Homeless Innovations Project:

Integrating Mental Health, Physical Health and Substance Abuse Services to Serve Homeless Individuals

18th Annual

National Association of Case Management Conference

October 25, 2012

Mental Health America of Los Angeles

Homeless Innovations Project (HIP) Staff

Objectives

- Define an innovative approach for integrating behavioral health and physical health services
- Discuss challenges and lessons learned in overcoming systems, cultural, and program barriers to create a successful collaboration
- Describe elements of a mobile team approach to outreach in order to best engage and provide on-the-street services to vulnerable homeless individuals

HIP Basics

- 3-year, $4 million dollar Department of Mental Health, Mental Health Services Act funded project
- HIP is a "learning grant"
- Integrated Mobile Health Team
  - Partnership between The Children's Clinic, Serving Children and Their Families (TCC) and Mental Health America of Los Angeles (MHALA)
  - Street medicine approach
  - Focus on the most "vulnerable" in Long Beach, California
  - Serve 300 over the three years, with 100 enrolled at any given time
  - 24/7 availability
  - Use of technology to enhance services and practice

Long Beach: Demographics

- 52 square miles
- Population of 462,257 (2010 US Census)
- Culturally diverse
  - 29.4% White, 13.5% Black,12.9% Asian, 40.8% Hispanic, 1.1 % Hawaiian/Pacific Islander, 0.7% Native American/Alaskan Native, 5.3% Multi-racial
- Temperate climate
- Most social services agencies are located in the downtown area

Downtown Long Beach Homeless Statistics 2011

- 304 people sleeping on Long Beach's downtown streets
- 125 people were considered vulnerable (41%)
  - Vulnerable defined as most likely to die on the streets
- 46 veterans (15%)
- 150 mental health issues (49%)
- 208 people with substance abuse (68%)
  - 63 people with history of injection drug use (21%)
- 25 under 25 years of age; 21% from the foster care system
- 8 HIV/AIDS (2.6%)
- 45 average age
- Race: 37% White, 39% Black, 12% Hispanic

(100,000 Homes Campaign & Long Beach Connections Initiative)

HIP Funding Sources

- California Proposition 63, the Mental Health Services Act
  - 1% tax on personal income exceeding $1 million
  - A 3-year learning grant that allows counties to develop novel demonstration programs
  - LAC-DMH funded 4 models of integration
  - The focus is more on learning from the process and less on outcomes or service
- Grants used as project leverage
  - Conrad N. Hilton Foundation Grant
  - Chronic Homeless Housing HUD Grant

Health Care Integration

"The intentional, ongoing, and committed coordination and collaboration between all providers treating the individual. Providers recognize and appreciate the interdependence they have with each other to positively impact healthcare outcomes. Ideally, a designated team of behavioral and physical healthcare providers develop a common treatment plan that identifies and addresses both physical health and behavioral healthcare needs."

-The Arizona Department of Health Services, 2012

Development of HIP: Beginning steps

- Visited Boston Health Care for the Homeless – a sustainably funded street medicine program that integrates mental health services
  - Attended the National Street Medicine Conference to learn about other street medicine models
- Identified key evidence-based practices most useful for our target population
  - ACT, CTI, MI, Supported Employment and Education
- Incorporated several models that are already an integral part of MHALA Village
  - Recovery Model
  - Housing First Model
  - Harm Reduction Model

HIP Organizational Chart

Interim Director
Mary Nabers
Single Point of Supervision
(.85 FTE)

M-Health Workers – Outreach, Engagement , Case Management and Benefits Assistance

M-Health Team 1

M-Health Worker - *Shad Fossen* (1.0 FTE)

M-Health Worker - *Tania Leysen* (1.0 FTE)

M-Health Team 2

M-Health Worker - *Steve Hrenak* (1.0 FTE)

M-Health Worker - *Laurie Ramey* (1.0 FTE)

M-Health Team 3

M-Health Worker - MSW *Eric Copeland* (1.0 FTE)

M-Health Worker - LVN *Kerri Thomas* (1.0 FTE)

M-Health Team 4 – most chronic clients

M-Health Worker - MSW *Brandon Porsandeh* (1.0 FTE)

M-Health Worker - SA counselor *Martial Wallace* (1.0 FTE)

Housing Specialist *Margarita Mendiola* (1.0 FTE)

Physical and Mental Health Services – Mobile and Work s with all M -Health Teams

Psychiatrist *Kaney Fedovskiy* (1.0 FTE)

Registered Nurse *Lesley Braden* (1.0 FTE)

Nursing Students

Stability, Self -Sufficiency & Support Resources – Mobile and Works with All M -Health Teams

Administration

Clinical & Intern Coordinator *Brenda Simpson - Hamamoto* (1.0 FTE)

Homeless Services Contract Administrator *Amy Pacheco* (1.0 FTE)

HIP Administrator *Jan Arevalo* (1.0 FTE)

Administrative Specialist *Kathryn Couch* (1.0 FTE)

Day Labor Coach *David Valentich* (.5 FTE)

Job Developer *Village Employment* (.25 FTE)

Community Mobilizer *Martha Long* (.25 FTE)

(TCC) subcontractor positions

Family Nurse Practitioner (FNP) *Dora Magana* (.75 FTE)

Physical Health Physician *Dr. Jack Tsai* (.3 FTE)

Medical Assistant *Favi & Chrystal* (2.0 FTE)

Clinic M anager / Case Manager *Stephanie Love* (1.0 FTE)

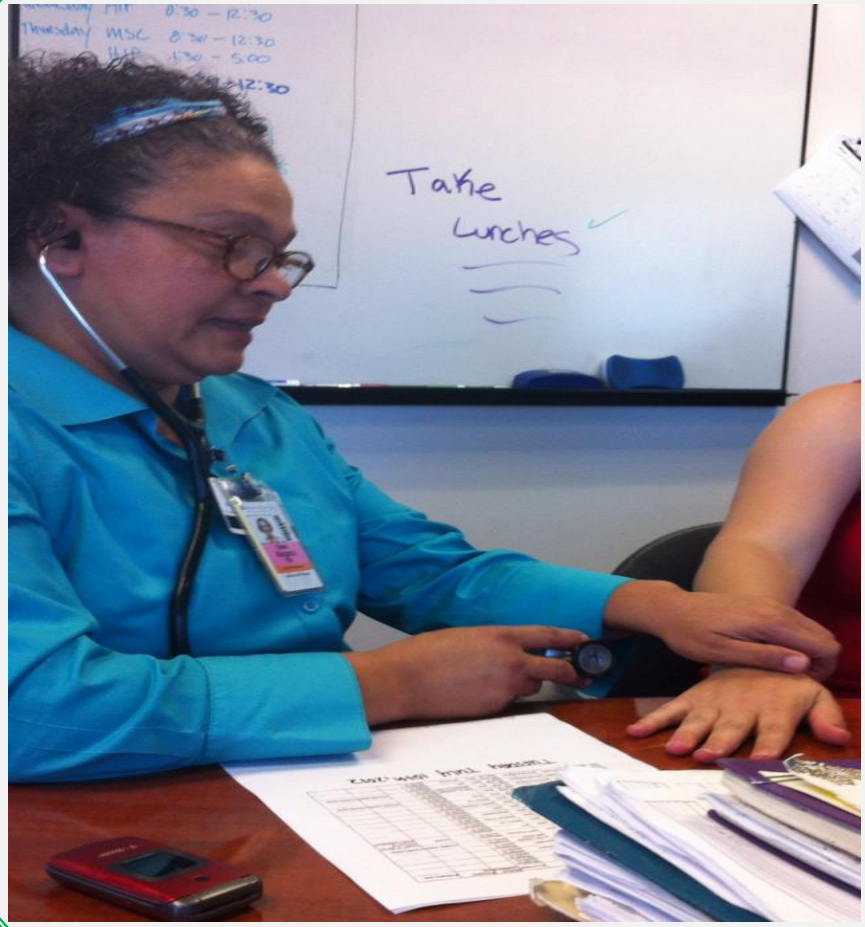
Subcontractor Key :
Orange - Physician, FNPs, medical assistants & clinic manager are **The Children's Clinic (TCC) subcontractor positions and will braid TCC - FQHC and IMHT funds** . For year 1, the .3 FTE physician will be .1 TCC -FQHC and .2 IMHT funds; for 2.0 FTE FNP, 1.0 FTE will be TCC - FQHC and 1.0 will be IMHT funds; for 2.0 FTE medical assistants, 1.0 FTE will be TCC - FQHC and 1.0 FTE will be IMHT funds; for 1.0 FTE clinic manager, .5 FTE will be TCC -FQHC and .5 FTE will be IMHT funds. TCC FTEs charged to IMHT decline from 2.7 to 2.0 by year 3.

Medical Partnerships

- The Children's Clinic: Serving *Children and Their Families* (TCC)
- 1 "main" clinic and 6 satellite clinics in the Long Beach community
- Multi-Service Center (MSC) Clinic: 2-room clinic located at the City's homeless access center
- Staffed by 1 MD, 2 Nurse Practitioners and 2 Medical Assistants
- Facilitate connection to Healthy Way LA
- Active participation in all team meetings, trainings and outreach

The Children's Clinic Staff

Meet Dora Magaña, NP



Key Areas of Health Care Integration

Includes Integrated:

- Access
- Services
- Funding
- Governance
- Evidence-based practices
- Data
  - Health Record
  - Outcomes

(Doherty, McDaniel, Baird, Reynolds: Levels of Integration, 1995)

MHALA and TCC: Working towards integration

- Systems challenges
  - Differences in funding between FQHC's and mental health services agencies
  - Difficult to be innovative within the DMH system
    - Time-limited start-up funding, Admission criteria, Billing, Documentation
- Differences between TCC and MHALA
  - Structure, culture, language, reimbursement
- Barriers to an integrated health record
  - HIPAA considerations, consultation fees, technological costs and limitations

Other Health Partnerships

- Long Beach Health Department
- The CARE Program at St. Mary Medical Center
- Lens Crafters Eye Exam 2000- Gift of Sight Program
- The Jewish Community Center

Housing Partnerships

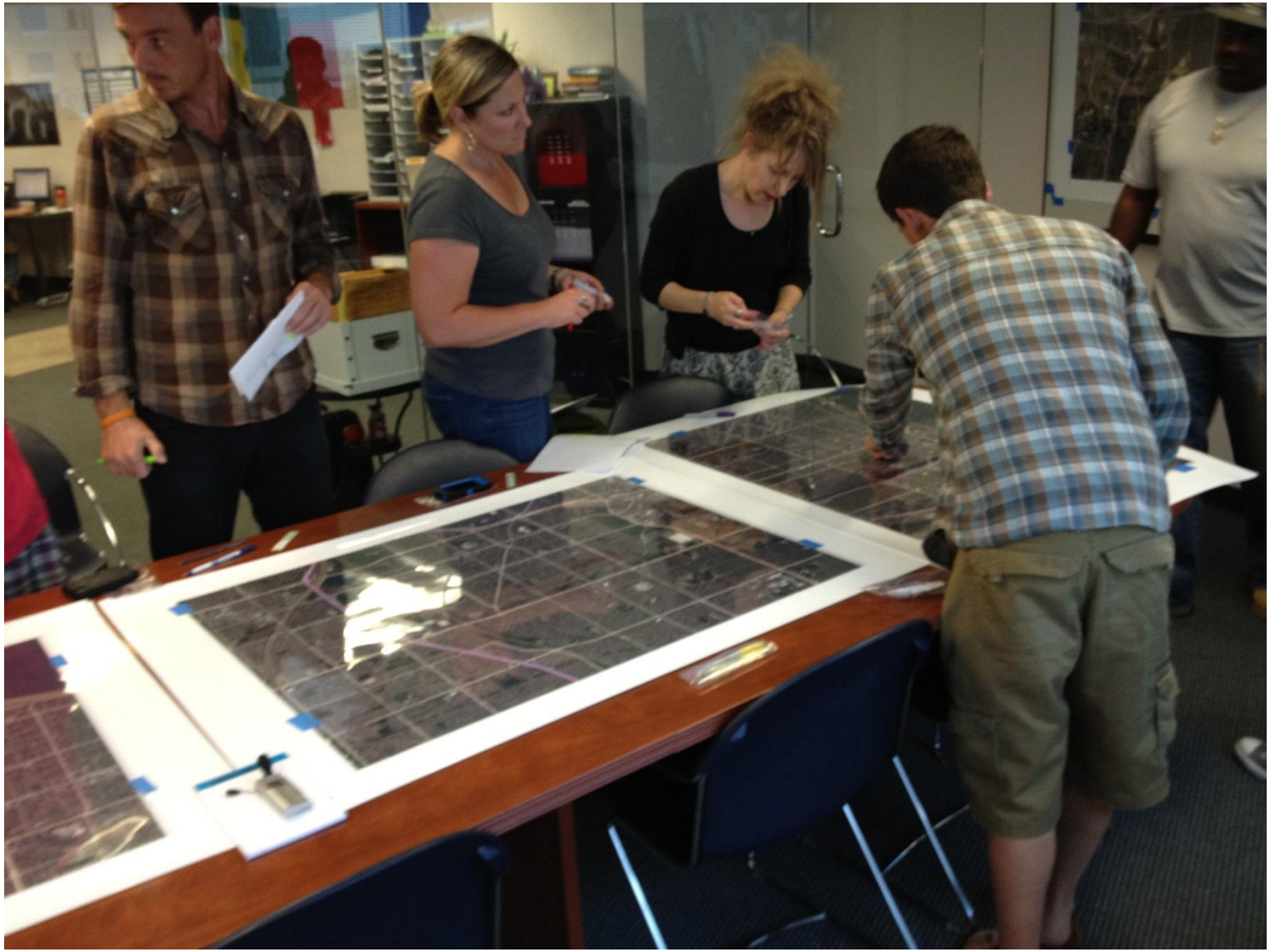
- City of Long Beach Homeless Continuum of Care: Emergency and Transitional Shelters
- Sober Living programs
- Shelter + Care vouchers from LB Housing Authority (HUD)
- Chronic Homeless Housing (CHH) HUD grant
- Clifford Beers
- Relationships with a wide variety of LB apartment managers/owners

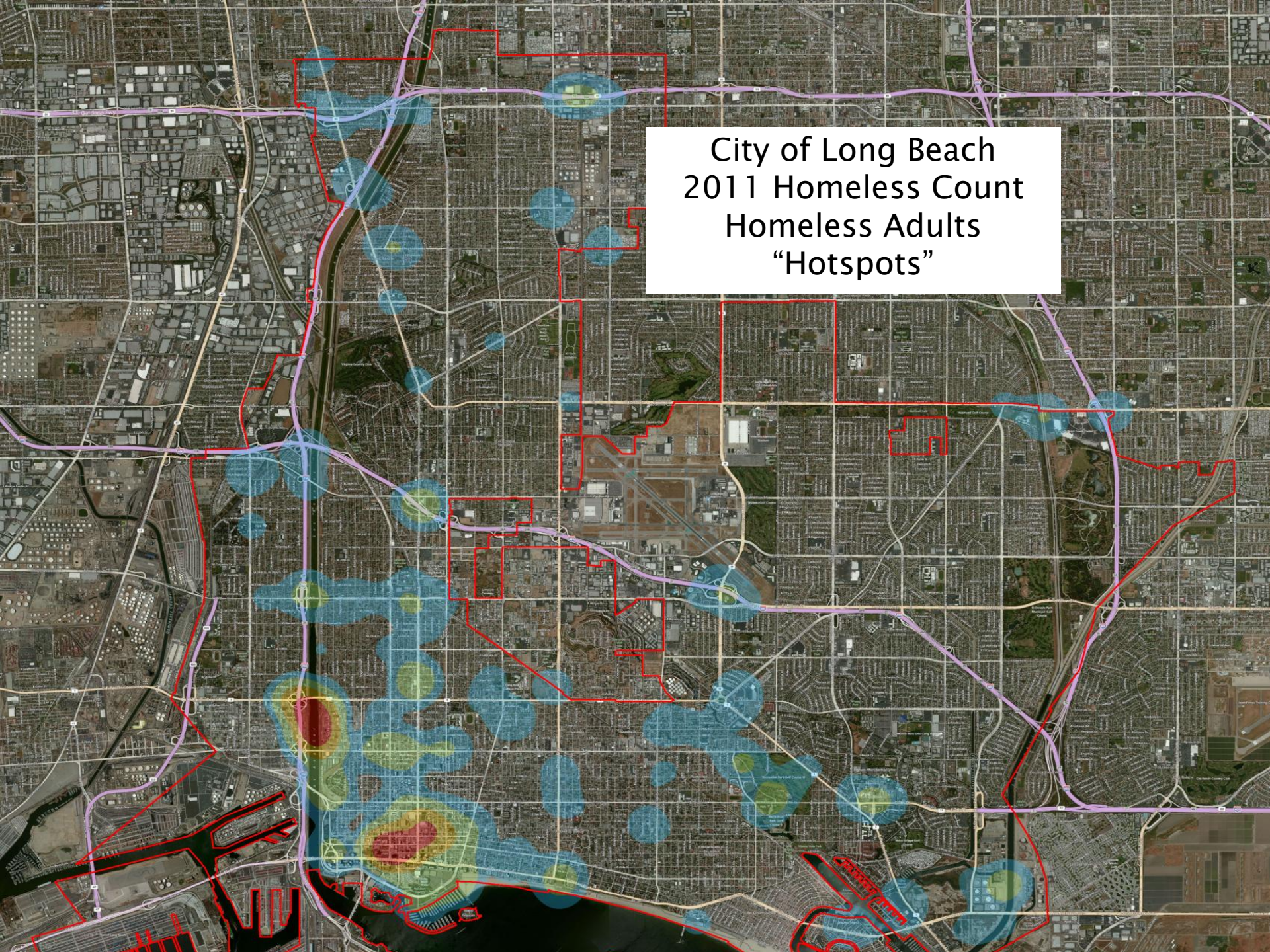
Outreach Partnerships

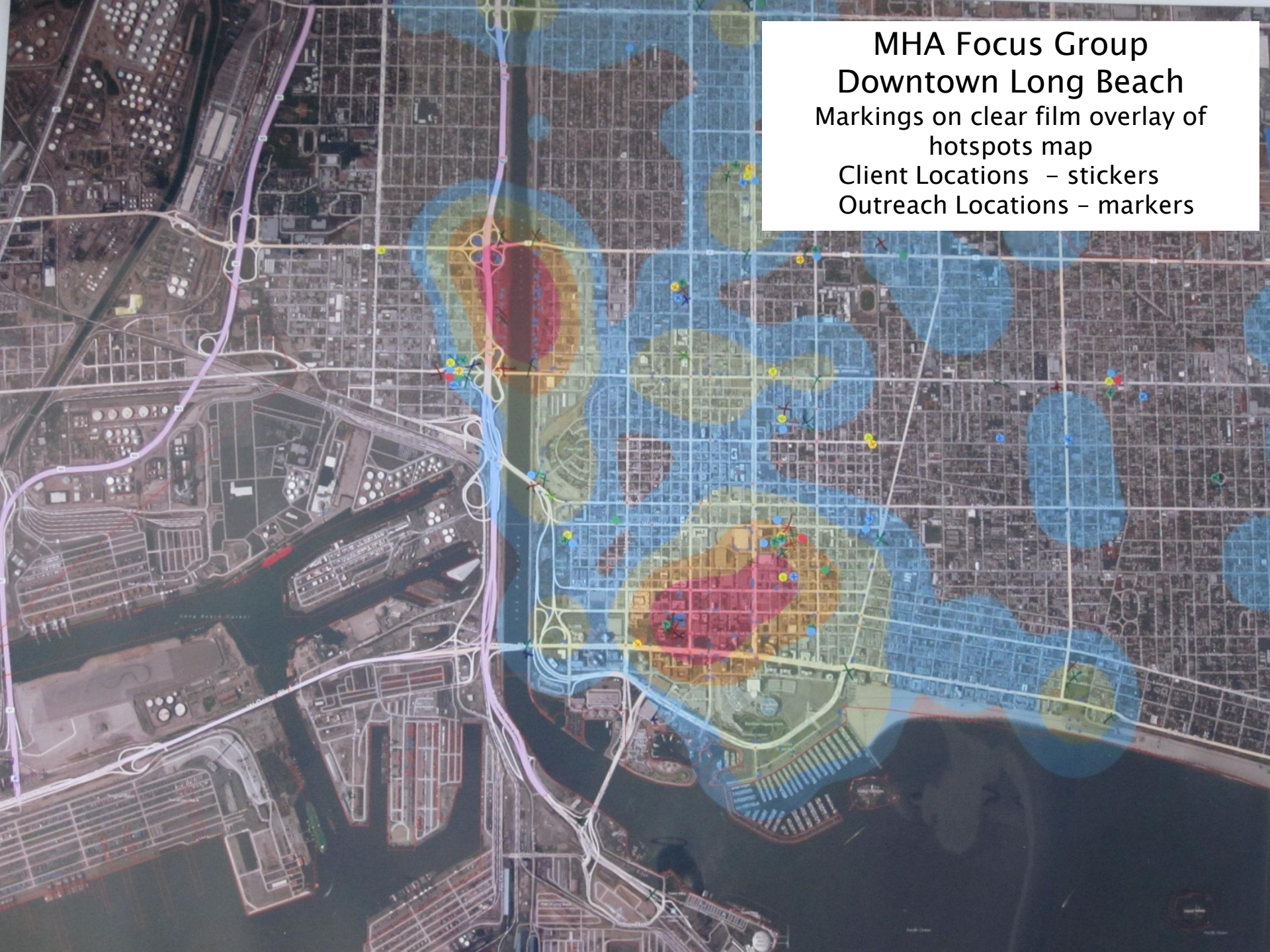
- Long Beach Outreach Network
- The Local Libraries
- LB Discharge Collaborative- outreach to local hospital discharge planners and case managers to educate about HIP
- Downtown LB Security Alliance
  - Downtown Long Beach Association/Guides
- CSULB Geography Department

CSULB Geography Department

- Focus groups and mapping to enhance outreach services
  - One day focus group to map current outreach locations
  - Compared current outreach areas to “hot spots” identified during the 2009 and 2011 city-wide homeless counts
- Increase our understanding of where homeless persons reside and why
- Inform new outreach approaches and methods for teaching new outreach workers




City of Long Beach
2011 Homeless Count
Homeless Adults
“Hotspots”


MHA Focus Group
Downtown Long Beach
Markings on clear film overlay of hotspots map
Client Locations - stickers
Outreach Locations - markers

New Outreach Technique…

What Makes a Person "HIP"?

- "Vulnerable" street homeless population
  - As determined by the Common Ground Vulnerability Index
- 1 or more Serious Health Conditions: Hepatitis, HIV/AIDS and other STIs, HTN, Cardiovascular Disease, Diabetes, Chronic Respiratory Illnesses, Obesity, Debilitating Chronic Pain
- Serious Mental Illness
- Tri-morbidity
- High utilizers of ERs and Psych Hospitals
- Chronically homeless by HUD standards
- Not actively engaged in services
- Want HIP in their lives

Other HIP Considerations

- What is the participant's story?
- How do we best connect with them?
- What are their strengths?
- What types of supports do they want from HIP/What are their goals?
- How can we use technology to enhance their experience with us?

HIP Progress So Far…..

- Began February 2012 with street outreach
- Enrolled 41 individuals since May
- 25 housed with HUD permanent housing vouchers
- Cardiovascular Disease, Respiratory Illness, Diabetes and Hepatitis C
- 37 have walked into TCC clinic for continuing primary care
- Now fully staffed
- Provider level partnership between TCC and MHA progressing
- Implemented new Electronic Health Record (EHR) in June
- Ongoing participation in learning groups with DMH around Evidence-Based Practices
- Ongoing health education for staff including CPR and First Aid training
- Presentations and relationship-building with the community

Psychiatric Assessment at an Encampment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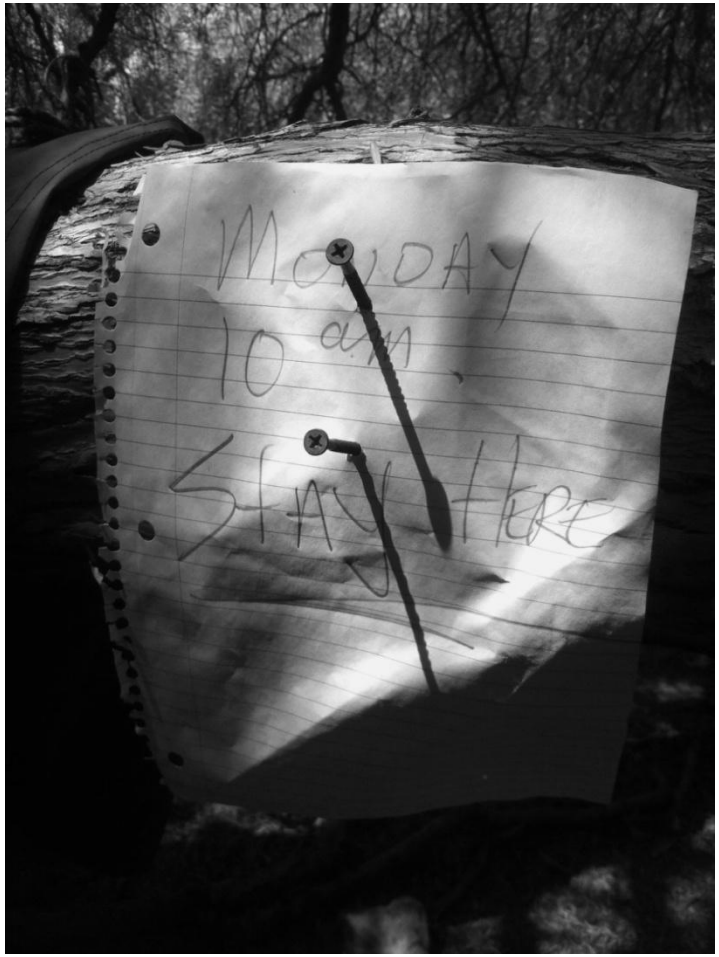
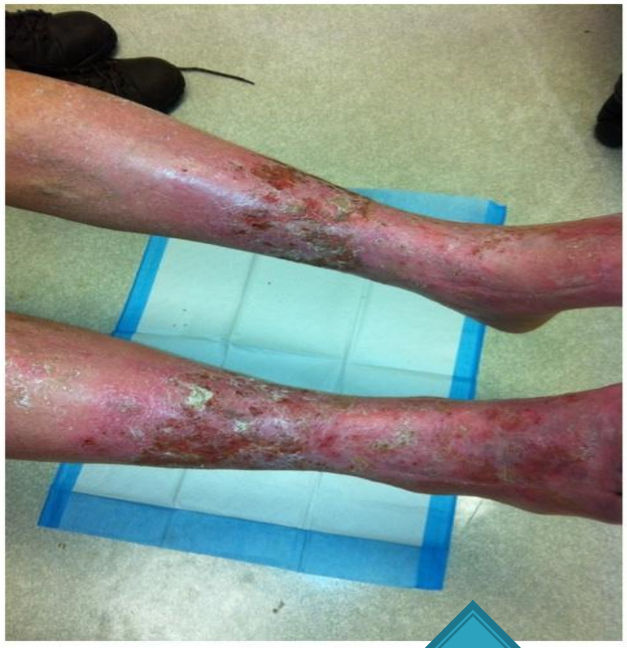
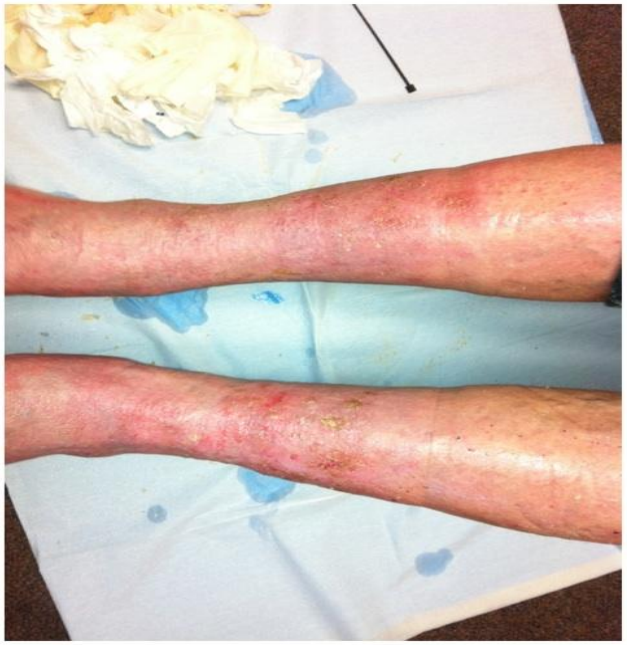
START
STOP

Appointment Reminder







Wound Care: Before and After

Sonny's Story

Sonny Now

Lessons Learned

- Relationship building between collaborating organizations is extremely important
  - Should be mutual
  - Should include understanding the culture, language, strengths, weaknesses of one another
- Having experienced staff was very beneficial
  - The learning curve is steep when integrating primary care and mental health
- Early and ongoing technology trainings and support
- Having multiple medical staff was crucial
  - Because of the severity of physical health issues
  - To provide health education for the non-medical staff

Next Steps

- Enrollment: goal of 100 participants by Feb 2013
- Touch 300 lives by Feb 2015
- Become more fully integrated
- Continue to strengthen our partnerships for effective outreach and service provision
- Strengthen our knowledge and use of our identified evidence-based practices
- Influence the process of outcome indicator creation
- Remain innovative and use technology to enhance our work

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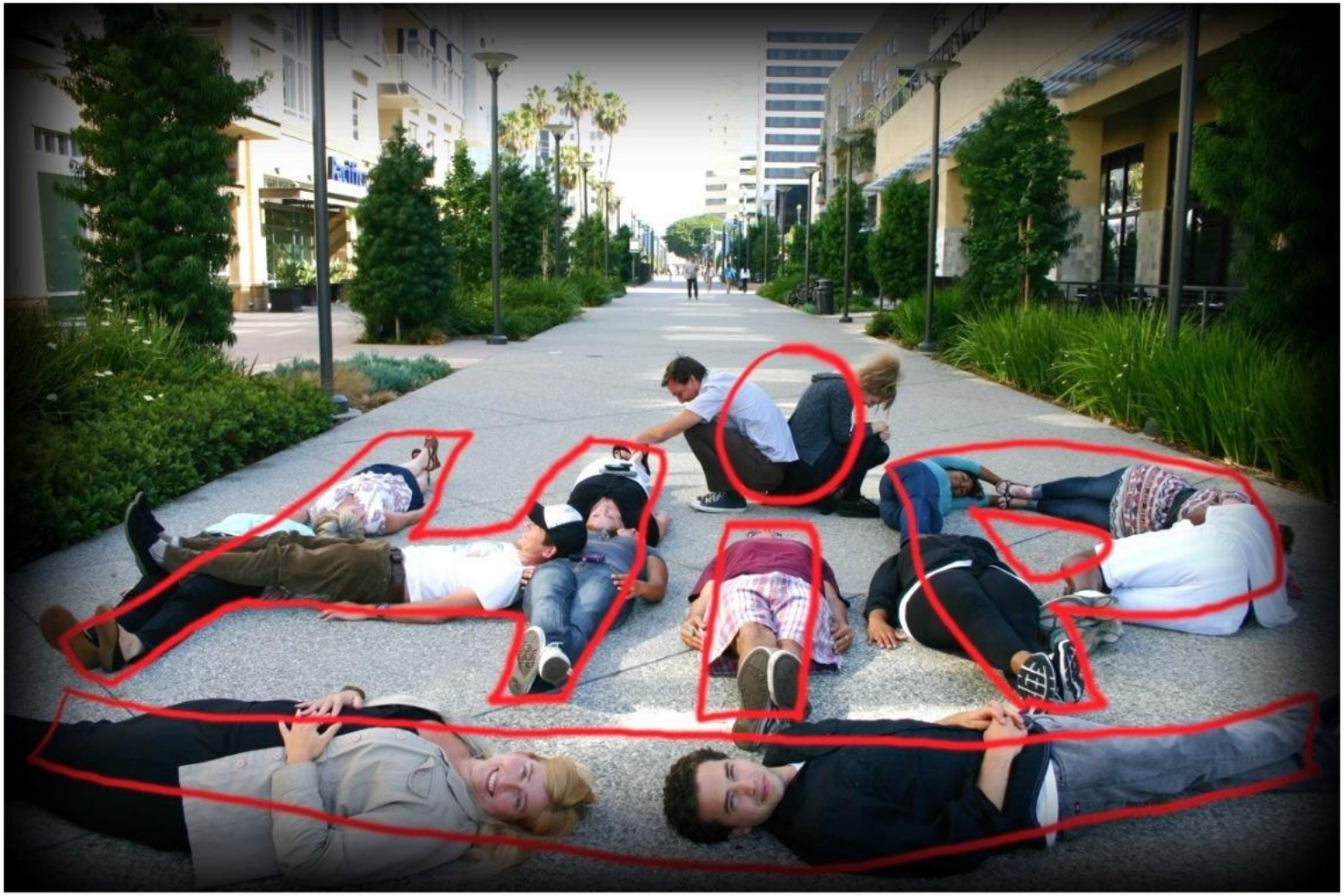
HOMELESS INNOVATIONS PROJECT HIP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