DMH Homeless Services and Resources

Maria Funk, Ph.D., District Chief
Reina Turner, M.S., Division Chief
Lise Ruiz, L.C.S.W., Program Head
Priscilla Moore, R.N., Manager
Countywide Housing, Employment and Education Resource Development (CHEERD)

- Employment & Education Resources
- Temporary Shelter Program (TSP)
- Integrated Mobile Health Team (IMHT) Full Service Partnership (FSP)
- Multidisciplinary Integrated Team (MIT)
- Housing Policy and Development (HP&D)
- Federal Housing Subsidies Unit (FHSU)
- Single Adult Model (SAM)
- Senate Bill (SB) 82
Outline of Presentation

- DMH’s Approach to Ending Homelessness
- DMH Homeless Services
- DMH Housing Resources
According to the 2016 homeless count there are 46,874 individuals are homeless

- This is a 5.7% increase compared to 2015

- 30% of the homeless population in Los Angeles County have a mental illness (remained consistent)

- 31% are chronically homeless single adults

- Increase in number of unsheltered individuals

- Overall decrease in homeless veterans and families
“The treatment for homelessness is housing . . . It is that simple.”

Sam Tsemberis, CEO
Pathways to Housing
DMH’s Approach to Ending Homelessness for our Clients

- Developing specialized community-based programs that target the homeless population (e.g. FSP, IMHT, MIT, SB 82 Mobile Triage Teams)

- Increasing our portfolio of housing resources

- Participating in collaborative efforts to end homelessness
SAMHSA’s Definition of Recovery

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- Four major dimensions that support a life in Recovery:
  - Health
  - **Home - A stable and safe place to live**
  - Purpose
  - Community
Service Delivery Models and Philosophies Utilized by DMH and Incorporated into Programs

- Housing First
- Harm Reduction
- Permanent Supportive Housing
DMH Community-Based Programs Targeting Homeless Population

- Overview of 4 New Programs
  - Description
  - Location
  - Eligibility requirements
  - Outcome Data
Integrated Mobile Health Teams (IMHTs) – Full Service Partnerships

- Specialized Full Service Partnership program that solely targets homeless population

- Provides street outreach field-based mental health, physical health, case management substance use treatment and housing services

- Implemented in 2012 and transitioned to IMHT-FSP in July 1, 2015
IMHT-FSP Target Population

Individuals that:

- Are homeless
- Have a severe mental illness and a co-occurring physical health condition requiring ongoing primary care and a substance use disorder
- High vulnerability as determined by the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)
IMHT-FSP Staffing

- Federally Qualified Health Center partner on each team

- Mental Health staffing:
  - Physical Health Practitioner
  - Psychiatrist
  - Licensed Clinical Social Worker
  - Certified Substance Abuse Counselor
  - Case Managers
  - Peer Advocate
IMHT-FSP Target Population and Service Areas (SA) Served

- 3 IMHT-FSP teams:
  - Exodus Recovery and LA Christian -- SA 4/6
  - OPCC, St. Joseph Center and Venice Family Services -- SA 5
  - Mental Health America and Children’s Clinic -- SA 8

- Each team serves 100 clients at any given time
IMHT–FSP Goals

- Integrated team with “no wrong door” approach

- Incorporate evidenced based practices such as housing first, permanent supportive housing, harm reduction and motivational interviewing.

- Provide supports necessary to transition those with tri-morbid conditions from homelessness into permanent housing and to retain their housing
IMHT-FSP Outcome Data

- Extensive data analysis by UC San Diego:
  - 74.9% of clients showed significant improvements in overall health
  - 72.9% of clients made significant progress in their recovery
  - 32.5% of clients had a significant reduction in alcohol consumption
  - 28.2% of clients had a significant reduction in drug use
  - Significant decrease in use of emergency services
IMHT-FSP Outcome Data

- Reductions in psychiatric inpatient and emergency department use resulted in $303,000 of costs avoided during first year of service

- In June, 2015, 60% of enrolled clients were in permanent housing
Single Adult Model (SAM)

- Developed in response to a Board of Supervisors’ motion with the goal of creating an infrastructure to reduce homelessness for single adults

- Collaboration between the CEO, Departments of Mental Health, Health Services, Public Health and Public Social Services

- Program implementation in June 2015

- Program is countywide
SAM Target Population and Goal

- **Target population:**
  - Homeless
  - General Relief recipients that are eligible to apply for SSI
  - High utilizers of DMH and/or DHS services

- **Goal is to:**
  - Assist with obtaining Permanent Supportive Housing through funding allocated for this program to the Flexible Housing Subsidy Pool (FHSP)
  - Retain their housing through supportive services
SAM Referral Process

- An algorithm is used to determine “heaviest users” of DMH and DHS services by GR recipients.

- DPSS contacts these individuals to determine their interest in PSH.

- If the individual is interested, an additional screening is used to determine if DMH or DHS will follow-up with them.
SAM Referral Process

- DMH case manager is notified about client eligibility for SAM and asked to work with client to submit housing application to Brilliant Corners

- Brilliant Corners assists client with locating housing

- DMH case manager provides on-going mental health services
SAM Outcome Data Year 1

- 138 GR recipients interested in program
- 61 referrals to DMH
- 39 DMH SAM housing applications completed
- 15 applications housed in permanent housing
- 19 in various stages of outreach/housing process
Multidisciplinary Integrated Teams (MITs)

- Provides street outreach and field-based mental health, physical health, case management substance use treatment and housing services
- The use of Critical Time Intervention (CTI), an Evidence Based Practice, is required.
  - CTI provides short-term intensive services for about nine (9) months to assist individuals’ transition from homelessness to housing.
  - The goals of CTI are to help individuals stabilize in housing and to link them to community-based supportive services, including less intensive, longer term mental health services
  - Program implemented in May 2015
MIT Staffing

- Staffing includes:
  - Licensed Mental Health Professional
  - Certified Substance Abuse Counselor
  - Case Manager
  - Peer Advocate
  - Consulting psychiatrist
  - Half-time DHS Registered Nurse (provided by DHS)
MIT Service Areas (SA) Served and Target Population

- There is one DMH MIT in each SA
- Each team serves 60 clients at any given time
- The target population is individuals that:
  - Are homeless
  - Have a severe mental illness
  - Have high vulnerability as determined by the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)
MIT Goals

- Engage homeless individuals

- Assist with obtaining permanent housing
  - 186 Shelter Plus Care certificates
  - 80 Flexible Housing Subsidies

- Use the EBP CTI to assist with integration into the community and retention
MIT Outcomes

- 746 individuals outreached
- 242 individuals engaged in services
- 40 permanently housed
Senate Bill (SB) 82 Mobile Triage Teams (MTTs)

- Provides field-based triage and assessment of individuals/families to determine eligibility for DMH services.

- For those that are eligible for DMH services, the team provides any needed case management, including housing related services, until the client is linked to a clinic/provider for on-going mental health services.

- Program implemented in June 2015
MTT Staffing

- One supervising social worker
- Two psychiatric social workers
- Four community workers
- Six volunteers with lived experience of mental illness
MTT Service Areas (SA) Served and Target Population

- There is one DMH directly-operated MTT in each SA that works under the Service Area District Chief

- Target populations:
  - Individuals/families that are homeless, including those that are formally homeless and are experiencing problems in their housing, thereby placing them at risk for returning to homelessness
  - Veterans
  - Older Adults
SB 82 MTT Outcome Data Year 1

- Outreached (Duplicated): 4,998
- Outreached (Unduplicated): 1653
- Linked to Mental Health: 286
- Still Linked to Mental Health Services after 60 Days: 71
- Transitioned from Homelessness into Permanent Housing: 30
DMH Housing Resources

- Types of Housing Resources
- Eligibility for the Resource
- How to Access the Resources
# DMH Housing Inventory

<table>
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<tr>
<th>RESOURCE</th>
<th>Units</th>
<th>Shelter Beds (Any given day)</th>
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<tbody>
<tr>
<td>Homeless Section 8</td>
<td>200</td>
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<tr>
<td>Homeless Veterans Initiative</td>
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<tr>
<td>Tenant-Based Supportive Housing Program</td>
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<tr>
<td>Shelter + Care</td>
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<td>MHSA Housing Program</td>
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<td>MHSA Housing Trust Fund</td>
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<td>Flexible Housing Subsidy Pool</td>
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<tr>
<td>Temporary Shelter Bed -- TAY</td>
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<tr>
<td>Temporary Shelter Bed -- Adult</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,509</strong></td>
<td><strong>193</strong></td>
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DMH Housing Website
DMH Housing Website
Temporary Shelter Program (TSP)

- Provides short-term shelter services to adults with mental illness and their families who are homeless

- The Department currently has 22 TSP shelter sites with one in every SA except SA 1
TSP Client Eligibility Criteria

- Homeless
- Eighteen years of age or older
- Individuals and families with minor children
- Must be receiving services from DMH or a contract provider
- Does not have adequate benefits or other financial resources to pay for temporary housing
TSP Client Eligibility Criteria cont.

- Must be committed to working with their case manager to transition from the TSP to permanent housing

- Cannot require care and supervision or be on conservatorship

- Must sign a TSP Client Agreement
TSP: How to Access Resources

- Referral form completed and sent to SA Gatekeeper for approval
- Gatekeeper notifies the TSP Provider of referral
- CHEERD centrally manages the program
- There is no time limit for clients as long as they are working on permanent housing plan
TSP Outcome Data for FY 2014-15

- 500 unique clients served

- Of those that left the shelter, 46% transitioned to permanent housing
TSP Contact Information

Lise Ruiz, Program Manager                  (213) 251-6579

The TSP Program Guidelines and Procedures, a list of the TSP shelters and the TSP forms are available on the DMH website under Housing
TAY Enhanced Emergency Shelter Program (EESP)

- Provides temporary shelter for TAY clients in a supportive housing environment for **up to 36 nights** while pursuing the long-term goals of secure, permanent housing.

- Provides a warm, clean and safe place to sleep, showers, laundry, hot meals (breakfast, lunch, and dinner) and case management services.

- A plan to transition the client into stable housing should be made at the time of placement into the program.
TAY EESP Eligibility Criteria

- Indigent
- Homeless or at imminent risk of homelessness
- Does not have any income, benefits, or any other resources to pay for shelter
- Not a danger to self, others, or gravely disabled
- Can live independently in the community
- Have minimal supervision needs
- Are not dependents of DCFS or under LPS conservatorship
TAY EESP Locations

- Los Angeles
- South Bay
- Hollywood

There are 4 additional confidential shelter locations for female victims of domestic violence.

To make a referral contact the EESP Coordinator/Gatekeeper: (213) 738-6194
Federal Housing Subsidies Unit (FHSU)

- Manages and administers contracts with two local Housing Authorities which provide permanent supportive housing resources in the form of tenant based certificates and vouchers.
In other words…

- DMH has been awarded contracts which provide housing subsidies which can be used by DMH clients to rent units wherever they choose within the jurisdiction of the housing authority that grants the subsidy.

- As part of the grant, DMH provides supportive services to clients to maintain and retain housing.
Federal Housing Subsidies Unit

Housing Authority of City of Los Angeles (HACoLA)
- Shelter Plus Care Program (SPC)
- Tenant Based Supportive Housing Program (TBSH)
- Homeless Section 8 Voucher Program (HS8) & Homeless Veterans Initiative (HVI)

Housing Authority of County of Los Angeles (HACoLA)
- Shelter Plus Care Program
- Homeless Section 8 Voucher Program
FHSU
General Eligibility Criteria

- Homeless or Chronically homeless (per HUD definition)
- Mentally ill
- Legal resident
- Receiving ongoing services with a DMH directly-operated or contracted clinic/agency
- Able to live independently with supportive services
How to access housing subsidies

- Complete Coordinated Entry System (CES) Survey Packet with homeless client
- Enter the Survey packet information into the Homeless Management Information System (HMIS)
How are clients matched to FHSU subsidies?

1. DMH contacts CES matchers when resources are available and provides eligibility requirements for the resource
2. CES matcher identifies clients on the CES prioritization list that meet the criteria of the resource and forwards the names to DMH
3. DMH verifies eligibility and confirms the match
4. The DMH service provider works with the client to complete the housing application for the resource
FHSU Outcome Data (FY 2014-15)

- 986 Clients leased up on 6/30/15
- 377 clients assisted with submitting applications to Housing Authorities
- 94% chronically homeless
- 77% individuals
- 23% families
- 93% retention rate for Shelter Plus Care
FHSU Outcome Data (FY 2015-16)

- 3 new contracts awarded for additional 460 S+C certificates
- 1,500 Housing Resources Entered into CES
- 821 clients assisted with submitting applications to Housing Authorities
- 1,176 leased on 6/10/16
Housing Policy & Development Unit

- Manages and administers MHSA and other DMH funding for:
  - development of new permanent supportive housing opportunities;
  - provision of supportive services in existing permanent supportive housing;
  - financial assistance to homeless households with security deposits, furnishing, ongoing rental assistance and eviction prevention; and
  - design and implementation of housing related trainings
MHSA Housing Program

Provides capital and operating funds for the development of Permanent Supportive Housing dedicated to DMH clients.

Eligibility Requirements:

- Homeless
- Individual or family household receiving mental health services at time of move-in
HP&D
How to Access MHSA Funded Units

1. Housing resources submitted and matched through CES (described earlier).
2. Certification Packet requested for any potentially matched individuals.
3. DMH confirms eligibility and refers client to the property management company for consideration and informs the CES Coordinator.
4. The property management company will contact the client and request a completed rental application.
MHSA Housing Program Outcome Data

- $145 million committed
- 46 projects countywide
- Family (8), TAY (9), Adult (21) and Older Adult (8) projects
- 31 open projects with 737 available units ranging from studios up to 4 bedrooms
- Housed over 800 individuals including family members
HP&D Housing Trust Fund Program

Funding used to provide supportive services in permanent supportive housing (single or scattered site).

Eligibility Requirements:

- Homeless or at risk of homelessness
- Individual or family household experiencing a serious mental illness
HP&D
Housing Trust Fund Outcome Data

- 14 projects countywide
- 457 total units
- Family (3), TAY (1), Adult (9) and Older Adult (1) projects
- 12 projects open and occupied
- Housed 440 individuals and additional 128 families members totaling 568 individuals
Housing Assistance Program (HAP)

Provides financial assistance to individuals moving into permanent housing from homelessness.

Program Components:

- Household Goods (Furniture, Housewares, Linens, and Appliances)
- Security Deposits
- Eviction Prevention
- Utility Deposits
- On-going Rental Assistance (For FSP Only)
General Eligibility Requirements

- Currently receiving mental health services from a directly-operated clinic or contract agency
- Homeless as defined by HUD
- Must be at risk of homelessness to qualify for eviction prevention resources
Applying for HAP

Following forms must be completed:

- HAP Application
- Authorization for Use/Disclosure of PHI form
- Agency Verification of Homelessness form
- Certification of Residence in a Homeless Facility form
- W – 9 form
- Email Referral Packets to Brilliant Corners via Encrypted Email
HP&D
HAP Outcome Data

• As of October 1, 2015 Program administered by Brilliant Corners for DMH

• See DMH website for guidelines and forms

• 940 households served in FY 2014-15
How to Access Federal Housing Subsidies and MHSA Housing Resources for Families

- Complete a VI-SPDAT for Families
  - Target scoring for DMH housing resources is a 9+

- Complete and submit the Request for CHEERD Housing Resources for Families to CHEERD and a copy of the VI-SPADT for Families.

- When the family has been matched to a resource, an email will be sent with instructions on next steps
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Reina Turner</td>
<td>Division Chief</td>
<td>(213) 251-6558</td>
</tr>
<tr>
<td>Ginette Newman-Reed</td>
<td>Senior Secretary III</td>
<td>(213) 251-6557</td>
</tr>
<tr>
<td>Denicia Taylor</td>
<td>Staff Assistant II</td>
<td>(213) 251-6556</td>
</tr>
<tr>
<td>Evelyn Yee</td>
<td>Intermediate Typist Clerk</td>
<td>(213) 480-3600</td>
</tr>
<tr>
<td>Ebony Barton</td>
<td>Data Assistant</td>
<td>(213) 480-3684</td>
</tr>
<tr>
<td>Arthur Poghosyan</td>
<td>Program &amp; Budget Analyst</td>
<td>(213) 251-6559</td>
</tr>
<tr>
<td>Aaron Hostetler</td>
<td>Housing Coordinator</td>
<td>(213) 251-6569</td>
</tr>
<tr>
<td>Aurora Baldizon</td>
<td>Housing Coordinator</td>
<td>(213) 251-6532</td>
</tr>
<tr>
<td>Julie Dinh</td>
<td>Housing Coordinator</td>
<td>(213) 480-3622</td>
</tr>
<tr>
<td>Bryttany Mitchell</td>
<td>Siting Coordinator</td>
<td>(213) 251-6528</td>
</tr>
<tr>
<td>Burt Alperson</td>
<td>Data Analyst</td>
<td>(213) 480-3620</td>
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How to Learn More

- Monthly CHEERD Housing Meeting
- DMH Sponsored Housing Trainings
- Annual Housing Institute
Questions????

- Thank you for your attention!