Single Adult Model (SAM) Housing Institute June 14/15, 2016

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HPI Motion

June 11, 2013 Board Motion

- Reprogram HPI unspent one-time and ongoing funds
- Promote permanent supportive housing
- Reprogram funds based on geographic burden

October 30, 2013 Board Memo-Recommendations for Reprogramming HPI

 Establish the Single Adult Model (SAM) and Youth Demonstration Project (YDP)

November 12, 2013 Board Motion

 CEO, in coordination with DHS, DMH, DPSS, DPH, DCFS and CDC, directed to establish and develop implementation plans for SAM and YDP.



SAM Goal

- Create an infrastructure to reduce homelessness for the single adults through a collaborative partnership between multiple County departments. Provides:
 - Street engagement
 - Rental Subsidies/Housing Location Services
 - Integrated Supportive Services



Target Population

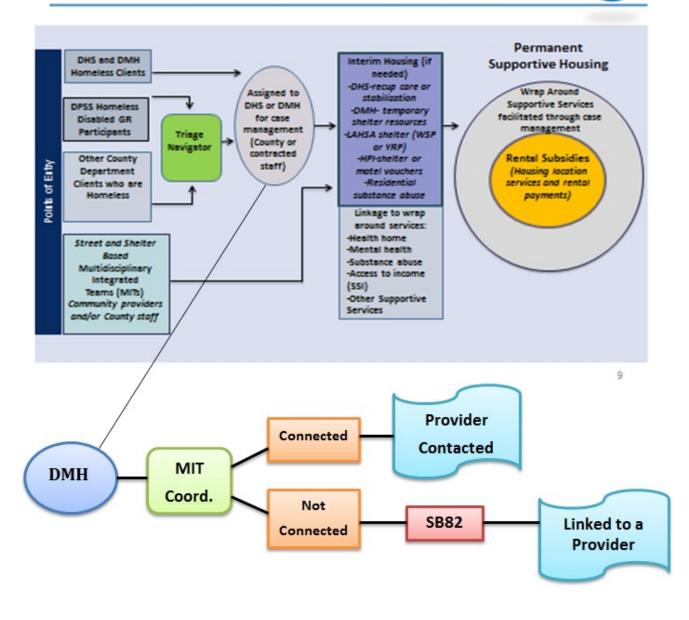
- DPSS GR participants with:
 - Two or more admissions for inpatient hospitalization and/or emergency-based services from DHS within the last 12 months.
 - A history of using the following DMH services:
 - Four or more visits to the emergency room or outpatient services within the last 12 months;
 - > Three or more urgent care visits within the last 12 months; or
 - Discharged from a psychiatric ward within the last six months.
 - Incarceration in a L.A. County jail for over 60 days and has received medical or mental health services while incarcerated within the last 12 months.
 - A history of receiving GR benefits.
 - A disabling condition that potentially qualifies them for Supplemental Security Income (SSI).
 - A Mandatory Substance Disability Recovery Program (MSUDRP) requirement if applicable.
- Individuals that are outreached and engaged by a DMH Multidisciplinary Integrated Team



SAM Program Components

Program Component	Description of Program Components	Leveraged Funding/Resources
MITs	 Eight MITs, one in each Service Planning Areas (SPAs) Each MIT will include a minimum of 5 team members to engage street and shelter- based individuals with serious mental illness. 	 DMH - Federal PATH Funding DMH Federal Revenue HPI
Integrated	 For MIT participants, the MIT will continue to provide mobile integrated supportive services. 	 MIT participants will be transferred to a long term DMH funded program once they are stabilized in housing.
Supportive Services	 For GR participants, a DMH or DHS integrated supportive services provider will be assigned to them based on whether health or mental illness is their primary condition. 	 DHS will assign GR participants to a DHS funded intensive integrated supportive services provider. DMH will assign GR participants to a DMH funded intensive integrated supportive service program, such as FSP and FCCS.
Interim Housing	 Existing emergency/interim housing will be used for short term housing. 	DHS, DMH, and LAHSA have emergency/interim beds that can be leveraged, such as shelter, stabilization beds, motel vouchers and recuperative care.
Rental Subsidy Program	 Under DHS' current rental subsidy contract, Brilliant Corners will provide housing location, landlord negotiation, rental payments. Tenants pay 30% of income for rent. 	 GR Participants – 330 slots MIT – 80 slots

Single Adult Model





DPSS SAM Selection

- An algorithm developed by the CEO ranks the participants by the "heaviest users" of DMH and DHS services.
- The secondary factors are:
 - Time on GR
 - LASD incarcerations
 - MSUDRP involvement
- This produces the SAM Master List of GR participants who are the "heaviest users" of county services.



How DPSS Contacts SAM Participants

- Outreach is conducted via:
 - Telephone
 - Email
 - Mail (Homeless mail process in district offices)
 - DPSS District office eligibility staff
- SAM participants may also contact the DPSS SAM Coordinator via the toll free number; 844-728-1100 and/or SAM email address; <u>SAMHousing@dpss.lacounty.gov</u>.



SAM Outcomes to Date

- SAM began implementation on July 1, 2015.
- As of May 15, 2016, there have been 119 DPSS referrals.
 - 49 were assigned to DMH
 - 69 were assigned to DHS
 - 1 are yet to be assigned (waiting on information to determine health or mental health as primary condition)
- Status of the 119:
 - 40 have been permanently housed
 - 23 are in move-in process
 - 47 are actively being engaged and/or working on permanent housing
 - 1 pending assignment to DHS or DMH
 - 7 are inactive
 - 1 deceased



Multidisciplinary Integrated Teams (MITs)



Staffing

- Licensed mental health professional
- Certified substance abuse counselor
- Case manager
- Peer Advocate
- Consulting psychiatrist/psychiatric physician's assistant/nurse practitioner
- Half-time Department of Health Services Registered Nurse



Target Population

- Individuals 18 and older who:
 - Have a Severe Mental Illness
 - Are homeless
 - Have high vulnerability as determined by the VI-SPDAT



Service Delivery Sites and Hours

- Services are provided in the field
- Services are provided:
 - 52 weeks a year
 - A minimum of 40 hours a week, over six days
 - Evenings/and or early mornings



Services Provided

- Outreach and Engagement
- Assessments
- Housing
- Case Management
- Transportation
- Medication Support
- Crisis Intervention
- Individual Therapy/Counseling
- Life Skills Training
- Substance Use Treatment



Evidence-Based Practices Required

• Critical Time Intervention

• Motivational Interviewing

• Housing First

• Harm Reduction



Community Involvement and Coordination

- Participation in other local community outreach efforts to individuals that are homeless
- Participation in local Continuum of Care meetings and other local planning meetings to end homelessness



Expected Outcomes

- 55% of the individuals that are outreached will voluntary accept on-going services
- 70% of the clients will obtain permanent housing
- Of the 70% that obtain permanent housing, 90% will retain their housing for at least 9 months

