Innovations: An Integrated Mobile Team Approach to Housing Placement and Retention for a Vulnerable Population of Homeless Individuals

NEW GENESIS PROJECT BASED RESIDENTIAL HOUSING
Los Angeles County Innovations programs focus on the provision of integrated health, mental health and substance use services.

Innovations Programs

- Integrated Clinic Model (ICM)
- Integrated Mobile Health Team (IMHT)
- Integrated Services Management for Underserved Ethnic Populations
  - African/African American
  - Native American
  - Asian Pacific Islander
  - Latino
  - Middle Eastern/Eastern European
- Integrated Peer Run Model
Integrated Mobile Health Team Program

- Provides integrated physical, mental and substance abuse services entirely in the field to a vulnerable population of homeless individuals
- Focused on the development of effective treatment strategies when providing services to the highest need and highest risk clients in the mental health system
- Emphasis on treatment of the whole person – meeting most pertinent need first
- Primary objectives of IMHT program include the housing of 100% of enrolled clients using a Housing First model.
- Multidisciplinary treatment team maintains fidelity to ACT model with a team of “Generalists” and no fixed caseloads
- Use of integrated medical record, assessments, care plans
- Daily meeting of entire team to review enrolled clients and target individuals for service delivery
Benefits of Field Based Integrated Care

- Seamless delivery of mental health, physical health and substance abuse services by integrated team
- Ability to meet the client where they are
- Reduction in fragmentation of healthcare resources
- Enhanced access to healthcare resources
- Improved efficacy of treatment objectives
- Efficiency in provision of services
- Reduction in stigma when receiving mental health services
- Better quality communication between healthcare providers
- Improved treatment outcomes for identified problems
• Identified through use of Vulnerability Index
• Must have both serious mental illness and a chronic health condition
• Most also have co-occurring substance use disorders
• Must be chronically homeless
• The Exodus IMHT team strives to identify and engage the most vulnerable individuals at high risk for mortality
• The Exodus IMHT program focuses on three geographic catchment areas that contains some of the most severely unserved and underserved neighborhoods within LAC. These catchment areas are designed to provide supportive “health neighborhoods” where individuals can live and receive multidisciplinary treatment for their mental, physical and substance abuse needs.
• Catchment areas: Downtown Skid Row and adjacent/ Boyle Heights LAC+USC Hospital and adjacent/ So. Central LA
IMHT Multi-Disciplinary Team

- Team Lead/Program Director: Patrick Hooks
- Lead Case Manager: Hilary Haylock
- Psychiatrist: Gadson Johnson, M.D.
- Psychiatric Nurse Practitioner: Lynne Neito, N.P/Ph.D.
- Physical Health Physician’s Assistant: Cindy Kang, P.A. (LACHC), Alex Marquez Medical Assistant (LACHC)
- Substance Abuse Specialist: Ron McCray, RAS
- Benefits Specialist/Employment Support: Katia Garcia
- Case Managers: Maurice Gray, Robert Clipper, Carrie Aquino, L.V.N.
- Supportive Housing Case Manager: Rachel Karman (SRHT)
- Program Support Coordinator: Jeannette Aguilar
- Data Specialist: Naroun Choun
PANELIST PRESENTATIONS

• Outreach and Engagement of Target Population (Patrick Hooks, Hilary Haylock, Lynne Neito, Maurice Gray, Ron McCray)
  – Collaboration with Community Partners – LAC+USC Staff, LAHSA, SAPCI, DPSS, Downtown Consortiums, PATH, LA CADA
  – Say “YES” to all offers of collaboration and participation – Homeless Counts, etc.
  – Immediate Safe Harbor Housing
    • Weingart Association
    • Exodus Master Leased Housing
  – Van (Mobile Transport) for travel as a team
  – Laptops for note taking and resources
• **Enrollment of Target Population (Team)**
  – Finding the “most vulnerable” (anecdotes…)
  – Use of Vulnerability Index, DMH Target Population Verification Form
  – Client photos
  – Community Ambassadors/ Collaborations (story of CM Robert Clipper)

• **Early Housing Placement/ Retention Efforts (Team)**
  – Partnership with Weingart Association (anecdotes…)
  – Exodus Master Leased Housing
  – Community housing partners: Board and Care, Residential Drug and Alcohol Programs

• **Administrative Support (Team)**
  – Rosters and registries
  – Housing rosters
  – Reports based on data
New Genesis Time Frame – March “Go Live” – July Move In (Team)
  – 50 allocated beds
  – Collaboration with Skid Row Housing Trust
    • Initial planning and program design
    • Leadership Team support
    • Operational meetings and team support
    • Gathering of documentation
    • Application processing pizza party
    • Housing orientation sessions
    • Selection of units
    • Welcome Home kits for new residents
    • Move In!
New Genesis Interiors
Housing First Model

- Based on the concept that a homeless individual’s first and primary need is to obtain stable housing
- Housing placement is prioritized to target the most vulnerable homeless individuals in the community
- Additional issues can be addressed once housing is secured
- Housing placement and continued tenancy is not dependent on preconditions of treatment acceptance, program compliance or sobriety
- Housing placement includes robust support services based on engagement rather than coercion
- Embraces harm-reduction approach to addictions rather than mandating abstinence
- Motivational Interviewing important component
**Collaborative Housing Retention**

**Team Discussion**

- Full integration of staff (Exodus, LACHC, SRHT)
- FQHC Satellite Clinics (New Genesis and Vermont Residential site)
  - On site physical health care /located within Exodus Housing site
  - Pillbox implementation – integration of meds for client compliance
- Team Meetings (daily, weekly, monthly)
  - Daily “Rounds” tracking list with key indicators
- Benefits Specialist working on site
  - Money Management
  - Collaboration with outside agency to mitigate financial issues
- Exodus CM primary assignment daily at NG
  - Night shift
  - Response time
  - Walking and knocking “rounds”
- Group Schedules (NG and Drop in Center)
- Holidays (anecdotes...)
- Use of Exodus Interns
- Use of alternative therapies
- Weekend outings – free resources in DT LA
Thanksgiving at New Genesis
• Specialized Mental Health Services
  – Community Outreach Services
  – Targeted Case Management (linkage and referral)
  – Mental Health Services (group, individual)
  – Medication Services (pillbox integration)
  – Crisis Intervention
  – Collateral contacts
  – Co-occurring substance abuse services
  – Life Skills (money management, healthy living, men's and women's process group, physical and mental health education, socialization activities, community integration activities, outings)

• Physical Health Services
  – Assessments
  – Exams
  – Ongoing treatment for chronic conditions
  – Preventative health screenings
  – Referral to specialty care
  – Labs, imaging
  – Health Education

• Services are strengths based and client driven – client need/request directs monthly group schedule and educational topics
**Collaborative Group Schedule**

**PUZZLES, PLAYDOUGH, & GAMES**
MONDAY: 3:00PM, LED BY SRHT
COFFEE SHOP
TUESDAY: 9:30AM, LED BY SRHT
SEEKING SAFETY:
TUESDAY: 2:00PM, LED BY CHRISTY
WOMEN’S PROCESS GROUP
WEDNESDAY: 9:30AM, LED BY HILARY
MEN'S PROCESS GROUP
WEDNESDAY: 9:30AM, LED BY MAURICE
DOG PLAY
WEDNESDAY: 10:45AM, LED BY SRHT
HEALTH MANAGEMENT: COOKING GROUP
THURSDAY: 11:00AM, LED BY HILARY
MOVIE MATINEE
THURSDAY: 3:00PM, LED BY SRHT
HEALTHY LIFESTYLE FITNESS
FRIDAY: 9:00AM, LED BY CHRISTY
CO-OCCURRING DISORDERS: ANYTHING ANONYMOUS
FRIDAY: 10:00AM, LED BY RON
ART GROUP
FRIDAY: 10:00AM, LED BY SRHT
STRESS RELIEF THROUGH MINDFUL MEDITATION
FRIDAY: 11:00AM, LED BY CHRISTY
ASK THE DOCTOR: YOUR QUESTIONS ANSWERED
FRIDAY: 1:00PM, LED BY DR. LYNNE/ NP CINDY

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**NEW GENESIS GROUPS**

**MARCH**
Hospitalizations, ED visits, incarcerations and homelessness greatly decreased by an average of 91%

Exodus has successfully housed 100% of enrolled clients

Health indicators such as BMI, diabetes and hypertension have shown improvement

Clients report less alcohol and drug use (positive reduction in the amount of days using)

Clients report greater satisfaction with integrated services and less stigma related to their mental illness

MORS scores have increased by an average of two levels

Success stories and statistics have shown us that this integrated and collaborative model works!
Exodus IMHT Contact Information

• Patrick Hooks (Team Lead) 310-897-7552
• Hilary Haylock (Lead CM) 310-991-4618
• Lezlie Murch (Sr. VP) 310-945-3350