenance of, permanent housing. Further, IH multidisciplinary teams have the added layer of interventions related not only to physical health with the Department of Health Services but also substance use via onsite harm reduction interventions (e.g., distribution of naloxone and fentanyl test strips), group treatment and immediate access to dedicated inpatient substance use treatment beds for IH residents.

In response to the COVID-19 pandemic, multiple types of interim housing sites were established in 2020 to serve PEH deemed to be at high risk for adverse health outcomes if infected with the virus. Project Roomkey, for example, used hotels and motels to provide PEH with non-congregate shelter and managed to significantly increase the interim housing bed capacity in Los Angeles County almost overnight. In addition, there were congregate interim housing sites that were temporarily established at recreation centers operated by the City of Los Angeles Department of Recreation and Parks as well as Quarantine & Isolation interim housing sites that were set up at hotels and recuperative care sites for those testing positive or exposed to COVID-19.

Disaster Service Workers (DSWs) from across County Departments were deployed to these interim housing sites to respond to a wide variety of individual needs. LACDMH DSWs, for example, were called upon to provide mental health support, triage, assessment, treatment and crisis intervention to individuals who were experiencing symptoms associated with severe mental illness and/or psychiatric crisis. In fact, throughout the course of the pandemic, in excess of 10,000 individuals from these interim housing sites were served (10,435 as of January 2022) with over 46% of them (or approximately 4,800) having a diagnosis of severe mental illness. Similarly, DSWs from DHS, DPH and the Department of Public Social Services also provided support to residents of these same interim housing sites including on-site medical care for chronic health conditions, assessment and linkage to substance abuse treatment services and connection to in-home supportive services to aid individuals with ADLs/IADLs.

The resulting collaboration between County Departments served as a lifeline to support the interim housing providers and the individuals staying in the interim housing sites and allowed for coordinated and ongoing care across the various County systems for those individuals with more complex needs and co-occurring disorders. Unfortunately, the practice of using DSWs was short

term and did not extend to the hundreds of other interim housing locations throughout Los Angeles County that had been established prior to the pandemic.

B. Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

In developing the proposed project in interim housing settings, we investigated local models of service delivered by interim housing providers in Los Angeles County, including models established during the COVID pandemic. Additionally, we reviewed literature focused on the provision of services in interim housing/shelter settings. Search terms in EBSCOhost and Google Scholar were as follows:

- Services in interim housing settings
- Services in homeless shelters
- Mental health treatment in homeless shelters
- Multidisciplinary treatment in homeless shelters

A review of literature was conducted to assess research related to integrated service delivery in interim housing/shelter settings. There are clear gaps in literature focused on the integration of services in adult settings. Though little research on this specific topic was available as a whole, most proximal research on the topic pertains to interventions made for women and families, more specifically, child and family traumatic stress interventions in emergency family shelters (Snyder 2002) and the use of trauma focused cognitive behavioral therapy for children in shelters (Spiegel et al 2022).

In studies focused on adult populations, the research questions pertained to shelter resident's access (or lack thereof) to social services in traditional settings. Stenius-Ayoade, A (2017) for example, examined the degree to which residents of homeless shelters accessed mainstream social service resources such as primary care and emergency room visits based on a diagnosis of mental illness, substance use disorders of co-occurring mental illness and substance use. Fokuo, J et al (2020) explored the feasibility of implementing a screening, testing and treatment protocol for treat hepatitis C in homeless shelters as a means of reducing hepatitis C infections amongst people experiencing homelessness. In study on the establishment of behavioral services in homeless shelters (Kalahasthi, R. et al 2022) held small similarities to the mental health treatment aspect to be implemented in the proposed innovations project, however the sample size was substantively smaller than the target population for this project (n=98).

The analysis illustrated that focusing on shelter residents' distress at the time of intake in homeless shelter settings significantly reduced mental health stress levels. Further, residents who at intake reported negative experiences with outside mental health agencies and where

thereby reluctant to engage in treatment, indicated they were willing to engage in mental health services within the shelter setting. The implications from this study while promising for the proposed interventions of the multidisciplinary teams do not reflect the scale and scope of the proposed project wherein the focus is on multiple vulnerabilities (i.e., psychiatric and physical illness, and substance use) that impact health and wellbeing and potentially limit one's ability to access interim housing successfully and/or transition to and maintain permanent housing. Further, the study did not expressly provide interventions catered to those with severe mental illness and lacked the multiagency (public and private), complex vulnerability focus outlined in the proposed project.

Finally, in a study to understand the health care experiences of people experiencing homeless in non-traditional settings (Ramirez, J et all 2022) concluded to achieve optimal health care outcomes for PEH clinical interventions should: (1) utilize shared-decision making during the visit, (2) foster a sense of trust, compassion, and acceptance, (3) emphasize continuity of care, including consistent providers and staff, and (4) integrate social services into Health Care for the Homeless sites. The proposed project addresses all four of the objectives via provision of comprehensive integrated services in a manner that creates maximum accessibility for interim housing residents and collaborative care coordination between mental health, health and substance use treatment providers. It should be noted that no research articles contained the comprehensive integrated approach outlined in the LACLACDMH multidisciplinary approach to interim housing services proposal.

Citations:

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Los Angeles County Homeless Initiative FY 2023-24 Budget (2023) https://homeless.lacounty.gov/fy-2023-24-budget/

Los Angeles Homeless Services Authority (2022) LA County HC22 Data Summary https://www.lahsa.org/documents?id=6515-lacounty-hc22-data-summary

Stenius-Ayoade, A., Haaramo, P., Erkkilä, E. *et al.* (2017). Mental disorders and the use of primary health care services among homeless shelter users in the Helsinki metropolitan area, Finland. *BMC Health Serv Res* **17**, 428 https://doi.org/10.1186/s12913-017-2372-3

Snyder, Sean (2022) Meeting them where they are at': A practice note on implementation of the child and family traumatic stress intervention in an emergency family homeless shelter. Child & Family Social Work August 8, 2022 https://onlinelibrary.wiley.com/doi/abs/10.1111/cfs.12962

Spiegel, Jamie A. (2022) Addressing Mental Health and Trauma-Related Needs of Sheltered Children and Families with Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) Administration & Policy in Mental Health & Mental Health Services Research. Sep2022, Vol. 49 Issue 5, p881-898. 18p.

https://link.springer.com/article/10.1007/s10488-022-01207-0

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Kalahasthi, Rupa et al (2022) Establishing behavioral health services in homeless shelters and using telehealth digital tools: best practices and guidelines. Advances in Dual Diagnosis; November 2022, Vol. 15 Issue: Number 4 p208-226, 19p https://www.emerald.com/insight/content/doi/10.1108/ADD-07-2022-0019/full/html

Ramirez, Jahanett et al (2022) Understanding the primary health care experiences of individuals who are homeless in non-traditional clinic settings BMC Primary Care 23, Article number: 338 https://link.springer.com/article/10.1186/s12875-022-01932-3

Learning Goals & Objectives

A. What is it that you want to learn or better understand over the course of the INN project, and why have you prioritized these goals?

B. How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project.

By implementing the proposed Innovation project, LACDMH's goal is to determine if this approach is a best practice for addressing the needs of the PEH population and supporting their transition to permanent housing. Specifically, LACDMH is interested in answering the questions below.

Does having dedicated field-based, culturally responsive, multidisciplinary, multi-agency teams serving interim housing sites result in the following:

- Increased access and linkages to specialty mental health, health and co-occurring SUD services by interim housing residents?

Increase and streamline access to non-specialty mental health care provided by managed care plans for interim housing residents.

- Increased linkages to SUD outpatient residential treatment services?
- Increased exits to permanent housing?
- Decreased exits to homelessness?

Decreased use of crisis/emergency services?

- Interim housing provider staff increasing their knowledge and skills when serving individuals with severe mental illness, complex health and substance use disorders and feeling more confident in being able to serve this population in their interim housing sites?
- Increase interim housing providers' ability to discern their capacity to stabilize a interim housing resident's mental health, health and/or substance use disorder in-house versus the necessity to request crisis services or specialty assessment?
- Improve care coordination amongst county departments and managed care organizations?
- Improve our ability to link interim housing to the appropriate level of care/permanent housing resource
- Improve the quality of care in interim housing settings?
- Improve interim housing resident experience and sense of well-being?

Information gained from this Innovation project will inform the way LACDMH and its homeless services system partners design and implement interim housing projects across the County. It will also provide a clearer understanding of the services and supports needed for individuals with severe mental illness and other complex health and substance use conditions who are in interim housing to successfully transition to and maintain permanent housing.

Additionally, we anticipate that the supports offered through this project will enhance accessibility to interim housing for those who otherwise would be regarded as needing a higher level of care due to the complexity and severity of their mental illness and, thereby, help facilitate an opportunity for these individuals to be safely indoors and to have a clear path to permanent housing and recovery in the least restrictive setting.

Evaluation or Learning Plan
LACLACDMH intends to contract the evaluation portion of this project to an external, independent vendor.

Section 3: Additional Information for Regulatory Requirements

Contracting
LACDMH intends to provide the mental health support and mental health promotion and education services using directly operated providers and contracted providers if needed.

-LACDMH will fund services provided by Department of Public Health-Substance Abuse Prevention and Control. DPH-SAPC will expand the capacity of its existing network of providers to provide substance use prevention, harm-reduction and treatment services. Health Services will be provided by DHS. Finally, the managed care partners will fund their own service delivery and work in collaboration with the LACDMH/DPH-SAPC/DHS teams.

Community Program Planning

Los Angeles County Homeless Initiative Planning

The recommendation for this plan was developed as part of the community stakeholder process for the Homeless Initiative. This process engaged community members, local government, persons with lived experience with homelessness, and the Spanish speaking Community.

August-October 2022
18 virtual Listening Sessions that drew more than 750 attendees

- Eight Service Planning Area (SPA) Sessions, one in each SPA
- Seven City/Councils of Government (COG) Sessions, one in each COG area
- Two Sessions with People with Lived Expertise
- One Countywide Session in Spanish

August –October 2022
10 Stakeholder Planning Meetings

- One Homeless Service Provider (Executive Director) Meeting
- Five Homeless Rehousing System Lead Agency planning meetings
- Four Homeless Strategy Lead Department Agency Meetings

Recommendations released November 8, 2022
Public Comment period from November 8-22, 2022

January 31, 2023

- Presentation to LACDMH stakeholders including Underserved Community Leads and the Service Area Leadership Team. Materials were available in Spanish translation and live interpretation was offered in Spanish, Korean and ASL.

February 23, 2023

- Presentation to Los Angeles County Mental Health Commissioners materials were available in Spanish translation and live interpretation was offered in Spanish, Korean and ASL.

This concept was also recommended by the Housing and Homeless Incentive Program stakeholder process implemented by the Housing and Homeless Incentive Program. This process also resulted in a recommendation for an Activities of Daily Living Expansion strategy which will provide funding for:

- DHS's physical health nurses that are part of the multidisciplinary teams
- Caregiving services in interim housing for people with ADL needs
- Enhanced services funding to support health plan members in Adult Residential Facilities and/or Residential Care Faculties for the Elderly

MHSA General Standard
Community Collaboration

A. Cultural Competency

LACDMH is committed to the provision of services that are delivered in a culturally and linguistically responsive, accessible manner. Our Cultural Competency Unit (CCU) ensures that cultural responsiveness is central in the delivery of all services. The CCU promotes a collective sense of shared responsibility for the delivery of services that address health inequities and meets the needs of Los Angeles County's cultural diversity inclusive of racial, ethnic, linguistic, age, gender identity, sexual orientation, socioeconomic status, degree of physical and cognitive ability and disability, spirituality and religious beliefs, and lifestyle choices among others.

The CCU is housed within the departmental Anti-Racism, Diversity and Inclusion (ARDI) Division and has reporting responsibilities to LACDMH's executive management, the California Department of Health Care Services (DHCS), and the Los Angeles County Board of Supervisors (BOS). The ARDI Division provides cultural competency training and technical assistance to LACDMH staff and programs. Additionally, LACDMH's Human Resources Division seeks to aligns its recruitment efforts with diversity needs of LA County residents. All aspects of program delivery will be provided by a culturally competent work force. Further, recruitment strategies will include intentionality to employ staff with lived experience at all levels, thereby optimizing the degree of empathy and impact in supporting the recovery journey of IH residents.

B. Consumer-Driven:

LACDMH is committed to Recovery based treatment in which there is shared decision making and the client is at the center of the treatment planning process, The County's directly operated system of care currently has over 500 designated peer positions within its workforce in addition to a large number of peers and family members in leadership roles throughout the Department. The project has a considerable peer lead component. Each regional planning area has at least one (more in densely populated areas) peer team which will drive treatment planning, service connection and support for interim housing residents.

C. Family-Driven: Youth and Families?

The services provided in the proposed project will be dedicated to the portfolio of interim housing sites throughout Los Angeles County including family shelters. In all instances wherein a IH resident has family and/or significant other whom they wish to involve in their recovery journey, project staff will actively engage them in the planning and treatment plan implementation process. Additionally, family members are represented in the Service Area Leadership Team stakeholder groups which have informed the development of this Innovations project and will be involved in its ongoing updates and evaluations.

D. Wellness, Recovery and Resilience-Focused:

Wellness, Recovery and Resilience are at the heart of the proposed project. The goal of all interventions provided in this project is to support residents interim housing who have severe mental illness and other complex needs (e.g., co-occurring substance use or health disorders) successfully transition to, and maintain permanent housing.

E. Integrated Service Experience for Clients and Family:

Integrated services, health, mental health and substance use, are a core feature of this project. The teams will be made up of multi-agency staff, providing access to all three critical services. Additionally, services will be integrated into the interim housing service system, allowing residents to easily access the supports/ treatment they need without delays and/or barriers (e.g., transportation, accessibility limitations).

Cultural Competence and Stakeholder Involvement in Evaluation

Presentations will be made semi-annually to LACDMH Stakeholder body, LA County Board Homeless and Mental Health Deputies, and LAHSA Interim Housing Service Providers to solicit input on program effectiveness and quality improvement. Additionally, the aforementioned entities as well as the LACDMH Underserved Cultural Communities and Service Area Leadership Team advisory groups will be invited to participate in the academic evaluation of the program.

Innovation Project Sustainability and Continuity of Care.

Communication and Dissemination Plan

A. How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Updates will be provided to stakeholders on a semi-annual basis via stakeholder meetings which will be offered in person and virtually. The sharing of updates with the community at large (including other counties) will be achieved via positing of the Annual Update and Final Report on for the Innovation project on the County website MHSA webpage. LACDMH will leverage the Service Area leadership Team (SALT) and the Underserved Cultural Communities (UCC) convenings to provide updates, receive community feedback to inform opportunities for quality improvement. Updates on progress will also be provided in the Annual Update and Three-Year plan reports. Annual updates and the final report for the Innovations project will be posted on the County website.

Should the project prove successful LACDMH will assess the level of need, adjust the program accordingly, and continue the provision of specialty mental health treatment by

the regional IH teams through the use of MHSA Community Services & Supports paired with Medi-Cal drawdown and consider other local, state and/or federal funding streams (e.g. Measure H, Substance Abuse and Mental Health Service Administration - SAMHSA). DHS and DPH will explore the use of Measure H, Medi-Cal and Drug Medi-Cal to fund ongoing services. Regardless of outcome, LACDMH, DHS and DPH-SAPC will ensure all IH residents in care are connected to ongoing services.

B. KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Shelter, Interim Housing, In Home Supportive Services, Services in Shelter Settings

Timeline

Specify the expected start date and end date of your INN Project

A. Specify the total timeframe (duration) of the INN Project

B. Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Quarter	Activities
1 YEAR One Q3	LACDMH: 1. Submit Board Letter to request delegated authority to accept Innovations funding and delegated authority to hire 2. Develop Statement of work to identify independent evaluator 3. Release solicitation for independent evaluator 4. Identify and secure office space for regional teams in collaboration with DHS and DPH-SAPC 4. Establish a workgroup with LACDMH, DHS and DPH-SAPC and Managed Care Plans to develop protocols, polices & procedures, and workflows DPH-SAPC: 1. Amend provider contracts 2. Modify EHR to capture project data 3. Develop/amend internal policies for this project 4. Begin training contracted agency staff 5. Initiate SUD services at identified IH locations 5. Establish relevant memorandums of understanding and data sharing agreements between respective county departments and managed care organizations.
2 YEAR One Q4	1. Recruit, hire and onboard staff 50% of staff 2. Identify training needs for staff 3. Select independent evaluator 4. 5. Develop and implement curriculum to address training needs 6. Establish quarterly convenings with County Depts, Managed Care organizations and interim housing providers 7. Finalize regional interim housing locations to be served 8. Establish team assignment/rotations 9. Begin orientation sessions for service staff and interim housing providers

	10. Establish forum for quarterly updates for LACDMH stakeholder groups
3 YEAR Two Q1	1. Recruit, hire and onboard remaining staff 2. Orient and train remaining staff 3. Establish baseline measures for quantitative learning objectives 4. Build out project qualitative goals 5. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 6. In collaboration with county partners, managed care plans and LACDMH stakeholders develop program evaluation metrics and protocols 7. Develop quarterly report dashboard
4 YEAR Two Q2	1. Roll out regional teams to provide specialty mental health, health and substance abuse treatment for interim housing residents. 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
5 YEAR Two Q3	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
6 YEAR Two Q4	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
7 YEAR Three Q1	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
8 YEAR Three Q2	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
9 YEAR Three Q3	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report

10 YEAR Three Q4	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
11 YEAR Four Q1	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
12 YEAR Four Q2	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
13 YEAR Four Q3	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
14 YEAR Four Q4	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
15 YEAR Five Q1	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
16 YEAR Five Q2	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report
17 YEAR Five Q3	1. Providers continue to provide specialty mental health, health and substance abuse treatment for interim housing residents 2. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 3. Develop and release quarterly report

	4. Quarterly convenings with County Depts, Managed Care organizations and interim housing providers 5. Develop and release quarterly report
18 YEAR Five Q 4	1. Final quarterly convenings with County Depts, Managed Care organizations and interim housing providers 2. Develop final project report

Section 4: INN Project Budget and Source of Expenditures

Budget Narrative

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

LACDMH seeks to create new regional, field-based, multidisciplinary teams that are specifically dedicated to serving people experiencing homelessness (PEH) who are living in interim housing. The project is designed to address current gaps in behavioral health and physical health services, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness. The Interim Housing Multidisciplinary Assessment and Treatment Teams will serve all eight Service Areas in Los Angeles County and will be comprised of staff from LACDMH, DPH-SAPC and DHS-HFH to ensure the full spectrum of client needs can be addressed. LACDMH Innovations funding will be used to support the mental health component of this effort including the provision of on-site specialty mental health and co-occurring SUD care and supports. Mental health services will include crisis response, outreach, triage, screening/assessment, medication evaluation/administration, crisis intervention (including psychiatric hospitalization when deemed clinically appropriate), linkage to longitudinal care and consultation.

The estimated MHSA cost of the proposed Innovation project will be approximately $156 million. This will support the implementation and administration of 24 teams countywide comprised of multidisciplinary staff providing on-site specialty mental health and co-occurring SUD care and supports including psychiatrists, clinicians, medical case workers, community health workers, licensed vocational nurses, substance abuse counselors and clerical support. This does not include the physical health services provided by DHS-HFH, which is anticipated to be funded using HHIP dollars from the managed care organizations.

MHSA funds are used to support the following INN Program positions and administrative costs.

DIVISION ADMINISTRATIVE TEAM:

1. One (1) Mental Health Program Manager III @ 1.0 Total FTE (Amount = $153,262). This position provides program planning, implementation, and evaluation of program services. The MHPM III will have an active role in directing and participating in the design of this project. The MHPM III has primary responsibility for clinical and administrative oversight, and coordination involving different programs in the service continuum.

2. One (1) Health Program Analyst II @ 1.0 FTE (Amount = $102,231). This position provides administrative oversight and management of INN funding including monitoring data, budgetary oversight, compiling and submission of quarterly and annual reports communication with state etc.

3. One (1) Senior Information Systems Analyst @ 1.0 FTE (Amount = $132,305). This position prepares detailed specifications, addressing scope and boundaries of the system, data requirements, algorithms, user functions, forms and reports, work continuity requirements. Creates data reports and works with the Program to formulate the data elements to report outcomes based on Department and State requirements.

4. One (1) Senior Secretary III @ 1.0 FTE (Amount = $65,437). This position provides support to the Mental Health Program Manager III to manage the clinical and administrative operations of the INN Project more effectively.

5. One (1) Staff Assistant II @ 1.0 FTE (Amount = $66,408). This position provides administrative support to the MH Program Manager III. The Staff Assistant II ensure staff adhere to County policies, procedures, and guidelines; and manages the administrative and office operations at the direction of the Program Manager III.

6. One (1) Senior Typist Clerk @ 1.0 FTE (Amount = $57,787). This position provides administrative and clerical support to the team with data entry into eHR; data tracking and reporting; procurement of services and supplies; managing program assets and facility operations.

PROGRAM ADMINISTRATIVE TEAM:

7. Two (2) Mental Health Program Manager II @ 2.0 Total FTE (Amount = $277,616). This position provides program implementation, management, training, and leadership for the team. The MHPM II has primary responsibility for clinical and administrative oversight.

8. Two (2) Health Program Analyst I @ 2.0 FTE (Amount = $183,448). This position provides administrative oversight and management including monitoring data, budgetary oversight, compiling and submission of reports etc.

9. Two (2) Staff Assistant I @ 2.0 FTE (Amount = $109,853). This position provides administrative support to the MH Program Manager II. The Staff Assistant I ensure staff adhere to County policies, procedures, and guidelines; and manages the administrative and office operations at the direction of the Program Manager II.

10. Two (2) Secretary III @ 2.0 FTE (Amount = $107,716). This position provides support to the Mental Health Program Manager II to manage the clinical and administrative operations of the INN Project more effectively.

11. Two (2) Senior Typist Clerk @ 2.0 FTE (Amount = $97,117). This position provides administrative and clerical support to the team with data entry into eHR; data tracking and reporting; procurement of services and supplies; managing program assets and facility operations.

SERVICE TEAMS:

12. Twelve (12) Mental Health Clinical Supervisor @ 12.0 Total FTE (Amount = $1,112,704). This position Supervises a multi-disciplinary clinical team including assignment and review of work, conducts orientation, trains, and evaluates work performance. Provides clinical consultation to full time staff, prepares daily work schedules, responds to field calls, monitors monthly productivity reports, and reviews reports on a regular basis.

13. Twenty-four (24) Psychiatric Social Worker II @ 24.0 Total FTE (Amount = $1,991,693). This position provides outreach and engagement, screenings and assessments, crisis intervention, case management including referrals, mental health and substance use treatment, habilitation, legal advocacy, and housing services to clients.

14. Twenty-Four (24) Medical Case Worker IIs @ 24.0 Total FTE (Amount = $1,536,017). This position provides outreach and engagement, screenings, crisis intervention, case management services including referrals, habilitation, and housing services to clients.

15. Twelve (12) Licensed Vocational Nurse I @ 12.0 Total FTE (Amount = $629,436). This position provides medical services such as injections, labs, and blood work.

16. Eleven (11) Supervising Community Health Workers @ 11.0 Total FTE (Amount = $608,699). This position provides Supervision to a team of Community Health Workers and/or MH Advocates.

17. Fifty-five (55) Community Health Workers @ 55.0 Total FTE (Amount = $2,504,709). This position provides peer support, outreach and engagement, crisis intervention, case management and housing services to clients.

18. Twelve (12) Intermediate Typist Clerk @ 12.0 FTE (Amount = $516,316). This position provides general clerical support, including data entry and filing, and assists with producing data reports.

SERVICE NAVIGATION & DISPATCH TEAM:

19. One (1) Senior Mental Health Counselor RN @ 1.0 Total FTE (Amount = $133,568). This position Supervises a multi-disciplinary clinical team including assignment and review of work, conducts orientation, trains, and evaluates work performance. Provides clinical consultation to full time staff, prepares daily work schedules, responds to field calls, monitors monthly productivity reports, and reviews reports on a regular basis. This position also provides clinical supervision and consultation to nursing staff.

20. One (1) Mental Health Clinical Supervisor @ 1.0 Total FTE (Amount = $92,725). This position Supervises a multi-disciplinary clinical team including assignment and review of work, conducts orientation, trains, and evaluates work performance. Provides clinical consultation to full time staff, prepares daily work schedules, responds to field calls, monitors monthly productivity reports, and reviews reports on a regular basis.

21. Two (2) Mental Health Counselor RN @ 2.0 Total FTE (Amount = $299,652). This position performs mental and physical clinical assessments and medication management duties. Conducts interviews to assess a client's mental status, developmental status, substance abuse problems as well as needs in the areas of both mental and physical health. As part of this team triages referrals and directs the flow to appropriate level of care.

22. Four (4) Psychiatric Social Worker II @ 4.0 Total FTE (Amount = $331,949). This position provides outreach and engagement, screenings and assessments, crisis intervention, case management including referrals, mental health and substance use treatment. As part of this team triages referrals and directs the flow to appropriate level of care.

23. Four (4) Patient Financial Services Worker @ 4.0 FTE (Amount = $216,496). This position assists the program on determining patients' financial eligibility to reimburse the County for healthcare services; interviews and refers patients for benefits; verifies information and explains County policies; may secure payments and arrange payment plans on behalf of the program.

24. Two (1) Senior Typist Clerk @ 2.0 FTE (Amount = $97,117). This position provides administrative and clerical support to the team with data entry into eHR; data tracking and reporting; procurement of services and supplies; managing program assets and facility operations.

PSYCHIATRIC TEAM:

25. One (1) Supervising MH Psychiatric @ 1.0 Total FTE (Amount = $303,556). This position provides clinical and administrative supervision to psychiatrists and medical prescribers including directing patient care with a caseload of more complex clients.

26. Eight (8) Mental Health Psychiatrists @ 8.0 Total FTE (Amount = $2,081,943). This position allows LACDMH to evaluate and determine client needs for psychotropic medications; prescribe and administer medications as necessary; and monitor the client's response to medication. The Psychiatrist writes 72-hour holds for assessment of involuntary treatment and provides strong and credible advocacy for continued in-patient care.

27. Fringe Benefits are the sum of Variable Employee Benefits @ 43% of salaries (Amount = $10,270,000). This includes such employee benefits as medical, dental, vision, short and long-term disability, and retirement.

28. Services and Supply costs (Amount = $3,853,800). These costs are for staff supplies and equipment to conduct business related to the INN program including telephone, telecommunication (Cell Phone), Office Supplies, Personal Computer Software, Computers

Printer/Peripherals (Scanner), Space, Training, Mileage, Travel, Utilities and Uniforms. Equipment will be used for data entry, prepare documentation and related reports as part of the outreach and engagement, screenings, crisis intervention, case management services including referrals, habilitation and housing services to clients.

29. Client Services and Supplies costs consist of client support services such as personal supplies including but not limited to food, water, toiletries, clothing, shoes, etc. that may be provided to clients during the outreach and engagement process (Amount = $140,000) and CAL-cards costs (Amount = $560,000).

30. Other Charges include Direct Service Order to LAC Department of Public Health to provide 28 CENS staff, 10 Residential Treatment beds, and harm reduction kits (Amount = $8,977,060.00)

31. Other Expenses include capital assets for the purchase of county vehicles. Capital asset costs for the purchase of fifty (50) vehicles to transport clients to access services and supports such as housing providers, medical services, DPSS, and related community supports to provide linkage and access to care (Amount = $1,406,760).

32. County Indirect Administrative Costs (MSHSA Amount = $3,894,055). LACDMH does not have a negotiated indirect cost rate agreement and has elected to claim the 10 percent de minimis indirect rate, although our actual rates exceed this amount. LACDMH's indirect costs are comprised of various administrative cost pools, which include but are not limited to Financial Services, Human Resources, Information Technology, Procurement and Contracts.

5 Year Budget	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**TOTAL**
Personnel	$24,019,433	$24,019,433	$24,019,433	$24,019,433	$24,019,433	$120,097,163
Operating Costs	$13,530,860	$13,530,860	$13,530,860	$13,530,860	$13,530,860	$67,654,300
Non-recurring costs	$1,406,760	$	$-	$-	$-	$1,406,760
Evaluation	$750,000	$1,000,000	$1,000,000	$1,000,000	$ 1,000,000	$4,750,000
Indirect Costs	$3,895,705	$3,755,029	$3,755,029	$3,755,029	$3,755,029	$18,915,822
Total	**$43,602,758**	**$42,305,322**	**$42,305,322**	**$42,305,322**	**$42,305,322**	**$212,824,045**

Funding Source	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
Innovation Funds	$32,173,465	$30,876,029	$30,876,029	$30,876,029	$30,876,029	$155,677,580
Medi-Cal Funding	$11,429,293	$11,429,293	$11,429,293	$11,429,293	$11,429,293	$57,146,465
Total	**$43,602,758**	**$42,305,322**	**$42,305,322**	**$42,305,322**	**$42,305,322**	**$212,824,045**