

**Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
"Celebrating Quality Service"**

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: SOLAR: BRIDGING HEALTHCARE AND HOUSING

DATE OF IMPLEMENTATION/ADOPTION: SEPTEMBER 2014
(Must have been implemented at least one year - on or before July 1, 2016)

PROJECT STATUS: _____ Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes No

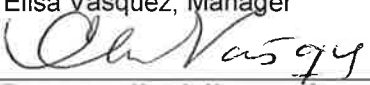

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Prior to 2014, homeless patients in Los Angeles County had very few options outside of
2 going to a shelter following hospital discharge. Without a stable, safe, and clean
3 environment, homeless patients have increased potential of medical complications and
4 hospital readmission, and cannot sustain recovery from acute illnesses or injuries. In
5 September 2014, in collaboration with the Los Angeles County Second Supervisorial
6 District and the Department of Health Services (DHS), the Community Development
7 Commission of the County of Los Angeles (CDC) facilitated the conversion of a vacant
8 health clinic building into a new recuperative care center, South Los Angeles
9 Recuperative Care (SOLAR). In partnership with DHS, SOLAR, operated by LAMP
10 Community, successfully transitions homeless patients from hospital discharge to
11 recuperative care which leads to permanent supportive housing. Recuperative care
12 services includes shelter, meals, case management, and cost effective health
13 monitoring on a daily basis. This innovative program provides relief to the high costs of
14 longer hospital stays and frequent emergency room visits, while providing clients with
15 the care and support they need to recuperate and move towards permanent housing.

BENEFITS TO THE COUNTY

(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
\$ 3,500 / PATIENT / NIGHT \$1,106,000/ ANNUAL	\$ 0	\$ 0	\$ 3,500 / PATIENT / NIGHT \$1,106,000/ ANNUAL	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Community Development Commission 700 West Main Street Alhambra, CA 91801		TELEPHONE NUMBER (626) 262-4511
PROGRAM MANAGER'S NAME Lynn Katano, Manager		TELEPHONE NUMBER (626) 586-1806 EMAIL Lynn.Katano@lacdc.org
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Elisa Vasquez, Manager 	DATE 6/29/17	TELEPHONE NUMBER (626) 586-1762 EMAIL Elisa.Vasquez@lacdc.org
DEPARTMENT HEAD'S NAME AND SIGNATURE Sean Rogan, Executive Director 	DATE 7/6/17	TELEPHONE NUMBER (626) 586-1500

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: SOLAR: BRIDGING HEALTHCARE AND HOUSING

1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success. Use Arial 12 point font.

CHALLENGES: On any given night in Los Angeles County, there are over 45,000 individuals experiencing homelessness. Until very recently, minimal efforts have been made to develop and implement a long-term plan to address homelessness within the County. Chronic conditions and lack of adequate resources have resulted in large concentrations of homeless populations in downtown Los Angeles. While the service providers in the Skid Row area offer a wide array of services to assist the homeless, there has been a drastic increase in newly homeless individuals gravitating to the area to seek assistance. Additionally, neighboring cities and other organizations serving homeless individuals often turn to this location for needed services to assist their homeless clients. Frequently, homeless individuals have additional challenges related to chronic and/or complex medical conditions, mental health and substance use issues, criminal justice histories and other barriers to maintaining stability and housing.

In 2008, in response to news reports of several hospitals “dumping” patients in the Skid Row area, and a growing population of homeless individuals requiring hospital care, the Los Angeles City Council adopted an ordinance to make it illegal for hospitals to discharge a homeless patient onto the streets. The ordinance also prohibits other cities from “dumping” homeless patients in the City’s vicinity.

Following the adoption of the City’s ordinance, Los Angeles County standardized its discharge planning policies and procedures to ensure that all County hospitals were aligned with the new City ordinance. Homeless individuals being discharged from hospitals in Los Angeles County required an extensive discharge plan and an agreed upon destination. With the scarcity of post-acute care services for homeless patients, particularly those individuals with multiple health challenges, hospitals kept homeless patients longer than medically necessary for placement reasons. This situation added stress to the problem of overcrowding in the County hospitals.

Based on the outcomes of a 2007 recuperative care pilot program, the Hospital Association of Southern California and the National Health Foundation determined that the development and expansion of recuperative care centers would be a viable solution to begin addressing the problem of homeless patients’ aftercare.

SOLUTION: In September 2014, in collaboration with the Los Angeles County Second Supervisorial District and DHS, the CDC facilitated the conversion of a vacant health clinic building into a new recuperative care center in Los Angeles County. Located in unincorporated area of East Rancho Dominguez, SOLAR is one of the first of its kind, and succeeds in transitioning high utilizers of the County’s health care system from hospital discharge to interim housing leading to permanent supportive housing.

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: SOLAR: BRIDGING HEALTHCARE AND HOUSING

Use Arial 12 point font.

The CDC provided funding and project management for the renovation of the building into a 38-bed care center, and facilitated the collaboration between the property owner and DHS. The CDC administered \$1,881,086 in County Homeless Prevention Initiative and Emergency Solutions Grant funds for the renovations.

In order to create a pathway out of homelessness, DHS created its Housing for Health (HFH) division to redirect homeless patients to a continuum of housing options. HFH is committed to improving the health and well-being of vulnerable populations experiencing chronic homelessness, disability, complex medical and/or behavioral health conditions, and early mortality. DHS has invested in recuperative care programs to establish a stable, safe, and clean environment for homeless patients recovering from acute illnesses, injuries, or conditions that would be exacerbated by living on the streets or in shelters. This is a necessary part of the continuum of services provided by DHS to create lower level care options for homeless patients, who otherwise would not be able to recover safely from life threatening injuries, major surgeries, and other medical and/or mental health conditions.

Through a competitive bidding process, HFH contracted with LAMP Community (LAMP) to provide health monitoring and supportive services, including assisting clients in returning to the community. LAMP has provided housing solutions and supportive services to homeless individuals in Los Angeles County for over 30 years. LAMP worked closely with HFH staff to forge positive and collaborative relationships with hospitals, health and behavioral health providers, homeless and other support services providers, public agencies and community/neighborhood organizations to assist patients during their recovery process. It is at this location that vulnerable homeless patients placed at SOLAR receive needed services from a team of qualified professionals that includes a Nurse Practitioner, Licensed Vocational Nurses, Certified Nurse Assistants, Social Worker/Case Managers and other support staff to assist clients with addressing their immediate recuperation needs while increasing their stability in interim housing and preparing to complete their journey from hospital to home.

DHS provided LAMP with a base operating budget of close to \$2.1 million per year to cover rent, insurance, supplies, laundry, security, maintenance, food, and salaries for a team of clinical and support staff of 30 people. At first glance, this may seem costly, however, these costs far outweigh the long-term benefits, and the program provides a viable solution to the lack of post-acute care services available for homeless individuals in Los Angeles County. It is estimated that the average low-end utilizer visits the hospital five times per year and stays less than five days, whereas the average high-end utilizer visits the hospital ten or more times per year and stays between five and ten days depending on the severity of the medical condition.

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
"Celebrating Quality Service"

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: SOLAR: BRIDGING HEALTHCARE AND HOUSING

Use Arial 12 point font.

Alternatively, recuperative care costs are less than \$200 per night, compared to hospital costs, which average about \$3,500 per night. Hospital stays for homeless patients are on average four days longer than non-homeless patients. By utilizing recuperative care centers effectively for patients who are homeless, the hospitals and taxpayers are avoiding costs at approximately \$3,500 per night or at a rate of \$14,000 per patient per visit. These funds can then be utilized to fund additional recuperative care centers which are sorely needed. Moreover, these cost savings do not take into account benefits and savings in other areas including a reduction in subsequent hospital admissions, emergency room visits, psychiatric emergencies and inpatient stays, re-incarcerations and need for law enforcement, probation and/or parole, etc.

BENEFITS: The success of this program is the result of public agency funding, community support, and a dedicated service provider working together to create a safe haven for patients who are ready for discharge, but are unable to leave the hospital due to being homeless and having nowhere else to go to sustain recovery. Through recuperative care, SOLAR clients not only receive temporary housing and case management services, but also cost-effective health monitoring seven days a week, including weekly health assessments, health education and support from nurses, and medication monitoring. Furthermore, patients can access a variety of services to assist with their daily living activities such as with bathing, grooming, and dressing. Once patients are stable, the goal is to place homeless individuals into permanent housing.

Recuperative care as an option for homeless patients is not only innovative and productive, but is instrumental in reducing the number of costly inpatient hospital days subsidized by DHS. Homeless patients cost the County over \$70 million per year based on average costs of four or more days in the hospital. The average stay at SOLAR ranges from three to six months; however, patients are not discharged until suitable permanent housing is secured through HFH. **Hospital utilization data showed that readmissions for these patients dropped by over 70% with an 80% reduction in number of inpatient days within 180 days of receiving recuperative care services.** Utilizing recuperative care beds at SOLAR has realized a cost avoidance of \$3,500 per night, and \$14,000 per patient per visit. As of May 2017, SOLAR served a total of 188 patients, which represents an estimated cost avoidance of \$2,632,000. Recuperative care provides a cost-effective option to providing improved quality of care to homeless individuals in need of medical attention, but not requiring hospitalization.

John, a SOLAR client, has battled homelessness and incarceration for years. He shared that "this place nurtured me back to health. It gave me everything I need," to get back on his feet. John received mental health services and wants to attend college. He'd like to work in the health care field to utilize his experience to help others like him.

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: SOLAR: BRIDGING HEALTHCARE AND HOUSING

Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

County Goal I. “Make Investments that Transform Lives”

Strategy I. Increase Our Focus on Prevention Initiatives

The County of Los Angeles makes investments that transform lives and foster vibrant and resilient communities. The public-private partnership in this project is through a public entity, DHS, and a private not-for-profit organization, LAMP. The County achieves the goal by investing \$14 million in health funds on creating HFH housing services and to continue providing both interim and permanent housing resources for homeless patients. Securing a stable and safe place to live is the first and best remedy for vulnerable homeless individuals to recuperate from chronic medical and mental health conditions. DHS, in turn, invested in recuperative care centers as a setting for homeless patients recovering from acute illnesses, injuries, or conditions that would be exacerbated by living on the street or in shelters. Creating comprehensive programs and innovative options for homeless patients helps to fill gaps in the continuum of care for patients who otherwise, would not be able to recover from life threatening injuries, major surgeries, or other medical conditions. It is important to recognize that HFH relies on community-based service providers to administer intensive case management services and employ a “whatever it takes” approach to assist clients in their transition from homelessness to interim and permanent housing. The County achieves the second goal through this innovative public-private partnership that has enabled the County to avoid costs, reduce the demand on our overcrowded hospital and criminal justice systems, and provide vulnerable homeless individuals with a safe place to recuperate and access the intensive support services they need to prepare for and transition into living independently upon leaving recuperative care.

SOLAR plays an important role in the continuum of care by providing quality health care and support for homeless individuals, who would otherwise have no other immediate health care options available on the streets. SOLAR provides hospitals with an appropriate discharge option for homeless patients who need additional time to recuperate and reduces the need to retain them in the hospitals longer than medically necessary. Prior to leaving SOLAR, clients will be linked to a medical provider, mental health and substance use treatment, and intensive on-going case management services. Most importantly, recuperative care centers are an essential component in breaking the cycle of homelessness and effectively reducing the costs for homeless and at-risk patients.

SOLAR is built on tested and empirical evidence. The “Housing First” model works and is accepted nationwide. Built on solid foundation, this model can be replicated to fit various populations, ethnicities, locations, etc. There are a limited number of other recuperative care centers in the County and much more are needed. Along with community partners who are committed to ending homelessness, HFH is successfully adapting the model of care used at SOLAR to expand recuperative care capacity throughout the County and continue our efforts to improve the health and wellness of our most vulnerable patients.

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: SOLAR: BRIDGING HEALTHCARE AND HOUSING

COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

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
\$1,106,000	N/A	N/A	\$1,106,000	<input checked="" type="checkbox"/>

ANNUAL= 12 MONTHS ONLY

Homeless patients stay an average of four days longer than non-homeless patients during an inpatient visit. Utilizing recuperative care beds at SOLAR has realized an estimated cost avoidance of \$3,500 per night and \$14,000 per patient per visit.
 (\$3,500 x 4 = \$14,000)

In the past 12 months, a total of 79 patients were served representing an estimated cost avoidance of \$1,106,000.
 (79 x \$14,000 = \$1,106,000)



Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to <u>50 characters</u> , including spaces, using Arial 12 point font): NAME OF PROJECT: SOLAR: BRIDGING HEALTHCARE AND HOUSING

FOR COLLABORATING DEPARTMENTS ONLY

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

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES, 313 NORTH FIGUEROA STREET, LOS ANGELES, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE GERARDO PINEDO  EMAIL: <u>GPINEDO@DHS.LACOUNTY.GOV</u> 7.3.17	DEPARTMENT HEAD'S NAME AND SIGNATURE MITCHELL H. KATZ, DIRECTOR – HEALTH AGENCY  EMAIL: <u>MKATZ@DHS.LACOUNTY.GOV</u>
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD'S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD'S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD'S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD'S NAME AND SIGNATURE EMAIL: _____
DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE EMAIL: _____	DEPARTMENT HEAD'S NAME AND SIGNATURE EMAIL: _____