Quality and Productivity Commission

26th Annual Productivity and Quality Awards Program

"Investing in a Quality Future"

2012 APPLICATION

Title of Project (Limited to 50 characters, including spaces):

NAME OF PROJECT: LAC+USC MEDICAL CENTER STREET TO HOME PROJECT

DATE OF IMPLEMENTATION/ADOPTION: OCTOBER, 2010
(Must have been implemented at least one year - on or before June 30, 2011)

PROJECT STATUS: X Ongoing _____ One-time only

DID YOU SUBMIT THIS PROJECT BEFORE? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner

The Project's primary goal is to provide outreach, engagement and eventual placement in supported, permanent housing for a target population of unsheltered, chronically homeless and vulnerable individuals living on and around the campus of the LAC+USC Medical Center as part of a greater strategy to promote change related to the help-seeking behaviors of high utilizing individuals of LA County public hospital resources, primarily Emergency Departments (EDs). The program was designed to enhance and improve cost effective services previously delivered in LAC+USC EDs by redirecting 40 homeless individuals to Exodus Urgent Care Center where integrated treatment of physical health, mental health and substance abuse issues is provided and linkage to ongoing primary and mental health care facilitated. Team members assisted clients with housing and in the development of essential community supports intended to foster reintegration, improve housing retention, and enhance recovery. Overall the population of unsheltered homeless individuals living on the LAC+USC campus has decreased and a culture of change has been introduced to this population and the hospital staff.

(1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE	(2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS	(3) ESTIMATED/ACTUAL ANNUAL REVENUE	(1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT	SERVICE ENHANCEMENT PROJECT
$114,492	$622,617	$99,226	$ 836,335	

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Los Angeles County Department of Mental Health 550 S Vermont Avenue, 12th Floor Los Angeles, CA 90020	TELEPHONE NUMBER (213) 738-4601
PROGRAM MANAGER'S NAME Mary Marx, LCSW District Chief	TELEPHONE NUMBER (323) 226-4744 EMAIL mmarx@dmh.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Kumar Menon, M.S.P.A. Kumar Menon DATE 7/3/2012	TELEPHONE NUMBER (213) 738-4258 EMAIL kmenon@dmh.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Marvin J. Southard, D.S.W. DATE 7/5/12	TELEPHONE NUMBER (213) 728-4601

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FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project, written in plain language. Include a discussion of the technology and linkage to the County Strategic Plan. The description should identify Performance Measures.

CHALLENGE (suggest ½ to one page)

LAC+USC Medical Center, founded in 1878, is currently one of the largest acute care hospitals in the United States and has been the primary facility of the University Of Southern California School Of Medicine since 1885. Originally established as a 100-bed hospital with 47 patients, it now is licensed for 600 beds and budgeted to staff 745. As the busiest public safety net hospital in LA County, LAC+USC is a crucial part of the county's health care system and serves substantially more uninsured patients and patients enrolled in Medicaid and Medicare than other hospitals. Federal law requires that hospital emergency rooms treat everyone who comes through their doors for care. As a result, waiting times at LAC+USC EDs have increased over the past few years as people wait in EDs for an available bed and those who walk in wait to see a clinician. The Street to Home Project was developed, not only to address the use of the ED as a primary care setting, but also in response to a more complex dilemma on the campus of LAC+USC hospital. Many high utilizers of the hospital EDs and inpatient services were living unsheltered and homeless on the campus of the hospital. Most of these persons possessed multiple vulnerabilities, including mental illness, physical health impairments and substance abuse disorders, putting them at risk for high mortality. At the request of The Departments of Health Services (DHS) and Mental Health (DMH) a collaborative group of community providers was assembled to coordinate outreach and engagement to these individuals in an effort to alleviate the homelessness on the LAC+USC campus and reduce ED and inpatient utilization by this population.

SOLUTION (suggest ½ to one page)

A multidisciplinary, interagency outreach and engagement team was established, with members selected for their capability and experience with various aspects of the overall program design. The team included hospital physician, nursing and social services staff; DMH systems navigators and clinicians; community based mental health, homeless services and substance abuse providers; and benefits acquisition specialists. A mental health services provider, Telecare Corporation received funding to lead the outreach and engagement effort for the first six months of the project. The target population was identified through the administration of a Vulnerability Index and included the high utilizing, chronically homeless individuals living on the LAC+USC Medical Center campus. The Street to Home Outreach and Engagement Team rapidly discovered that the majority of homeless, frequently help-seeking persons encountered and surveyed were diagnosed with serious mental illness (SMI) and multiple co-morbidities.

These individuals were placed in a subset with mental health focused program goals:

- Diversion from the psychiatric and medical emergency departments and waiting rooms at LAC+USC hospital to the Exodus Recovery Urgent Care Center across the street from the hospital campus for crisis stabilization and medication support services.

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- Transition from homeless living on the LAC+USC campus grounds to emergency/temporary/transitional housing and eventual permanent housing through the use of project based housing grants and shelter plus care vouchers.
- Linkage and enrollment in adjunctive mental health program services necessary to provide on-going stabilization and continuity of care.

In order to meet these goals, in February 2011, the Exodus Recovery Homeless Services Case Management Program (HSCMP) was funded for 12 months to provide adjunctive mental health case management services to this unique population. The objective is to deliver integrated mental health services to approximately 40 clients over the course of the program; the Project has actually housed and served 44 clients to-date. Clients enrolled in this focused program are transitioned to alternative DMH case management programs when housed and stable in order to continue to create capacity within the Exodus Recovery HSCMP.

The Street to Home project utilizes a client registry to track mentally ill individuals who were administered the program specific Vulnerability Index and met the target population. Key indicators are identified and monitored; the registry is updated weekly with new individuals and outcomes and all partner agencies are sent a copy of this registry. LAC+USC Medical Center leadership developed a subcommittee to study project outcomes and to develop a central database designed for information sharing and the long term evaluation and monitoring of outcomes. All project databases are manually kept in excel spreadsheets.

Exodus Recovery was provided one year of funding totaling $205,274 through the First District to develop and operate the Homeless Services Case Management Program, designed specifically to provide integrated mental health service delivery and housing placement to approximately 40 individuals meeting the target population of the Street to Home project; as previously stated, the Project has actually housed and served 44 clients, to-date. Telecare Corporation received $15,000 for outreach activities for the first six months of the project. Other members of the collaboration provided in-kind outreach, engagement and treatment services. In addition, DMH and LAHSA provided Shelter Plus Care and emergency and transitional housing for the project. Other collaborative agencies and community partners provided in kind services.

BENEFITS (suggest 1 to 2 pages)

In eighteen (18) months' time the LAC+USC Medical Center Street to Home project was able to produce positive outcomes for specific performance indicators and satisfy the fundamental objectives of the overall project. That is: 1) The outreach, engagement and eventual placement in supported, permanent housing of many of the unsheltered, chronically homeless population of individuals living on and around the campus at LAC+USC Hospital, employing the principles of a Housing First model, 2) Integrated treatment of physical health, mental health and substance abuse issues utilizing best practices and evidenced based models and, 3) Linkage to agencies and organizations for development of long term community support and reintegration utilizing whatever resources are necessary to support the individual in continued housing retention and recovery from impairments related to mental health physical health and substance

abuse. In addition, a culture of change was introduced to LAC+USC Medical Center staff who were guided to divert frequent help-seeking clients and high utilizers of hospital EDs to the Exodus Urgent Care Center and Street to Home O&E Team members for disposition, possible housing and community integration and linkage. Most important, however, were the incremental changes occurring within the homeless population on the hospital campus. The two staff, from DMH and the Exodus Recovery homeless services case management program became a visible presence on the hospital grounds. As these two program staff and O&E team members became known to the homeless population, individuals started to come forward to ask for help or decided to relocate to other unknown areas away from the hospital. Many homeless individuals who had long been living on the campus of LAC+USC were successfully linked to housing and program services. Word began to spread among hospital staff and the target population about the services available to this group. Successful outcomes started to occur.

Below are specific performance improvement indicators for the Street to Home Project subset of persons diagnosed with mental illness.

Individuals identified as meeting target population using Vulnerability Index	Individuals linked with mental health/substance abuse services	Individuals housed in transitional housing	Individuals housed in permanent housing	Total Housed
145	52/36%	28/19%	16/11%	44/ 30%

In a relatively short time, the LAC+USC Medical Center Street to Home project has been able to achieve significant gains in meeting the stated objectives of the project. At the suggestion of leadership from First District, DHS and DMH, a dedicated group of interagency service providers were able to develop a cooperative team and successfully engage a large group of vulnerable homeless individuals living unsheltered on the campus of LAC+USC Medical Center who were high utilizers of hospital ED and inpatient services. In addition, many of these persons have been linked to necessary integrated mental health, physical health and substance abuse services and effectively housed.

LINKAGE TO THE COUNTY STRATEGIC PLAN:
The Project is consistent with County Strategic Plan Goal 3, Integrated Services Delivery. The project took a focused approach to improving life outcomes of a specific group of clients by leveraging proximal, cost-effective alternatives that linked them to integrated housing, mental and physical health, and substance abuse services.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): Use this page to provide a breakdown of the estimated/actual costs benefits. As a suggestion, work with your fiscal staff.

Cost Avoidance: Anticipated costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **ANNUAL** REVENUE	(1) + (2) + (3) TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 114,492	**$622,617**	**$ 99,226**	**$ 836,335**	☐

ANNUAL= 12 MONTHS ONLY

The Actual/Estimated Annual Cost Savings was calculated based on data from the *Where We Sleep* study (Economic Roundtable, 2009). From the report, the average monthly cost to public agencies for: a) all homeless individuals on General Relief; b) homeless women with no work history, with mental illness and substance abuse; and c) homeless men with no work history, with mental illness and substance abuse is $3,281. This average was multiplied by 44 (the number of individuals housed through this project) and then by 12 months ($1,732,368). This total was then multiplied by 80%, which according to *Where We Sleep*, is the percentage of the cost that is associated to medical and mental health services ($1,385,894). This total was subtracted by $763,277 (utilizing the same methodology as previously noted utilizing the average monthly cost to public agencies for a) non-homeless individuals on General Relief; b) non-homeless women with no work history, with mental illness and substance abuse; and c) non-homeless men with no work history, with mental illness and substance abuse is $1,807). The difference of $622,617 is being used as the Actual/Estimated Annual Cost Savings for the 44 individuals one year prior and one year after being housed through this project.

The Actual/Estimated Annual Cost Avoidance was calculated by utilizing the approximate yearly cost of the 44 individuals housed through this project ($763,277) multiplied by 15% ($114,492). The *Where We Sleep* study estimated that housed individuals experience an approximate 15% decrease in expenditure of costs due to a decrease in: 1) their utilization of non0medical/non-mental health Jail services; 2) their utilization of general Jail services; 3) their utilization of General Relief housing vouchers; and 4) their utilization of Los Angeles Homeless Services Authority services.

The Actual/Estimated Annual Revenue was calculated by utilizing the approximate yearly cost of the 44 individuals housed through this project ($763,277) and multiplying by 65%. This percentage is based on the estimate that 65% of the cost accounts for mental health services ($496,130). This total was then multiplied by 20%, as it was estimated that 20% of the individuals will have established benefits during their first year of housing ($99,226). This total represents the Actual/Estimated Annual Revenue for Department of Mental Health.

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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS BOARD OF SUPERVISORS-FIRST DISTRICT 500 WEST TEMPLE STREET, 8TH FLOOR LOS ANGELES, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE LOUISA OLLAGUE	DEPARTMENT HEAD'S NAME AND SIGNATURE SUPERVISOR GLORIA MOLINA
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS Chief Executive Officer 500 West Temple Street, 7th Floor Los Angeles, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE VICTORIA PIPKIN-LANE **SIGNATURE ON FILE**	DEPARTMENT HEAD'S NAME AND SIGNATURE WILLIAM T. FUJIOKA **SIGNATURE ON FILE**
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS Department of Health Services 313 North Figueroa St., Room 910 Los Angeles, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE GERARDO PINEDO	DEPARTMENT HEAD'S NAME AND SIGNATURE MITCHELL H. KATZ
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS Department of Public Health 313 North Figueroa St., Room 806 Los Angeles, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE CATHERINE MAK **SIGNATURE ON FILE**	DEPARTMENT HEAD'S NAME AND SIGNATURE JONATHAN FIELDING **SIGNATURE ON FILE**
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS DEPARTMENT OF PUBLIC SOCIAL SERVICES 12860 CROSSROADS PARKWAY SOUTH CITY OF INDUSTRY, 91746	
Productivity Manager's Name and Signature Nadia Mirzanyas **SIGNATURE ON FILE**	DEPARTMENT HEAD'S NAME AND SIGNATURE SHERYL SPILLER **SIGNATURE ON FILE**

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DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS COUNTY COUNSEL 500 WEST TEMPLE STREET, ROOM 648 LOS ANGELES, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE MARVA BLAKELY Marva Blakely	**DEPARTMENT HEAD'S NAME AND SIGNATURE** JOHN KRATTLI
DEPARTMENT NO. 8 NAME AND COMPLETE ADDRESS LASD 4700 RAMONA BLVD., MONTERREY PARK, 91754	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE VICTOR C. RAMPULLA **GLEN JOE SIGNATURE ON FILE**	**DEPARTMENT HEAD'S NAME AND SIGNATURE** LEE BACA **SIGNATURE ON FILE**

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