

Homeless Outreach & Mobile Engagement Teams (HOME)

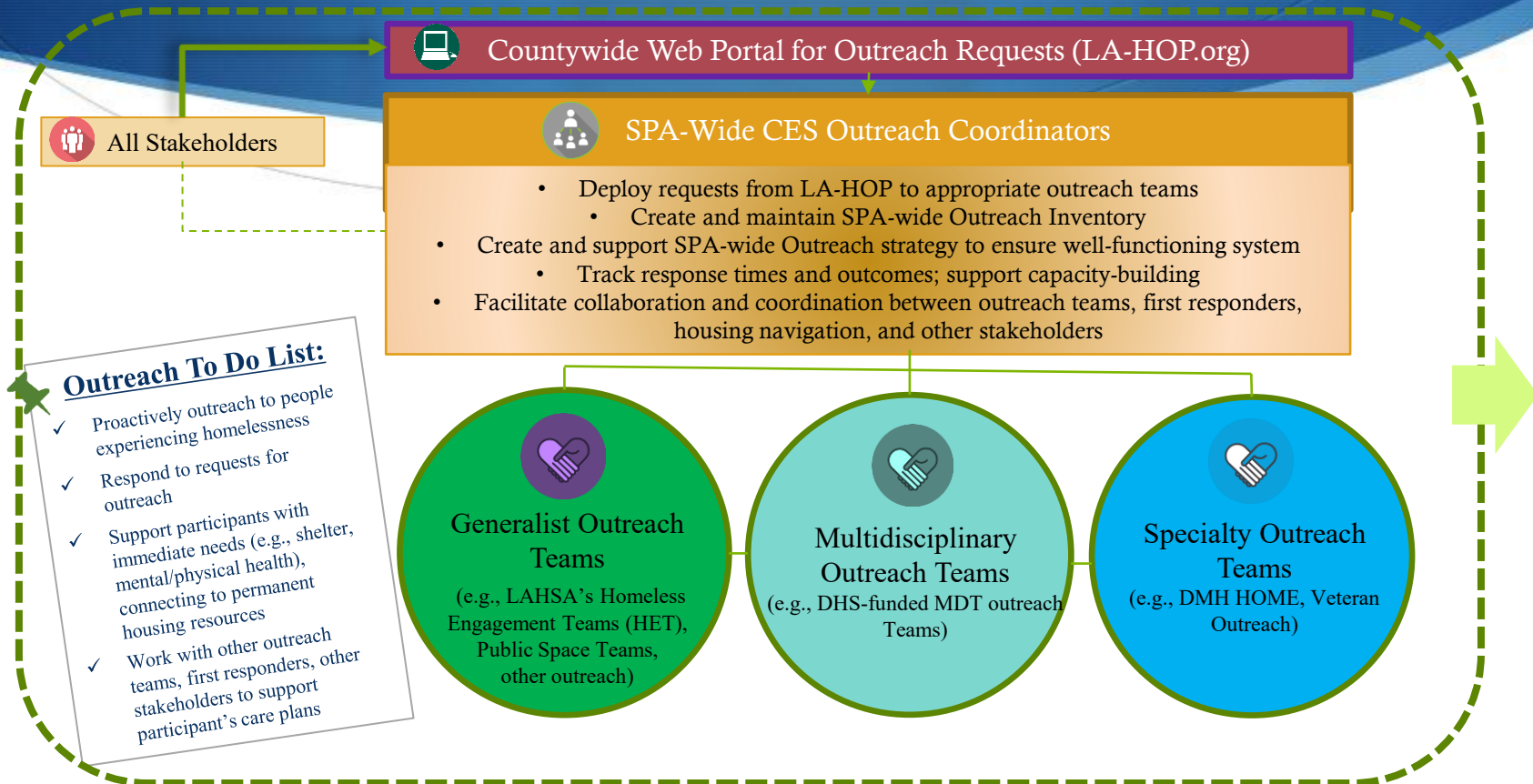


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Los Angeles County Coordinated Outreach Model Under E6 Strategy

System supported by the Health Agency and LAHSA E6-Leadership Team

Connections to Supportive Services, Housing Resources via CES



System supported by the Health Agency and LAHSA E6 Leadership Team

Requesting Outreach Services

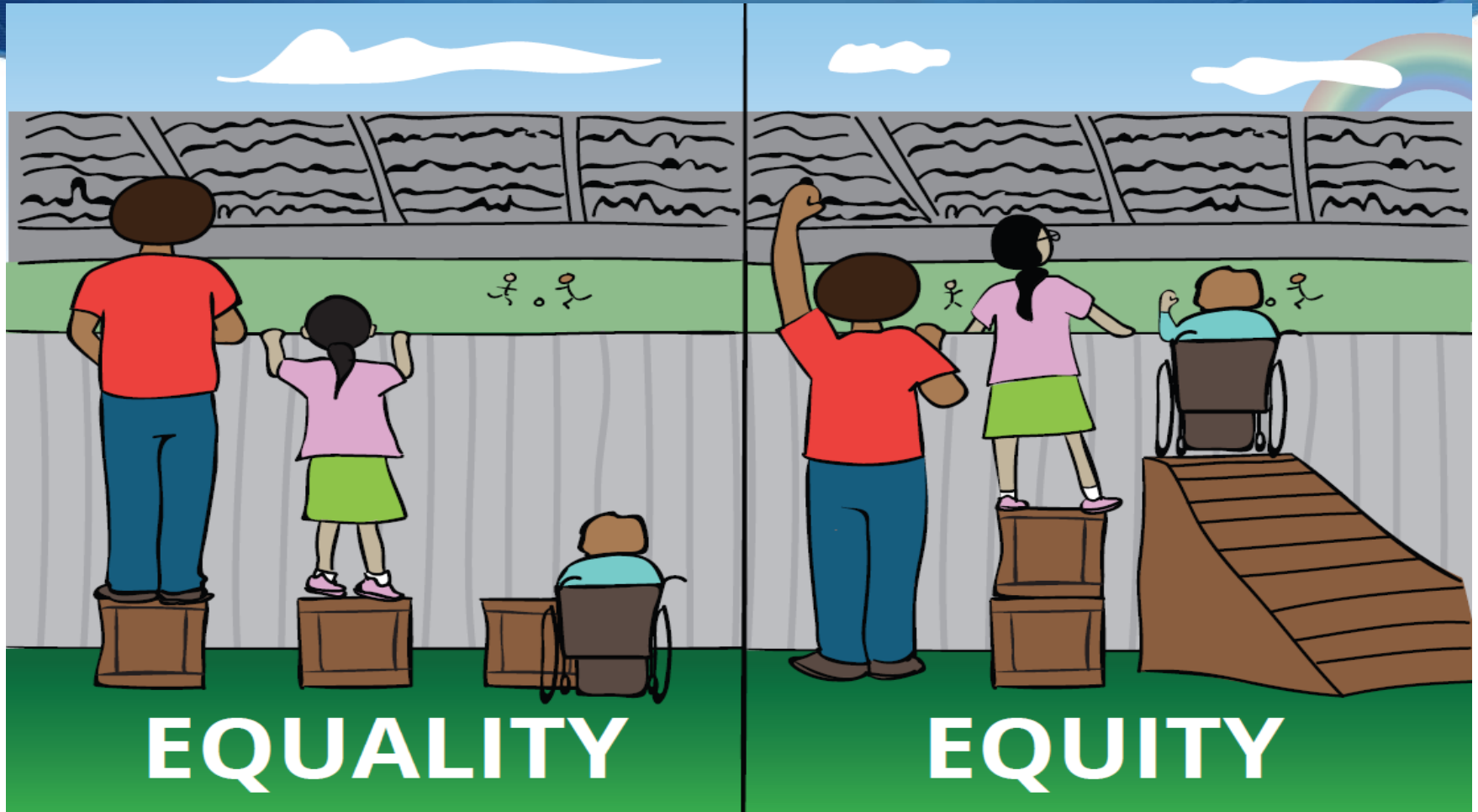
- ◆ Submit request through our coordinated outreach portal la-hop.org
- ◆ Contact your Service Area Coordinated Entry System (CES) Lead (see phone list)

Los Angeles County
la❤️**hop.org**
homeless outreach portal



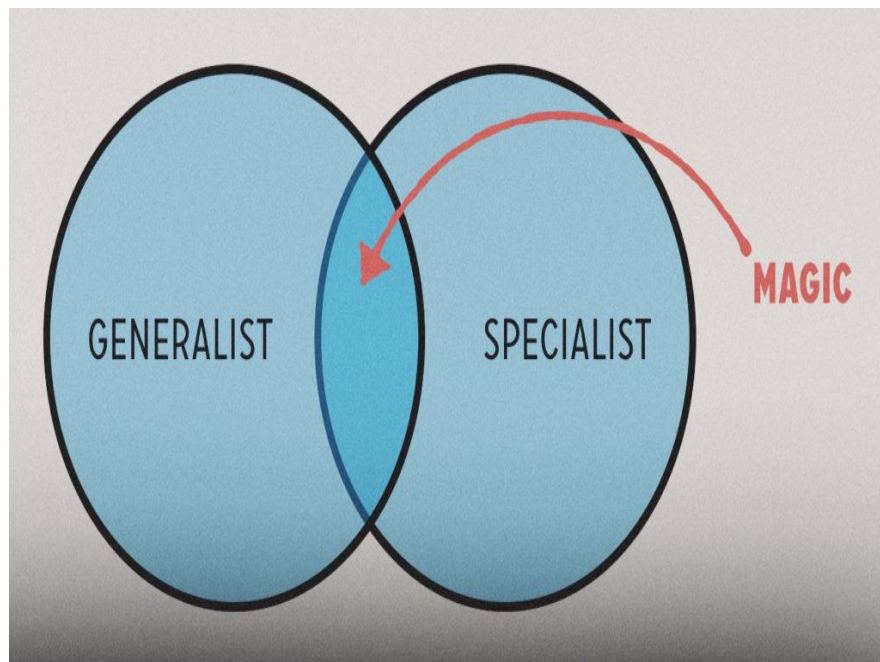
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Everyone's Needs Are Not The Same



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LA County Coordinated Outreach System



Generalist Teams

- ◆ Provide support for immediate needs e.g. food, clothing, medical treatment etc.
- ◆ Enrolls individual in Coordinated Entry System
- ◆ Ad Hoc Case Management Assistance
- ◆ When appropriate refer for specialized outreach teams (e.g. mental health, domestic violence, multi-disciplinary)

Specialty Mental Health Teams

- ◆ Provide specialized care for individuals with severe mental illness
- ◆ Street based psychiatric assessment
- ◆ Street psychiatry
- ◆ Psychiatric hospitalization
- ◆ Housing placement/support
- ◆ Broad Knowledge & Awareness + Depth of Expertise



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HOME Mission

- ◆ The **Homeless Outreach & Mobile Engagement (HOME)** provides street based comprehensive specialty mental health care to those experiencing chronic unsheltered homelessness coupled with severe mental illness. Using a heart-forward approach and harnessing the skills of specialized multidisciplinary teams (i.e., psychiatrists, psychiatric nurse practitioners, psychiatric nurses, licensed mental health clinicians, substance-abuse counselors, caseworkers, and peers), HOME delivers relentless engagement, offering a platter of services including the most appropriate level of care and housing. HOME is dedicated to facilitating recovery from suffering associated with symptoms of severe mental illness, and transitioning individuals from homelessness to housing, appropriate treatment, and community.



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Relentless Outreach

- ◆ Outreach is an interactive process which involves repeated contact.
- ◆ HOME clients require intensive, frequent, persistent outreach
- ◆ Treat the whole person and take a person first approach
- ◆ Establish a trusting relationship
- ◆ Being creative and using non-traditional interventions

Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.

~ Dale Carnegie



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HOME Target Population

A Clinical Definition



- ◆ Chronically Homeless
- ◆ Seriously Mentally Ill
- ◆ Unable To Sustain/Provide Basic Needs In Independent Contexts Due To Psychiatric Disability
- ◆ “Gravely Disabled”
- ◆ Refuse Any Kind Of Treatment And/Or Care



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Outpatient Conservatorship Program



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What Is Conservatorship

- ◆ An individual or agency is appointed by the court to be responsible for a person
- ◆ Court-ordered conservatorship places fundamental rights for an individual's care and well-being in the hands of appointed guardian (e.g. authorize use of psychiatric medication/treatment, manage finances, determine where the person lives)
- ◆ Generally conservatorships apply to people over the age of 18
- ◆ LPS conservatorships terminate by operation of law after one year unless there is a petition to extend



Inpatient Conservatorship Process

- ◆ **Field Team Or Outpatient Provider Initiates A 3-day Involuntary Hold**
- ◆ **Extend To 14-day Hold**
- ◆ **Apply For Riese Hearing For Medication**
- ◆ **Extend To 30-day Hold**
- ◆ **Apply For Temporary Conservatorship (T-con)**
- ◆ **Possible Court Or Jury Trial**
- ◆ **Conservatorship Ordered By The Court** *(note: Note all petitions result in a conservatorship)*
- ◆ **Conservator Appointed**
- ◆ **Generally Transferred To A Locked Facility**



Challenges To Inpatient Process



- ◆ **Lacks Care Continuity**
- ◆ **Assumes That All Clients Require Locked Placement**
- ◆ **Recovery Is Not At The Forefront**
- ◆ **Extended Hospital Stays (Well Past Acute Need)**
- ◆ **Administrative Days Result In Lost Hospital Revenue**
- ◆ **Average Wait For Locked Facility Is 3-4 Months**
- ◆ **Reduces Acute Bed Access Unnecessarily**
- ◆ **Experience Can Be Traumatic On Multiple Levels**



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Outpatient Conservatorship Process

Progression

- ◆ HOME Team Engages In Relentless Engagement With Multiple Offers Services/Supports
- ◆ Client Refuses All Services
- ◆ Team Initiates Referral For Conservatorship Investigation
- ◆ When Necessary Initiates Acute Hospitalization For Short Term Stabilization
- ◆ In Circumstances Requiring Acute Hospitalization, HOME Team Remains In Daily Communication With Inpatient Treatment Team

Progression

- ◆ When Indicated Applies For T-con Riese To Provide Medication
- ◆ Office Of Public Guardian Initiates Field Investigation In Collaboration With Treatment Team
- ◆ OPG Petitions The Court For Temporary and/or Permanent Conservatorship
- ◆ Conservatorship Appointed (or Not)
 - ◆ *In those circumstances where conservatorship is not established the HOME team would remain engaged with the client*
- ◆ Conservator (Aka Recovery Facilitator Appointed)
- ◆ Home Facilitates Placement To Appropriate Housing
- ◆ HOME Team Facilitates Connection To Appropriate Level Of Care For Ongoing Treatment



Benefits To Outpatient Process

- ◆ **Laser Focus On Our Mandated Focal Population**
- ◆ **Provides A Much Needed Avenue To Initiate Care For People Who Are Chronically Severely Impaired By Their Mental Illness & Chronically Homeless**
- ◆ **Assumes Recovery Is Possible**
- ◆ **Seeks Least Restrictive Housing Options To Support Recovery**
- ◆ **Maintains Continuity Of Care Throughout The Process**
- ◆ **Testimony For Hearing Is Informed By Home's Relationship Vs. Acute Visit**
- ◆ **Uses Collaborative Planning As A Foundation**
- ◆ **Avoids Lengthy And Costly Stays In Acute Settings**
- ◆ **Reduces Trauma Experience As It Relates To Obtaining Care**



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HOME Orchestrated Interventions

- Start With Least Restrictive Measures
- Offer Everything & Alternatives
- Collective Brainstorming
- Involve Public/Private Partners
- Advance Navigation Of All Systems Effecting Outcomes
- Plan For Contingencies



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Coordinated Interventions & Care

- ◆ HOME multidisciplinary team
- ◆ Office of the Public Guardian
- ◆ County Counsel
- ◆ Public Defender
- ◆ Street Medicine
- ◆ Acute Hospitals
- ◆ Skilled nursing
- ◆ Full Service Partnership and Outpatient Treatment
- ◆ Subacute treatment settings (locked facilities)
- ◆ Residential Care
- ◆ Permanent Supportive Housing



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The Clinical Dilemma

Autonomy Versus Beneficence



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Questions.....



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