HOUSING FOR HEALTH

Caring for people experiencing homelessness,
One person at a time

Intensive Case Management Services (ICMS)
September 14, 2023

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HFH Background

- Implemented in 2012, Housing for Health (HFH) is a division under the Department of Health Services that serves people experiencing homelessness and combines housing and clinical supports to do whatever it takes to stabilize and support those with complex health, mental health and substance use issues.
- HFH funds programs that work on the streets, in encampments, in shelters, or in permanent housing programs. Health care, clinical services, case management, benefits advocacy and income supports are offered by these programs.

CLINICAL SERVICES

Housing For Health Programs

Flexible Housing Subsidy Pool

Intensive Case Management Services

Enriched Residential Care

Stabilization Housing

Recuperative Care

Safe Landing

Street Based Engagement

Encampment Resolution

Homelessness Prevention Unit

At-Risk of Homelessness

Unsheltered Homelessness

Interim Housing

Permanent Housing

BENEFITS ADVOCACY

MOBILE CLINIC

STAR CLINIC

DHS Housing and Services Program Overview

Housing for Health (HFH) and the Office of Diversion and Reentry (ODR)

Street-Based Engagement
(HFH only)

Outreach and multidisciplinary services to individuals living on the street.

- Outreach

Interim Housing
(ODR and HFH)

Short-term housing that offers a safe space to recuperate and stabilize, connect to services, and work on permanent housing.

- Stabilization Beds
- Recuperative Care

Permanent Housing
(ODR and HFH)

Housing assistance and individualized supportive services focused on housing retention and improving health outcomes.

- Homelessness Prevention Unit (HFH)
- Permanent Supportive Housing
- Enriched Residential Care

Benefits Advocacy

Clinical Services

Mobile Clinic

Housing For Health's Funding Sources

Largest Funding Source

Measure H

Other Major Funding Sources

- ARPA
- Cal-AIM
- Mental Health Services Act via DMH
- Office of Diversion & Reentry
- Other State Grants

Street Based Engagement

Quick look:
Implemented in 2017
17,308 individuals served over the last year

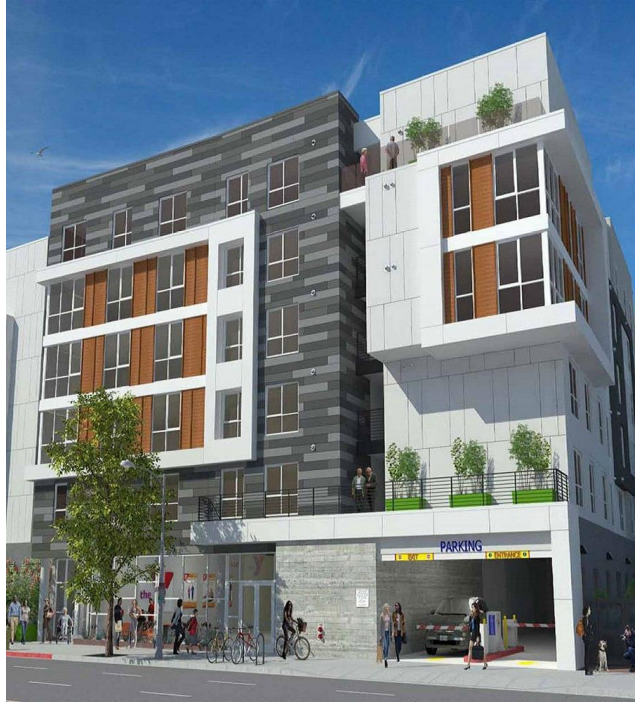
115+ multidisciplinary teams including health, mental health, substance use, case management services, provide outreach and engagement to unsheltered on the streets throughout LA County. The goal of these teams is to gain trust, meet immediate needs and to link individuals to housing and services as quickly as possible.

ıtreras, right, staff of Homeless Outreach Program Integrated Care System (HOPICS), visits Berta Rojas, left, along S Gran
es on Wednesday, Oct. 11, 2017. (Photo by Ed Crisostomo, Los Angeles Daily News/SCNG)

Interim Housing

Quick look:
Implemented in 2012
5,300 individuals served over the last year

- Stabilization housing provides support for individuals with complex health and behavioral health issues with the goal of securing permanent housing.
- Recuperative Care provides short-term care and medical oversight to unhoused who are recovering from an acute illness or injury or have conditions that would be exacerbated by living on the street or in shelters.



Flexible Housing Subsidy Pool (FHSP)

Quick look:
Implemented in 2013
Over 6,000 people housed
900+ ERC participants served
600+ HPU participants served
Using FHSP to deliver Housing Deposits funded by CalAIM

- Flexible Housing Subsidy Pool
  - Flexible funds created to house people in various housing settings and to provide tenancy support services
  - Also used to flexibly allow people to achieve success through housing deposit assistance, payments issued for essential services such as, paying for storage units, car repairs, airline tickets to permanently reunite with family, funeral costs, etc.
  - The FHSP jumpstarted housing development in LA County
  - Currently funded at over $350 million with investments from Departments of Health Services, Mental Health, Public Health, LA Care (Medi-Caid managed care plan), Measure H (1/4 cent sales tax), philanthropy, etc.

Permanent Supportive Housing

Quick look:
Implemented in 2012
22,000 enrolled
Approx 18,000 housed
92% retention rate (12 mos); 85% retention rate (24 mos)

- Intensive case management services (ICMS) paired with rental subsidies for unhoused people who have complex health, mental health, and/or substance use disorders.
- Departments of Mental Health and Public Health provide specialty mental health services and substance use disorder service linkage to work with ICMS.
- Additional services in PSH includes:
  - In Home Care Giving and linkage to In Home Supportive Services
  - Housing Deposits for people moving into PSH
  - Clinical supports - nursing and OT support

HFH Intensive Case Management Services (ICMS) Service Package

Intensive Case Management Services

- Master Agreement
- Housing related supportive services
- Site based and scattered site teams
- Every client matched to a new PSH housing resource is also assigned an ICMS provider

ICMS Service Packages include:

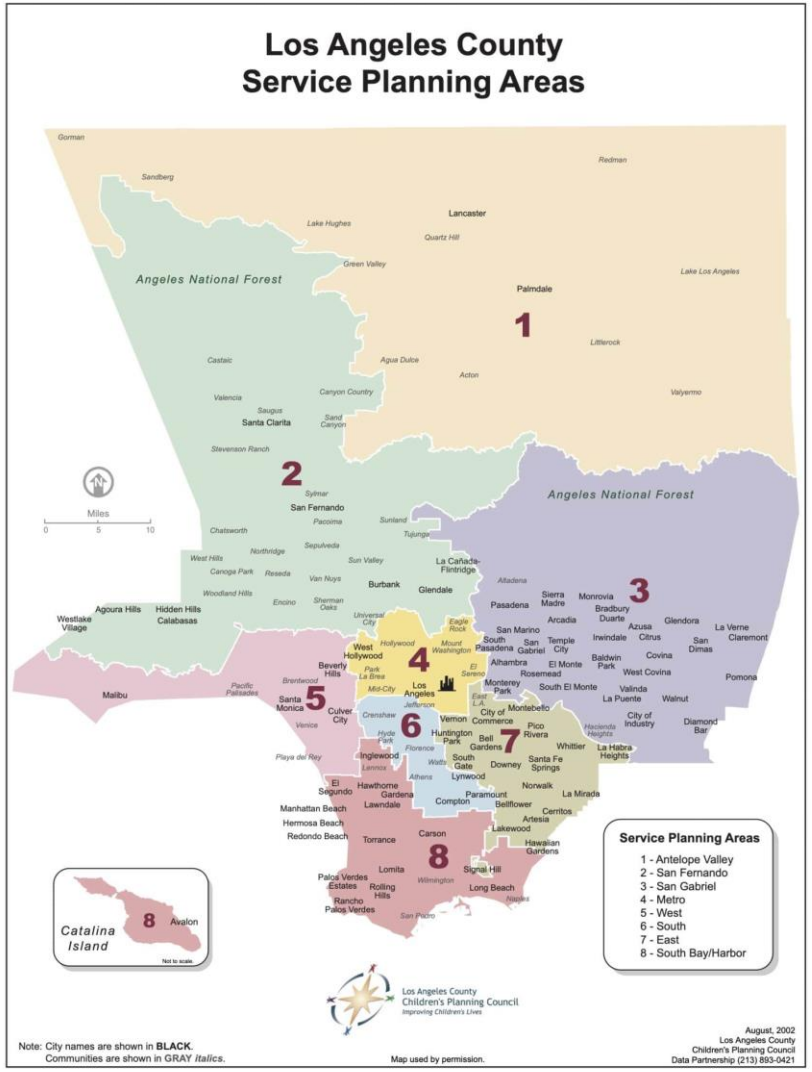
- Conducting housing needs assessment
- Assist client with obtaining necessary documentation
- Assist with completion and submission of housing application
- Assist with housing search including negotiating rental agreements
- Eviction prevention support and intervention
- Conduct home visits
- Assist client with accessing and keeping any health, mental health, and SUD appointments
- Assist with obtaining benefits
- Assist with life skills, educational and volunteer opportunities
- Transportation

A Critical Component in the LA Continuum of Care

ICMS is one of the Measure H strategies with the **widest reach**

Federal voucher holders matched through CES and living **throughout the County** receive ICMS

ICMS is a **critical component** in the success of the PSH program and for housing retention



ICMS Outcomes

21,813 people received ICMS in July 2023 through HFH and ODR

92% one-year PSH retention rate

Of the remaining 8% of participants who exited PSH, most clients **left housing voluntarily or relinquished housing**

Enriched Residential Care

Quick look:
Implemented in 2016
1,200 Slots
1,400 individuals served over the last year

- Unhoused individuals who require 24/7 monitoring and/or assistance with activities of daily living are placed in Adult Residential Facilities or Residential Facilities for the Elderly.
- HFH must cover the costs of these placements beyond the SSI rate.

Community Benefits Establishment Services Team (CBEST)

Quick look:
Implemented in 2017
Serving 10,000
89% approval rate

Benefits advocacy, clinicians, and contracted legal partners work together to assist PEH to apply for the following disability benefits programs:

- Supplemental Security Income
- Social Security Disability Insurance (SSDI)
- Cash Assistance Program for Immigrants
- Early/Full Retirement
- Survivor's Benefits
- Reconsiderations, Hearings, Continuing Disability Reviews, Overpayments, Benefits Reinstatements Post Incarceration, Appeals

Clinical Programs

- Skid Row Star Clinic is a low barrier health clinic that provides primary care for individuals (implemented 2013).
- Four mobile medical vans provide primary and episodic care to unsheltered homeless throughout LA County (implemented 2020) .
- Interim Housing Outreach Program (IHOP) provides teams of nurses and occupational therapists who support interim housing participants who require assistance with Activities of Daily Living (implemented 2023).
- In-Home Care Giving offers caregiving, home health services, and complex care management to help maintain in interim or permanent housing (implemented 2014).
- Client wellness services for formerly homeless individuals who live in assisting living facilities and who are served in the HFH ERC program (implemented 2018).

ueline Ramirez, a member of the Venice Family Clinic street medicine team, takes blood p
left, and Dr. Coley King inside the clinic's mobile unit in Santa Monica. (Brian van der B

Homeless Prevention Unit (HPU)

Implemented in July 2021, HPU is a Partnership with UCLA's California Policy Lab, Department of Health Services (DHS) and Department of Mental Health (DMH)

Serving 400 participants at any given time

Predictive analytics to identify individuals / families who are most at risk of losing their housing within the next 12 months

- Key features:
  - Proactive
  - Data-driven
  - Client-centered

Using AI to Predict Homelessness

- Data used to train and evaluate the predictive models is from the Infohub Integrated Data System maintained by the LA County Chief Information Office (CIO).
- Over 400 features produce the HPU's High Risk List, including:
  - DHS Emergency Room Visits
  - DMH Crisis Stabilization Holds
  - Application for public benefits through DPSS
  - Arrests/interactions w/ Probation
- Lists are sent to HPU for outreach, care and coordination.

HPU's Intervention

- Proactive Outreach (challenging!)
- 4-6 months of case management services
- At least $4,000 in flexible Financial Assistance
  - Rental assistance
  - Utility payments
  - Transportation assistance
- Connections to supportive services for long-term care
  - Housing navigation
  - Benefits advocacy
  - Health / Mental Health providers
  - Legal Services
  - Immigration Services

HPU Early Outcomes + Next Steps

87% of HPU clients exit the program having retained their Permanent Housing

Evaluating pilot program with a randomized control trial in partnership with UCLA's California Policy lab – completed by 2026

Special Initiatives

CalAIM

- Access to a full array of Medi-Cal benefits including Housing Navigation, Tenancy Support Services, Personal Care and Homemaker Services, Housing Deposits and Recuperative Care. Implemented in 2022.

Skid Row Action Plan

- Partnered with the Skid Row community to develop and implement the Skid Row Action Plan, a roadmap for creating a healthy and safe community. Implemented in 2022.

LA Metro Transportation Authority Partnership

- Partner with Metro to funds community-based organizations to deploy multidisciplinary teams to engage and provide access to housing and services for unsheltered on Metro system. Implemented in 2017.

Capital Improvement Intermediary Program (CIIP)

- The CIIP manages all aspects of facility construction that expand housing and services for people experiencing homelessness. Implemented in 2017.

59% reduction in crisis stabilization services in year after housing placement

76% reduction in inpatient medical services in year after housing placement

67% reduction in emergency medical services the year after housing placement

KEY Evaluation Findings from 2017 Rand Study