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**L.A. COUNTY MEASURE H**  
**REAL HELP. LASTING CHANGE.**

# Measure H, Proposition HHH and a New Integrated Service Model in Permanent Supportive Housing

2017 Integrated Care Conference – October 26, 2017

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# Session Overview

- ▶ Measure H Strategies
- ▶ Integrated Services Model in Permanent Supportive Housing
- ▶ Permanent Supportive Housing Sources including:
  - ❑ No Place Like Home
  - ❑ Proposition HHH

# Why the Focus on Homelessness?

- ▶ According to the 2017 homeless count there are 57,794 individuals are homeless including:
  - ❑ 23% increase compared to 2016
  - ❑ 30% of the homeless population in Los Angeles County have a mental illness
  - ❑ 30% are chronically homeless
  - ❑ 75% are unsheltered

# Leading Causes of Homelessness

- ▶ Insufficient income and lack of affordable housing are the leading causes of homelessness (National Law Center on Homelessness & Poverty)
- ▶ California Housing Partnership Corporation found an affordable housing gap in Los Angeles County of 527,000 units in 2015 Study.
- ▶ According to the National Law Center on Homelessness & Poverty, the top **(5) causes** among homelessness among individuals include:
  - 1) Lack of Affordable Housing
  - 2) Unemployment
  - 3) Poverty
  - 4) Mental Illness & lack of needed services
  - 5) Substance Abuse and lack of needed services

# Measure H Overview:

## Homeless Initiative

- ▶ On August 17, 2015 the County launched an effort to develop a comprehensive set of recommended County strategies to combat homelessness.
- ▶ Inclusive and collaborative planning process involving over 1,100 experts and community members focused on what works, **18 policy summits**, **4 focus groups** with people who are homeless, **2 community meetings**, **over 200 public comments**.
- ▶ On February 9, 2016, the LA County Board of Supervisors adopted a coordinated set of Homeless Initiative 47 strategies to combat homelessness, including strategies in which cities, businesses and faith leaders can participate.
- ▶ New one-time funding approved: \$99.7 million

# Measure H: Ballot Initiative

- ▶ **December 2016** – LA County Board of Supervisors approves ordinance placing Measure H on the ballot – a ¼ cent County sales tax that will generate an estimated \$355 million annually for 10 years, solely to prevent and combat homelessness.
- ▶ **March 2017** - County voters approve Measure H, with 69.34% favoring landmark measure.
- ▶ **February 2017** – LA County Board of Supervisors directs the Chief Executive Office to conduct an inclusive, collaborative and public Measure H Revenue Planning Process and report back with recommendations.

# Measure H:

## Revenue Planning Process

### MEASURE H REVENUE PLANNING GROUP COMPRISED OF 50 STAKEHOLDERS REPRESENTING:

- LA County
- City of LA
- Councils of Government
- Community-based Organizations
- Business Community
- Faith Leaders
- Local Homeless Policy Experts
- Individuals with Lived Experience

### FIVE PLANNING GROUP MEETINGS:

March 23 - May 10

### COUNTYWIDE COMMUNITY WEBINAR:

April 25 with 350 Participants

### LIVED EXPERIENCE ADVISORY GROUP:

April 25

### PUBLIC COMMENTS:

Submitted by 244 individuals and organizations  
Between April 26 - May 1

# Measure H:

## Board Actions on 6/13/17

- ▶ Planning Group consensus recommendations approved
- ▶ Final funding for FY 2017-18 and tentative funding for FY 2018-19 and FY 2019-20
- ▶ Funding for 21 interconnected strategies, including:
  - ❑ Outreach
  - ❑ Crisis/bridge housing
  - ❑ Rapid re-housing/permanent supportive housing
  - ❑ Prevention help for families and individuals



# Homeless Initiatives Strategies:

## Continuum of Services

- ▶ Outreach – E6
- ▶ Interim/Bridge Housing – B7/E8
- ▶ Rapid Rehousing – B3
- ▶ Permanent Supportive Housing – D7
- ▶ Benefits Advocacy – C4/C5/C6
- ▶ Strengthening the Coordinated Entry System – E7

# Homeless Initiative Strategy:

## E6 - Countywide Outreach

- ▶ E6 supports a countywide outreach system that includes a **call center, countywide outreach coordination**, and **generalist outreach staff** overseen by LAHSA and multi-disciplinary teams overseen by the Health Agency.
- ▶ Multi-disciplinary teams include staff with mental health, physical health, substance use disorder, and case management expertise as well as **peers with lived experience**.
- ▶ Increasing from **16 to 36 teams** by the end of **FY 17/18**.

# Homeless Initiative Strategy:

## B7/E8 – Interim/Bridge Housing

- ▶ **B7 – Interim/Bridge Housing for those Exiting Institutions** – In FY 17/18 DHS/DMH will **establish 250 B7-beds**, including recuperative care beds, for individuals exiting institutions including hospitals and custody settings.
- ▶ **E8 – Enhance the Emergency Shelter System** – In FY 17/18 DHS/DMH will **establish 250 E8-beds**, including recuperative care beds, for individuals with complex health and/or behavioral health conditions who need a higher level of support services than is available in most shelter settings.
- ▶ **E8 – Enhance the Emergency Shelter System** – In FY 17/18 DPH SAPC will provide Recovery Bridge Housing for up to 90 days for individuals who are homeless at treatment discharge, who choose abstinence based housing, and who are concurrently enrolled in outpatient substance use disorder treatment.

# Homeless Initiative Strategy:

## B3 – Expand Rapid Rehousing

- ▶ Rapid re-housing helps individuals and families who are homeless and who have low to moderate housing barriers to be quickly rehoused using time limited financial assistance, case management, and targeted supportive services.
- ▶ DHS currently has approximately 1,000 interim housing slots.
- ▶ With ongoing Measure H funding the number of DHS rapid rehousing slots will taper down to 800. The LAHSA rapid rehousing program will use Measure H funding to increase the number of clients served each year.

# Homeless Initiative Strategy:

## C4/C5/C6 - Countywide Benefits Entitlement Services Team or C-BEST

- ▶ **C-BEST** provides SSI, SSDI, and Veteran benefits advocacy services to individuals who are homeless or at risk of homelessness.
- ▶ **C-BEST** is provided in community based locations in all Service Planning Areas and in DPSS offices. Services will also be provided in County custody facilities.
- ▶ **C-BEST** will assist with the submission of 10,000 applications annually.

# Homeless Initiative Strategy:

## E7 - Strengthen the Coordinated Entry System (CES)

- ▶ CES is the standardized system used to connect people experiencing homelessness to the most appropriate housing and services
- ▶ Measure H will enhance CES for adults, families, youth and survivors of domestic violence/intimate partner violence by:
  - ❑ Strengthening regional coordination
  - ❑ Providing housing navigation and location services
  - ❑ Providing legal services
  - ❑ Providing representative payee services

# Homeless Initiative:

## Strategy D7 - Provide Services for Permanent Supportive Housing (PSH)

- ▶ Link 2,500 clients to permanent supportive housing (**PSH**) in FY 17/18
  - ❑ **PSH** includes rental subsidies and on-site/mobile supportive services for homeless clients with complex health and/or behavioral health conditions.
- ▶ Housing is project based and scattered site
- ▶ Clients hold their own lease; contribute 1/3 of income toward rent
- ▶ Estimate that 1,500 clients will be housed with a federal subsidy and 1,000 with a local subsidy
- ▶ Clients will be matched to D7 housing through the Coordinated Entry System (CES)

# Integrated Services in PSH

- ▶ DHS – Intensive Case Management Services (All clients)
- ▶ DMH – Housing Full Service Partnerships (~1/3 of clients)
- ▶ DPH SAPC – Substance use disorder outreach, assessment and service navigation (~1/3 of clients)



# Framing for the Integrated Care Team Model

- ▶ Model includes the following principles:
  - ❑ Maximizing leveraging of each Department's resources and of MediCal
  - ❑ Increasing efficiencies
  - ❑ Maximizing the expertise of each Department

# Integrated Services in PSH: Intensive Case Management Services (ICMS)

- ▶ ICMS services will be provided by homeless services providers under contract with DHS
- ▶ All clients matched to permanent supportive housing will receive ICMS services
- ▶ ICMS services are provided onsite at project based PSH and by mobile teams at scattered site PSH

# Integrated Services in PSH: Intensive Case Management Services (ICMS)

- ▶ ICMS includes:
  - ❑ Outreach and engagement
  - ❑ Intake, assessment, and individualized service plans
  - ❑ Assistance with rental subsidy and lease applications, housing location, and eviction prevention
  - ❑ Ongoing onsite case management
  - ❑ Linkages to health, mental health, and substance use disorder services
  - ❑ Assistance with benefits establishment
  - ❑ Transportation
  - ❑ Assistance with life skills and community participation, volunteer and educational opportunities, and employment
  - ❑ Crisis intervention

# Integrated Services in PSH: Intensive Case Management Services (ICMS)

- ▶ ICMS is provided by homeless services providers who have contracts with DHS.
- ▶ Homeless services providers who are on the DHS Supportive Housing Services Master Agreement vendor list are eligible to provide ICMS services.
- ▶ The ICMS case manager to client ratio does not exceed 1-case manager per 20 clients.
- ▶ ICMS uses a “whatever-it-takes” and harm-reduction approach to serving clients.

# Integrated Services in PSH:

## Housing Full Service Partnerships (FSP)

- ▶ Housing Full Service Partnership (FSP) services will be provided by specialty mental health providers under contract with DMH
- ▶ It is estimated that approximately 1/3 of D7 clients will have a serious mental illness and will be offered FSP services
- ▶ FSP services are focused on helping clients manage the symptoms of their mental illness and assist them with their mental health wellness and recovery goals. Services include:
  - ❑ Individual/Group Therapy/Counseling
  - ❑ Medication Support
  - ❑ Crisis Intervention
  - ❑ Referrals and Linkage

# Integrated Services in PSH:

## Substance Use Disorder Services

- ▶ Client Engagement and Navigation Services (**CENS**) will be provided by SUD providers under contract with Substance Abuse Prevention and Control (SAPC)
- ▶ It is estimated that approximately **1/3 of D7 clients** will receive **CENS** services
- ▶ **CENS** includes outreach and engagement, screening and referral, SUD service navigation, and care coordination to improve access to SUD services
- ▶ Outpatient and Intensive Outpatient SUD services, including individual and group counseling

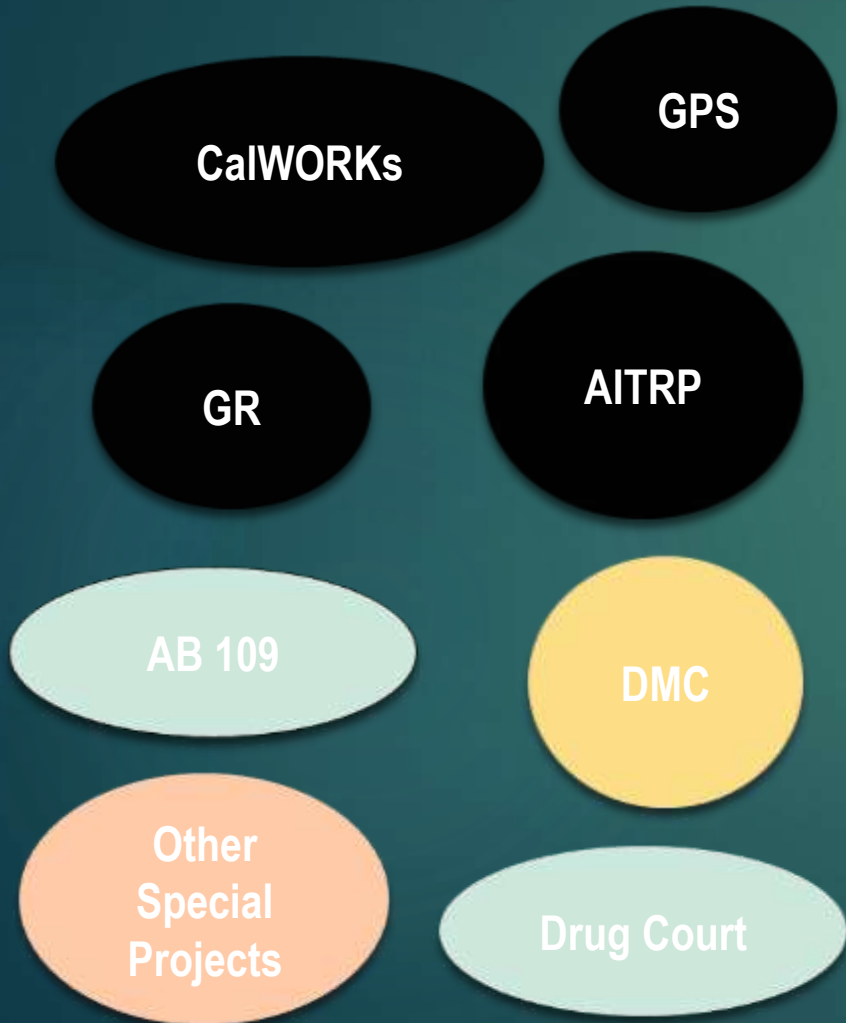


**START-ODS**  
SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

**The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver is the greatest opportunity in recent history to design and implement an SUD system of care that has the financial and clinical resources to more fully address the complex and varied needs of individuals with SUDs.**

## OLD SYSTEM Contracts by Funding Sources



## NEW SYSTEM DMC as Primary Payer of Services



No more funding-specific contracts. However, non-DMC-covered services will be paid through other SAPC funding sources.



# Benefits

START-ODS expands the available services to patients in order to create a fuller continuum of care.

## Old DMC-SUD System

- ☑ Outpatient
  - ☑ Intensive Outpatient
  - ☑ Residential (Perinatal Patients Only)
  - ☑ Opioid Treatment Program
- 
- ☑ Individual Sessions (Crisis Only)
  - ☑ Group Sessions

## New DMC-SUD System for Youth and Adults

- ☑ Outpatient
  - ☑ Intensive Outpatient
  - ☑ Residential (All Populations – 3 Levels of Care)
  - ☑ Opioid Treatment Program
  - ☑ Additional Medication-Assisted Treatment
  - ☑ Withdrawal Management (Detox)
- 
- ☑ Individual Sessions (No Limits)
  - ☑ Group Sessions
  - ☑ Family Therapy
  - ☑ Case Management/Care Coordination
  - ☑ Recovery Support Services
  - ☑ Field-Based Services
  - ☑ Recovery Bridge Housing

# Benefits for Homeless Individuals

START-ODS expands the available services to homeless patients in order to address their homelessness status.

## Recovery Bridge Housing

- ☑ Type of abstinence-based, peer supportive housing that provides a safe interim living environment for patients who are homeless or in unstable housing while receiving treatment in outpatient, intensive outpatient, opioid treatment program, or outpatient withdrawal management
- ☑ Stays of up to 90 days
- ☑ 500 beds funded by Measure H
- ☑ 250 beds funded by other non-DMC funds

## CENS in Permanent Supportive Housing

- ☑ SUD screenings, referrals, and service navigation to residents at project-based and scattered site PSH housing throughout Los Angeles County
- ☑ CENS will refer residents to treatment providers using the Service and Bed Availability Tool (SBAT)
- ☑ Funded by Measure H

# HOW MEASURE H FUNDING WILL BE UTILIZED

## Strategy B7 - Interim/Bridge Housing for those existing institutions

- ❑ Recovery Bridge Housing (RBH) for up to 90 days.
- ❑ RBH will be available to homeless clients who are still homeless at treatment discharge and choose abstinence-based housing.
- ❑ Require concurrent participation in outpatient, intensive outpatient counseling, or opioid treatment program services.
- ❑ Proposed Annual Funding - \$6,202,665.

## Strategy D7 - Provide services and rental subsidies for Permanent Supportive Housing

- ❑ Outreach and engagement services to residents in permanent supporting housing.
- ❑ Provide SUD screening and referral to SUD treatment services.
- ❑ Funding will support the co-location of CENS at selected permanent supporting housing facilities.
- ❑ Proposed Annual Funding - \$562,500.

# Key Requirements of DMC-ODS

- ▶ **CENS** Cal or My Health LA-eligible, which includes those who have not completed the application
  - ❑ Verifiable residence in Los Angeles County (LAC), including benefits assigned to LAC if a Medi-Cal beneficiary
  - ❑ AB 109 or drug court participant who is not Medi-Cal or My Health LA eligible, and LAC resident
  - ❑ Meets medical necessity criteria for SUD services
- ▶ **Service Authorizations**
  - ❑ Adult: residential, recovery bridge housing
  - ❑ Youth: residential, withdrawal management, medication-assisted treatment

# Key Clinical Requirements of DMC-ODS

## ▶ **Assessment Tools**

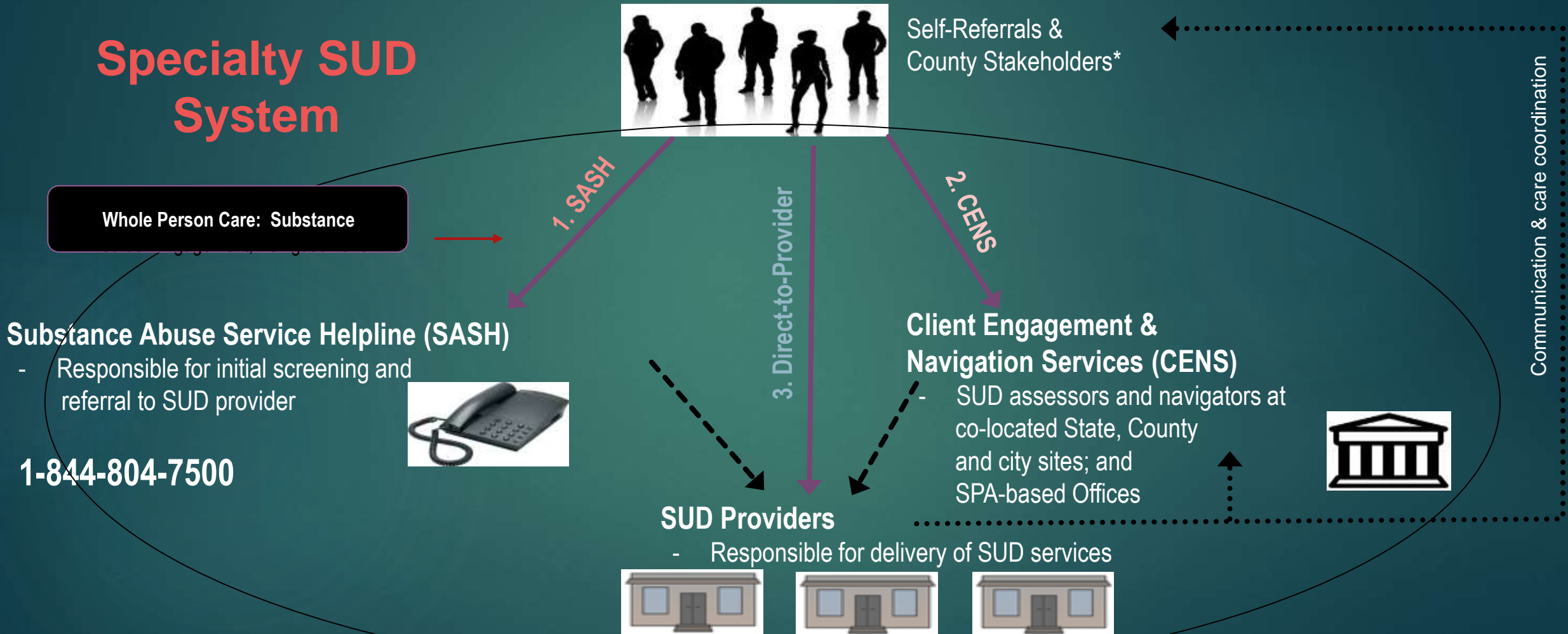
- ❑ American Association of Addiction Medicine (ASAM) Triage Tool
- ❑ ASAM Continuum
- ❑ Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders

## ▶ **Evidence-Based Practices**

- ▶ Motivational Interviewing (MI)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Relapse Prevention
- ▶ Trauma-Informed Treatment
- ▶ Psycho-Education

# MAIN ENTRYWAYS INTO THE SPECIALTY SUD SYSTEM

## Specialty SUD System



\*No wrong door approach

# Service & Bed Availability Tool (SBAT)

- Workflow for the 3 Entryways



- General Public

- : Call SASH or access the SBAT to identify an appropriate SUD provider directly

- : <http://sapccis.ph.lacounty.gov/sbat/>



- SASH **1-844-804-7500**

- : Perform screening via phone to identify provisional LOC needed

- : Utilize SBAT to identify appropriate providers who meet the needs of the patient, and arrange appointment (OP/IOP) or reserve bed (Res/Res WM/RBH) according to patient preference



- CENS

- : Perform screening face-to-face to identify needed provisional LOC, then use SBAT to identify an appropriate SUD provider

## Service & Bed Availability Tool (SBAT)

- Publicly accessible, web-based dashboard of intake appointment slots and bed availability
- The SBAT will be the primary means by which appropriate SUD referrals are identified.
- **Purpose:** To provide the general public, SASH, CENS, and providers an inventory of available treatment slots and beds in order to more easily coordinate along the SUD care continuum essential to achieve a truly organized system of SUD care





# Service & Bed Availability Tool (SBAT)

## FIND AVAILABLE SUBSTANCE USE SERVICES NEAR YOU

- Option 1:** If you want to speak to someone directly to access services, call the Substance Abuse Service Helpline (SASH) at 844-804-7500
- Option 2:** If you want to identify substance use services online [CLICK FOR INSTRUCTIONS](#)
- Option 3:** Search by agency name

**Starting Location:**

Enter a location (Default: Los Angeles County, CA)

5 miles

SEARCH

**Filter by:**

**TREATMENT/SERVICE TYPE:**

- Outpatient Treatment, Level 1 (OP)
- Intensive Outpatient, Level 2.1 (IOP)
- Residential Treatment, Levels 3.1 & 3.5 (RS)
- RS (Levels 3.1 & 3.5) - Male
- RS (Levels 3.1 & 3.5) - Female
- Residential Population-Specific Treatment, Level 3.3 (RS)
- PSRS (Levels 3.1 & 3.5) - Male
- PSRS (Levels 3.1 & 3.5) - Female
- Ambulatory - Withdrawal Management, Levels 1-WM & 2-WM (A-WM)
- Residential - Withdrawal Management, Level 3.2-WM (R-WM)
- R-WM - Male
- R-WM - Female
- Inpatient - Withdrawal Management, Levels 3.7-WM & 4-WM (I-WM)
- I-WM - Male
- I-WM - Female
- Opioid Treatment Program (OTP)
- Recovery Bridge Housing (RBH)
- RBH - Male
- RBH - Female



Agency	Available Beds	Intake Appointment	Specific Service Type	Languages Spoken
<p><b>1</b> 0.42 miles</p> <p><b>LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE</b></p> <p>470 East 3rd Street, Suites A &amp; B Los Angeles, CA 90013 Business Hours: Sun: Closed; Mon - Thu: 7:30 am - 7:30 pm; Fri: 7:30 am - 4:30 am; Sat: 7:00 am - 3:30 am Phone number: (213) 626-6411</p>		<p>OP IOP</p>	<p>Adult, Co-Occurring Mental Health Capabilities, Court Diversion, Probation/ Parole, Re-entry, Homeless, LGBTQ, Older Adults, Parent/Guardian (Female) with Children, Sexually-Exploited, Veterans, Young Adults</p>	<p>English, Spanish</p>



## RESOURCES

SAPC Website:

<http://publichealth.lacounty.gov/sapc/>

START-ODS Webpage:

<http://publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm>

SAPC Adult System of Care Email:

[ASOC\\_SAPC@ph.lacounty.gov](mailto:ASOC_SAPC@ph.lacounty.gov)

**SASH Phone Number: 1-888-804-7500**

**START-ODS**  
SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

**EXPANDING LOS ANGELES COUNTY'S SUBSTANCE USE DISORDER SYSTEM:  
More Eligible Patients and an Improved Benefit Increase Demand for Treatment Slots**

**New SUD Benefits under Medi-Cal**

Callers: Medi-Cal 2025 115x11 Major Democratic

**ADULT SYSTEM OF CARE**

**START-ODS**  
SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

**SUBSTANCE USE DISORDER  
TREATMENT SERVICES  
PROVIDER MANUAL**

**JULY 2017**  
Version 1.0

**Los Angeles County  
Department of Public Health**  
Substance Abuse Prevention and Control

# Integrated Services in PSH:

## Integration and Coordination Across Service Providers

- ▶ Six months prior to lease up all three Departments will work with developer to determine appropriate ICMS, Housing FSP and Substance Use Provider
  - ❑ Ideally the same provider would provide all three services
  - ❑ The three Departments are working to expand our network of providers
  - ❑ Critical that partners work as an integrated team and in collaboration with the property manager and the developer

# Integrated Services in PSH: Housing Resources

- ▶ Voucher Commitments from eight Public Housing Authorities
- ▶ Pipeline of Project Based Housing
- ▶ Flexible Housing Subsidy Pool (Measure H funded)

# Integrated Services in PSH: Housing Resources

## ▶ No Place Like Home

- ❑ AB 1618 signed into law on July 1, 2016
- ❑ \$2 billion bond sales statewide for PSH targeting individuals who are homeless and have a mental illness Los Angeles is estimated to receive \$700 million
- ❑ Bonds will be repaid with Mental Health Services Act revenues
- ❑ Must go through a validation action which started September 12, 2017 and is expected to take 8 months

# Integrated Services in PSH: Housing Resources

## ► Proposition HHH

- ❑ Passed by voters on November 8, 2016
- ❑ Provides the City of LA with the authority to issue up to \$1.2 million in General Obligation bonds
- ❑ Proceeds will be used to fund Permanent Supportive Housing targeting a homeless and special needs population
- ❑ City of LA has committed to developing 1,000 units per year for 10 years
- ❑ Supportive Services will be provided through D7

# Integrated Services in PSH:

## Outcome Metrics

- ▶ Number of clients:
  - ❑ linked to Intensive Case Management Services
  - ❑ receiving Housing Full Service Partnership services
  - ❑ referred to substance use disorder treatment, number who enter treatment, and number who complete treatment
- ▶ Number of:
  - ❑ Federal rental subsidies
  - ❑ Local rental subsidies
  - ❑ Clients housed
- ▶ Percentages of:
  - ❑ 12-month housing retention
  - ❑ 24-month housing retention

# Questions and Discussion

