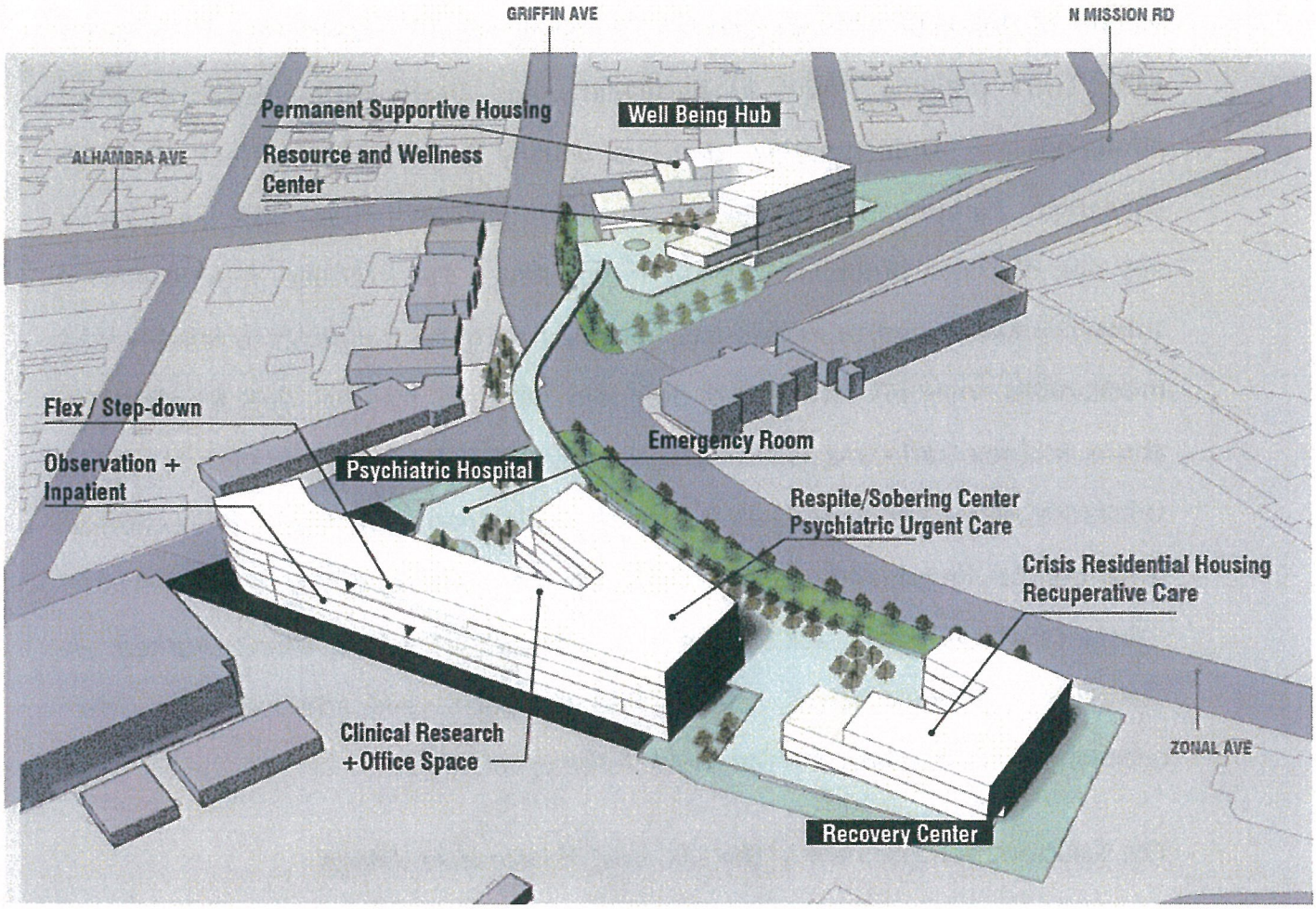


LAC+USC Restorative Village Concept Paper

A first-in-nation, comprehensive approach to the interrelated issues of trauma, disability, mental illness, and substance abuse, in vulnerable populations

Statement of the Problem

LA County, like many urban centers in the US, is facing a crisis of homelessness. Homelessness is a particularly acute problem for vulnerable populations, including those with mental illness, disability,

victims of domestic violence and sex-trafficking, youth transitioning from foster care, LGBT patients (teens in particular), and those with substance abuse addictions. Unfortunately, there is usually a cumulative effect of these challenges, compounded by poverty and unemployment that make overcoming any one of these problems virtually impossible. For example, mental illness, substance abuse, and/or inadequate housing may make it difficult to reliably take medications, maintain work and maintain housing; trauma, due to violence, abuse, and sex-trafficking as examples, can lead to mental deterioration as well as substance abuse and dependence; loss of employment can trigger depression or other mental illness, and exposure to violence and abuse, which can also lead to substance abuse, etc. Tackling the problems one at a time hasn't worked. A comprehensive approach is needed that recognizes and addresses the inter-relatedness of the issues and the roots of the problems.

The Solution: An Overview of the LAC+USC Restorative Village

The LAC+USC Restorative Village will be an innovative environment to provide Los Angeles County residents with access to a new, soup-to-nuts, comprehensive, whole person approach to the interrelated and complex issues that lead to homelessness i.e. violence and abuse (including victims of sex trafficking, children and adult, and LGBT populations), substance abuse, mental illness, disability, un(der)employment, unstable housing, and medical comorbidities. This would be the nation's first mental health and well-being campus dedicated to the continuum of needs of America's most vulnerable populations.

This continuum of services with the ability to move easily to the appropriate level of care will reduce morbidity and cost, while restoring function and dignity, and

enable and support community reintegration for people with mental health disorders, victims of violence and abuse, substance use, serious disabilities, and psychosocial and economic challenges, and ultimately to homeless patients and their families.

In the proposed green, healing campus, individuals of all ages would be able to access to beneficial resources including:

1) **A RANGE** of housing options, from emergency and bridge TO crisis, recuperative and respite TO transitional, assisted living and permanent supportive;

2) **A CONTINUUM** of clinical services, from urgent, emergency and acute inpatient **TO** residential rehab/detox and IMD **TO** intensive outpatient treatment and ambulatory care **AS WELL AS** family, group and individual counseling **ALONGSIDE** physical, occupational, recreational, art and various integrative (formerly complementary and alternative) therapies (tai-chi, yoga, meditation, etc.);

3) **A VARIETY** of opportunities from self-help and child care to robust peer-driven empowerment activities to education, training and employment programs to benefits and legal assistance;

4) **A SELECTION** of environments for relaxation, spiritualty, socialization and interpersonal development;

5) **A NUMBER** of amenities that assuage creature comforts and support the Restorative village for residents or visitors alike

No matter at what level the patient enters, the integrated Restorative Village will allow the patient to move along the continuum of care, escalating in intensity when needed, and de-escalating ultimately progressing to re-integration into society when ready.

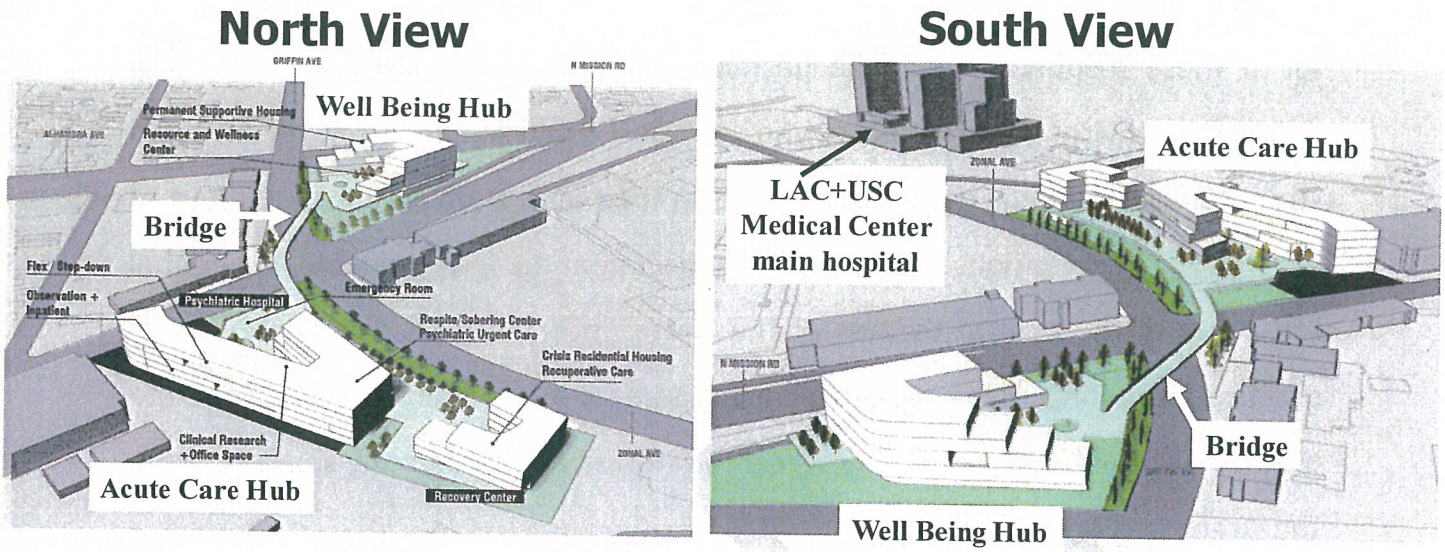
In contrast, at the current time many patients use the hospital emergency room for all of their health, mental health and social needs. Their presence in the emergency departments slows down emergency medical care delivery for patients who have primary medical problems and lack intense psychosocial needs. The Restorative Village will focus on the delivery of expert interventions that can address the actual medical and psychosocial needs of vulnerable populations. Thus the multi-modal entry schema into the Restorative Village will streamline and enhance care delivery in a financially optimized way to patients across the spectrum from abuse and neglect, leading to mental illness and substance abuse, homelessness, sexual exploitation and criminal behavior as well as the medically ill population that needs rapid access to emergency medical care.

Once engaged, those accessing care and services could move in a bidirectional manner to either more or less acute settings as their needs become known. These levels of care would include safe bridge housing to escape unsafe environments of abuse, and a detox/observation area where people could access social services while recovering from situations that are not best treated with locked units, but for whom "out" is not appropriate. Similarly, people could de-escalate their level of care from the inpatient setting to sub-acute/step down units (each of which are intensive, locked psychiatric facilities) and then to bridge housing when they no longer need locked supervision, but are not well enough to be independent, and ultimately to permanent supportive housing adjacent to a

community center replete with programs to facilitate community re-entry for independent living.

All of these resources would be nested in a campus with green spaces, in a welcoming environment to those who seek and could benefit from medical and social services that will help them transform their lives from cycling in and out of emergency interventions and criminal punishment to a sustainable, functional life. One of the central themes of the Restorative Village is the symbolic and practical attracting those suffering on the streets away from the cold concrete into an environmentally friendly, green, restorative environment set back from the street (see figures below).

Of critical importance, The Restorative Village will be developed immediately adjacent to the LAC+USC Violence Intervention Center that provides intake medical and mental health services for children under the supervision of DCFS and at the time of out of home detention for abuse and neglect. This arrangement provides powerful options for the integration of both acute and ongoing screening and care for youth and families as part of the Village.

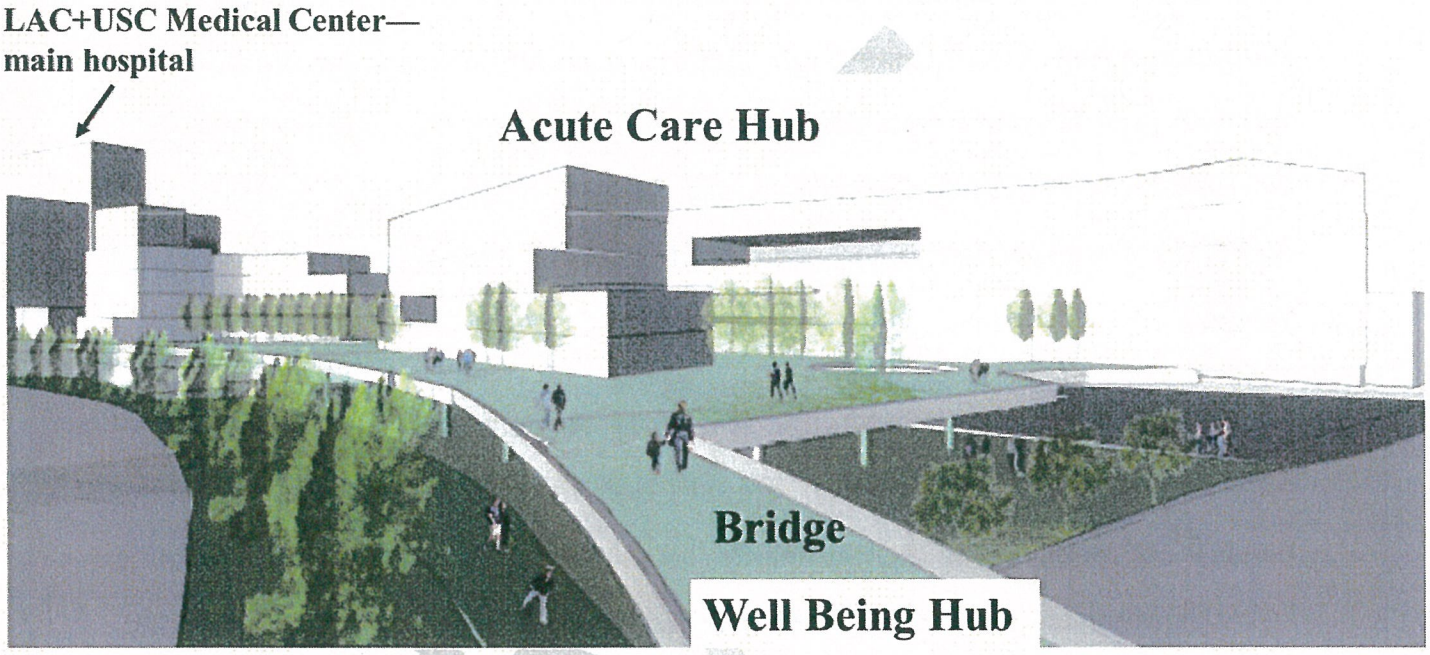


(greenery images are examples from the New North Zealand Hospital/CF Moller Architects)

Furthermore, again both practically and symbolically, the transition from acute psychiatric illness or intoxication to stabilization, healing, and momentum to return to society occurs by a physical bridge that connects the Acute Care Hub of the Restorative Village (including psychiatric inpatient hospital, psychiatric emergency room, psychiatric urgent care, respite/sobering center, and bridge

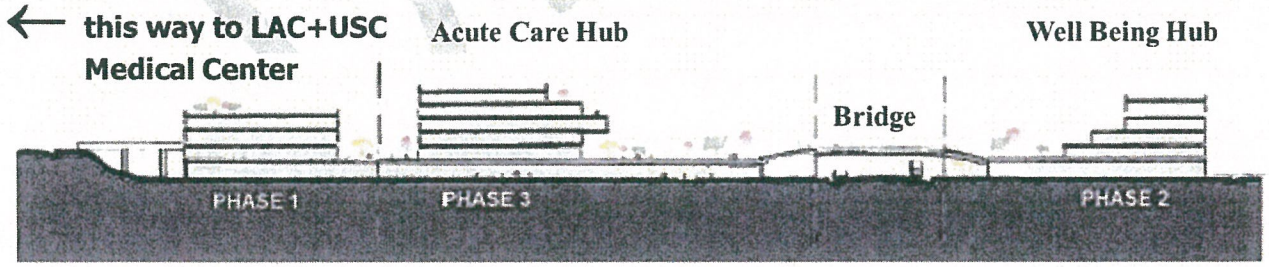
housing) across the street to the Well Being Hub (permanent supportive housing, job training center, social resource center, and recreational facilities) (see figures above and below).

South View from Bridge level



Side View of Restorative Care Village

Acute Care and Well Being Connected via Bridge



The Restorative Village will be located adjacent to the University of Southern California's Health Sciences Campus, capitalizing on the strength and quality of

faculty and trainees who seek out leading academic medical centers to enhance their careers.

The green Village, replete with nurturing outdoor spaces, water resiliency, and gardens, will integrate and outreach into the community. The community center will engage in active community outreach, and will house a variety of psychosocial support mechanisms, including job training, a commercial garden and kitchen, wellness programs and recreational programs, and will hold health and wellness workshops. Street vendors and fresh food fairs will be encouraged to support the feel of a community center and normalization of the residents of the Restorative Village.

As patients graduate through the stages of services available and begin to reintegrate into the community, the Restorative Village will offer an "active handoff" of medical and mental health clinical care to primary care providers at LAC+USC Medical Center who have expertise in caring for vulnerable populations.

Thus, the LAC+USC Restorative Village would provide a humane and compassionate system of care for the people of Los Angeles County, while training the next generation of providers. It will serve as a beacon of hope and a national example for creating the highest level of care by recognizing that people do not exist in binary states of "in or out", but rather, their changing needs in a manner that requires a system that is equally nuanced, responsive and compassionate.

Meeting the County Mission: Vision of the LAC+USC Restorative Village

Los Angeles County has undertaken a five year strategic plan (2016-2021) with an overarching theme of "Creating Connections: People, Communities and Government." Its mission is to "establish superior services through inter-departmental and cross-sector collaboration that measurably improves the quality of life for the people and communities of Los Angeles County." Within this framework, the proposed Restorative Village supports Goal I of the plan, which is to "make investments that transform lives" through aggressively addressing society's most complicated social, health, and public safety challenges- one person at a time by:

- Increasing our focus on prevention initiatives;
- Enhancing our delivery of comprehensive interventions; and
- Reforming service delivery within our justice systems.

Further, the Health Agency is responsible for leading, supporting, and promoting integration and enhancement of services and programs between DHS, DMH, and DPH in partnership with DCFS and the Office for Child Protection. At the core of this responsibility is the need to integrate direct care services for patients/clients/consumers that need physical health, mental health, substance abuse treatment, and housing-related services and supports. The proposed Restorative Village on the LAC+USC Campus would be in complete alignment with the Agency's goals.

Introducing a Patient at the Restorative Village

The following is a portrayal of one type of virtual patient who would benefit from the new model of care at the Restorative Village. Myriad other patient populations will benefit (including at risk teens, victims of domestic violence and abuse, victims of sex-trafficking, those with serious disabilities or traumatic brain injury, those with primary mental illness, etc). Space limits preclude describing similar examples of such patients. For this virtual patient, we depict the contrast between current care options, and what could be possible if the Restorative Village is created. While the person in the narrative is fictitious, his experiences are based on situations that many people of our County face on a daily basis.

Mr. Jones is a 58-year-old man experiencing homelessness. He has struggled with chronic depression and mental illness for the past 30 years. During his depressive episodes, he binge drinks alcohol. He has had brief periods of sobriety following inpatient and outpatient treatments. However, these periods of relative wellness are eventually interrupted by regression to a demoralized and depressed state when he relapses to alcohol use. Subsequently, he loses employment, and eventually access to a stable living environment due to lack of income. His family has become equally demoralized and frustrated by his revolving-door pattern of recovery and relapse. They have lost faith in him, as well as a health care system that provides emergency interventions after a crisis, followed by a bewildering array of disjointed services upon discharge.

Restorative Village Benefits: Jail and Emergency Department Diversion

Mr. Jones is found by police lying in a park confused, disheveled, appearing to hallucinate, and belligerent. He smells of alcohol. Rather than incarcerating him or taking him to the emergency department (ED), the police can now take people

like Mr. Jones directly to the new Recovery and Respite Center within the LAC+USC Restorative Village, which will have medical staff onsite to evaluate the patient. However, since Mr. Jones is hallucinating and combative, the police are unable to determine if he was suffering from a medical or psychiatric disorder, and need an evaluation by medical providers to ensure the appropriate care is provided.

Ensuring Appropriate Care is provided at the Right Place and Right Time

The police bring Mr. Jones to the LAC+USC Medical Center for emergent evaluation. Had Mr. Jones a primary psychiatric problem, such as schizophrenia or bipolar disorder, the staff in the ED would be able to transfer him to the ***new psychiatric urgent care*** where a decision could be made if he would likely require more intensive psychiatric therapy in the ***new psychiatric ED***, and then be admitted to our new, state of the art ***inpatient psychiatric facility*** for stabilization and treatment. However, after a brief triage, the staff in the emergency room evaluate Mr. Jones and determine he has no underlying psychiatric disorder, and that his current primary problem is alcohol intoxication.

The providers decide that Mr. Jones has a host of long-term issues that will not be best served by an involuntary inpatient stay. Rather, he needs access to long-term, life-changing interventions. He is therefore transferred right down the street to the new ***Recovery Center*** within the Restorative Village.

Upon arrival, the staff welcome him to the community and begin the process of caring for all of his needs. Mr. Jones is welcomed into the ***Recovery Center*** by a community of peer counselors and professionals who help him detoxify from alcohol over a period of 24-48 hours. Thereafter, they move him to the adjacent

Respite Center, where his given food, shower and laundry facilities, and support services in a welcoming environment, rather than incarceration in a locked unit. He sits in a comfortable area, where he learns how he can stay safe, warm and fed for a few days without having to say he is suicidal, or do something rash to illustrate how desperate he has become. A social worker describes the outpatient rehabilitation services, as well as options for short-term residential detoxification. He is able to go outside to the green/garden area outside the Respite center to recover in a healing environment. Local street vendors offer healthy, fresh foods and create a sense of normalcy. After he has had a day to recover and settle down, he agrees to allow the staff to contact his estranged family.

They are initially suspicious, having heard many promises over the years. Eventually, they agree to be contacted again once Mr. Jones has completed a short-term detox and has been given a place to live and options for outpatient after care. At that point, Mr. Jones declines residential detox, but agrees to move to the sobering center where he can stay for a few days, meet with social services representatives, be seen by a physician in the adjacent psychiatric and medical urgent care center and speak with a work counselor. Despite his initial resistance, he calms significantly as he begins to receive support and services in a non-judgmental environment. After three days in the sobering center, he agrees to move to ***Bridge Housing*** (consisting of Recuperative Care and Crisis Residential Housing) on campus where he will continue to access rehabilitation counseling, job training, and meet with outpatient psychiatric staff.

The ***Bridge Housing*** provides a safe, clean, and stable environment, with supportive services, to allow Mr. Jones to recover to a state of readiness to re-enter society. The housing is available for other patients as well (such as victims

of domestic violence), and has a dedicated, sequestered section for at-risk children and teens, and their families. The housing is surrounding by healing gardens with walking paths and recycled water to create a nurturing environment.

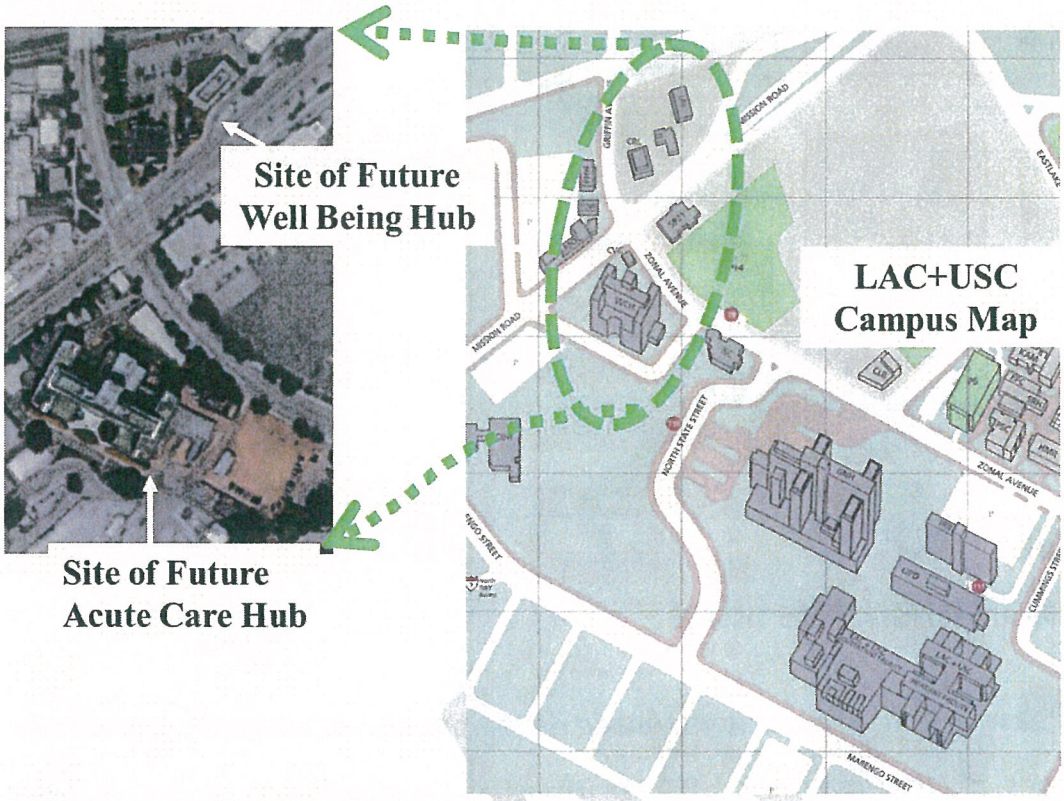
Meanwhile, Mr. Jones has embarked on a new journey from being isolated, demoralized and destructive to a path forward with hope and the promise of a new start. He now has one week in recovery from alcohol, his mood is elevated, and his family has agreed to meet him at the new community where he lives, not just survives.

Moving forward he and they will face challenges, but they now know there is a single place to go, where they can all receive care without Mr. Jones being involuntarily committed before he can get help, and without the overwhelming burden of navigating a disjointed and reactive health care and social services system.

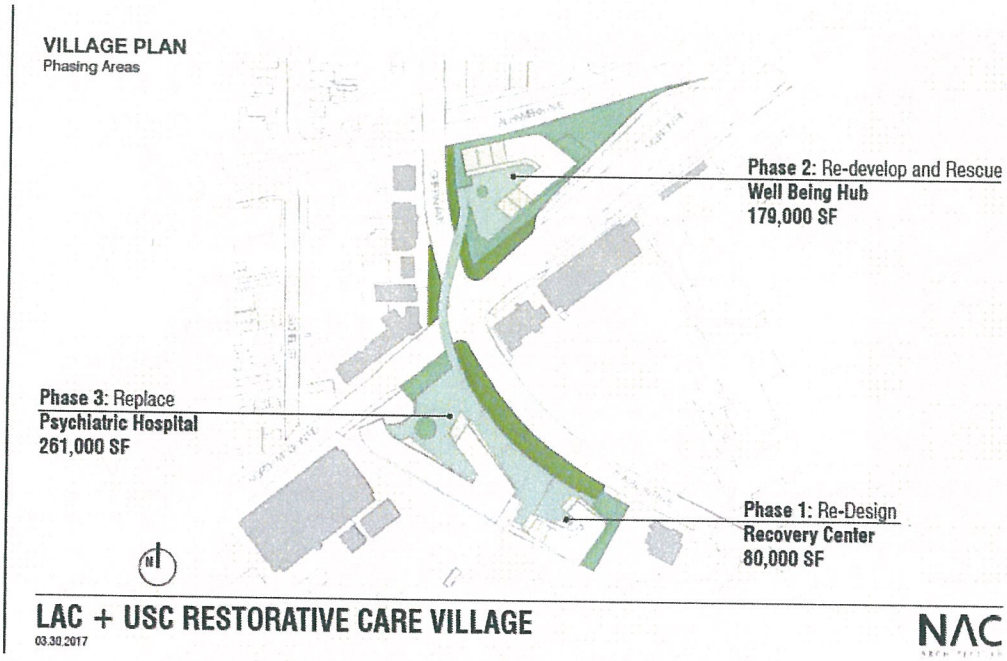
Phasing Development of the LAC+USC Restorative Village

The LAC+USC Restorative Village will consist of two inter-connected hubs, the **Acute Care Hub** and **Wellness Hub**, built in **3 Phases**, with 7 entities:

	Facility	Hub	Phase	Purpose
1.	Bridge Housing	Acute Care	Phase 1	96 units of Recuperative Care for patients recovering from medical illness; 64 units of Crisis Residential Care for patients recovering from mental illness, substance abuse, violence, or lack of housing for other reasons (SB 82); space will be allocated for foster youth and families, including permanent placements at home or in supportive housing.
2.	Recovery and Respite	Acute Care	Phase 2	50 units of Recovery beds for patients de-toxifying from alcohol or drugs within 48 hours; 25 units of Respite beds for those needing another 3-4 days to stabilize after de-toxifying
3.	Psychiatric Urgent Care	Acute Care	Phase 2	100 beds, <24 hour stay, for patients who stabilize, or de-escalate from the psychiatric ED
4.	Permanent Supportive Housing	Well Being	Phase 2	200 beds, stable housing with support services (TRIPLE H AND NPLH)
5.	Resource Center	Well Being	Phase 2	Community-based resources for social services (e.g., job training, recovery programs, recreational facilities) (DMH CSS FOR RRR)
6.	Psychiatric ED	Acute Care	Phase 3	40 bed locked unit
7.	Psychiatric Hospital	Acute Care	Phase 3	80 acute care beds, 40 locked step-down beds; with academic, research, and admin space



We envision building this village on the corner of Mission and Griffin Ave, and across Mission Ave where the former Women and Children's Hospital sits empty. Specifically, there are three unoccupied county laboratory buildings on the corner of Mission Road and Griffin Avenue which can be demolished creating sufficient space for the Wellness Hub of the Village. The former Women and Children's Hospital is a 500,000 square foot structure that is cattycorner to the aforementioned three buildings; its lot has sufficient space to house the Acute Care Hub that is planned.



Phase 1: Phase 1 of the Restorative Village development will include construction of two types of inter-connected **Bridge Housing** (Recuperative Care and Crisis Residential Care beds) on land that is currently a vacant lot immediately east of the empty Women and Children's Hospital on the corner of Mission Road and Zonal Avenue.

Phase 2: Phase 2 will include demolition of three empty laboratory buildings on the corner of Mission Road and Griffin Avenue to allow construction of the Well Being Hub, which will include a **Community Resource and Recreation Center**. It will also include various features that offer employment opportunities and promote socialization including a small plaza with amenities, as well as **Permanent Supportive Housing** for the most recidivistic homeless with the highest need for environmental enrichment and service access (ISR patients). In addition, a **Recovery and Respite Center** and a **Psychiatric Urgent Care** will be constructed on the same lot adjacent to the Bridge Housing.

Phase 3: Phase 3 will include demolition of the Women and Children's hospital and construction of a state-of-the-art **Psychiatric Hospital** and **Psychiatric Emergency Department**.

The individual components of these phases are described below:

1. **Acute Care Hub**

a. **164 Bed Bridge Housing (built in Phase 1):** Bridge Housing will consist of a 96-bed Recuperative Care Center and 64-bed Crisis Residential Care units (with adequate beds set aside for adolescent assessments and enhanced placements).

1) **Recuperative Care Housing (96 beds):** Many times, patients who have been acutely medically ill are ready to be discharged from the hospital but are unable to leave because they have nowhere to go. Recuperation on the street is nearly impossible. Unsanitary conditions can cause open wounds to become infected, washing facilities are generally unavailable, medication requiring refrigeration is compromised, and prescribed diets are not available. As a result, patients remain trapped in expensive, acute care hospital beds. If they are discharged, health complications arise and patients are often readmitted to hospitals for conditions that would have

been avoidable had the individual had a home or safe and clean place to recuperate, which results in added costs for care.

LAC+USC has been collecting data on the various placement types of patients waiting to be discharged. A majority are placed on a list for skilled nursing facilities due to the lack of available recuperative care beds. At any given time, there are 100-150 patients at LAC+USC Medical Center who no longer require hospitalization but are awaiting locating a lower level bed, such as a recuperative care bed, to allow them to get out of the hospital. Such patients include those recovering from acute medical illness, but also those with severe disability, traumatic brain injury, dementia, etc, who cannot live independently but who also lack 24 hour nursing care requirements that would enable placement in a Skilled Nursing Facility. Building a Recuperative Care Center on campus will allow these patients to be placed into immediate housing that will allow for healing. The Recuperative Care Center will have 96 beds, and will be accessible to patients at any county inpatient facility. Case management and access to primary care, mental health care and substance use disorder services will be available on the campus to support patients post-discharge and bridge them into bridge housing.

2) **Crisis Residential Care (64 beds):** Similar to Recuperative Care beds, Crisis Residential Care beds enable patients who are not yet able to live independently remain in a safe, clean, sober, and nurturing environment while permanent supportive housing is sought. Crisis Residential Care housing is appropriate for patients with mental illness in recovery stage, for

newly sober victims recovering from substance abuse, and for patients who have no medical needs but need to escape unsafe environments where they are exposed to violence, abuse, sex-trafficking, etc. Crisis Residential Care housing allows for a safe, semi-regulated environment for individuals to continue working toward the ultimate goal of becoming self-sufficient and going into permanent supportive housing. Patients will continue to have access to primary care, mental health care and substance use disorder services on campus.

3) **At Risk Youth and Families (30 sequestered units; 15 Recuperative and 15 Crisis Residential)**: For both Recuperative Care and Crisis Residential Housing, sequestered units will be established to house at-risk youth (including LGBT), teens, and their families (when appropriate).

b. **Recovery and Respite Center (50 Recovery; 25 Respite beds, built in Phase 2):** During a ten-month period from April 2016 to February 2017, LAC+USC Social Services workers were consulted on 162 patients in the ED who could benefit from recovery services, meaning a safe shelter with limited medical supervision and social services support to detoxify from alcohol or drugs, including limited care for withdrawal symptoms. Fifty percent of the patients accepted transfers to a local substance abuse residential facility in close proximity to LAC+USC. Unfortunately, there are only five beds available at the facility at any given time.

As a result, the proposed Recovery Center will provide 50 beds as a temporary (48 hour) shelter to individuals 18 years of age or older with a substance abuse

and/or co-occurring mental health disorders. The goal is to provide a safe, substance free, Restorative, respite for the chemically dependent individual who are withdrawing from acute intoxication and/or ingestion, and are waiting to be referred and placed into the next appropriate continuum of care. This will also help decompress the emergency room, as well as provide law enforcement and paramedics with shorter wait times for admitting clients, thereby allowing them to return to their duties sooner. The Recovery Center would also accept direct drop offs by law enforcement, bypassing the need to take intoxicated patients to the ED.

Patients who recover from the immediate intoxication and/or ingestion of illicit substances and need additional time before they are ready to move to the next phase of the continuum of care will be moved next door to the 25 bed **Respite** center, which will afford food, drink, a clean and comfortable bed, laundry and shower facilities, and social worker support and community resources for up to 4 to 5 additional days of respite and recovery.

c. **Psychiatric Urgent Care (built in Phase 2):** A new, 10,000 square foot psychiatric Urgent Care Center will be developed adjacent to/contiguous with the Recovery and Respite Center and Bridge Housing. The Urgent Care Center will enable rapid intake from law enforcement and paramedics of patients who are deemed to have possible psychiatric disorders, and will also receive patients from hospital Emergency Departments once medical conditions are treated or ruled out. Patients who are dropped at the Urgent Care and do not stabilize within 24 hours can be transferred to the

Psychiatric Emergency Department for evaluation and possible admission to the hospital.

d. **Psychiatric Hospital (80 acute beds, 40 locked step-down beds, built in Phase 3):** The new psychiatric hospital will incorporate a psychiatric emergency department to receive patients brought in from law enforcement, paramedics, or transfers from other hospitals and from urgent cares throughout the county, as well as 80 acute inpatient beds, and another 40 locked step-down beds for patients who are no longer in need of acute inpatient care but are not yet recovered sufficiently to function independently in the community.

The new inpatient psychiatric facility would replace the use by LAC+USC of the current psychiatric hospital located at Augustus Hawkins on the MLK Community Hospital Campus. Augustus Hawkins is nearly 20 miles and in times of heavy traffic, an hour commute from LAC+USC, causing disjointed and dangerous care for patients, as well as stressful and unpleasant drives for physicians and staff. It is difficult to get proper medical care for patients who are in the offsite psychiatric facility who have medical co-morbidities. Transfer of patients between campus and the psychiatric facility is expensive and dangerous. It also creates undesirable working conditions for physicians that have to commute back and forth between the facilities.

The proposed Psychiatric Hospital will include:

- An Emergency Department that has a capacity for up to 40 acutely ill patients;

- 80 licensed inpatient beds to treat the most acutely ill and severely impaired by providing the following services:
    - Acute psychiatry for children, adolescents, adults and elderly with persistent and severe mental illness;
    - Forensic psychiatry;
    - Medical withdrawal management;
    - Neuropsychiatric care for those suffering from traumatic brain injury, dementia and other cognitive disorders;
- 40 beds in "flex" units for step-down, crisis residential and IMD level care to bridge the gap between inpatient wards and appropriate long-term setting

It will also include an office and working space for faculty, residents, social services staff, UR staff, finance staff, and all allied health professionals including peers, as well as clinical research space including workstations and offices to facilitate services research that could benefit quality improvement initiatives across the County system.

2. <u>Well Being Hub</u>

a. Permanent Supportive Housing (200 units, built in Phase 2): Permanent supportive housing will be built to enable step-down from the Acute Care Hub, as well as entry of residents from other referral sources throughout the county. Permanent Supportive Housing is affordable housing in an environment with supportive services to help individuals and families reintegrate into society and lead stable lives. Supportive housing links housing with support services intended

to help maintain a permanent housing situation by providing social support, job training, and other wellness services to maintain a stable living situation.

b. Community Resource Center (built in Phase 2): This center will house social services supports including Department of Public Social Services (DPSS) and Workforce Development, Aging and Community Services (WDACS), as well as various types of therapies and recreational activities. DPSS will link clients to Medi-Cal and General Relief benefits, while WDACS will provide workforce development and job training opportunities in conjunction with local community colleges. Therapies will include individual, family and group counseling, as well as art and meditation. Other resources will be available to provide support for families and close friends of patients, who are often in desperate need of help and supportive services. Finally, programs based on peer to peer support and coaching will be implemented, with a focus on support for creating communities that embrace recovery. Recreational activities will include outdoor areas for sports and gardening, a community garden and commercial kitchen, and other health and wellness recreational activities (e.g., tai chi).

Funding

- DMH will initiate phase Ib with construction of Crisis Residential housing facilities using state-allocated SB 82 funds.

- Other potential funding streams include those from DMH, DPH, Whole Person Care, Los Angeles City Fire Department and philanthropy, Measure A and M, Transit Funding (e.g., 710 money), MRCA (Mountain Recreation and Conservation Authority)

- We intend to develop the Restorative Village as a public-private partnership with individual donors, foundations and philanthropic funds to leverage county and state monies for construction and renovation costs.