



Public Mental Health Partnership
DMH UCLA PMHP

NEW YORK SITE VISIT AND SHADOWING REPORT

Fiscal Year 2018 – 2019

Prepared by PMHP June 27, 2019

NYC Site Visits and Shadowing Report

Three site visits and shadowing trips took place in New York City during the first Fiscal Year of the DMH-UCLA Public Mental Health Partnership (PMHP). These visits occurred on March 20th – 22nd, March 26th – 28th, and May 20th – 22nd.

For the two March visits, 8 out of 9 attendees responded to the survey, but only 7 out of 9 finished the survey. All participants in March identified themselves as psychiatrists.

For the May 20 – 22nd site visits 8 out of 8 attendees responded to the survey, but only 7 out of 8 finished they survey. On this trip, participants identified themselves as program director/supervisors, clinical social workers, case managers, outreach workers, and licensed psych techs.

In total, fifteen different site locations were visited in New York City. See Q2 below for exact locations. You will also find itineraries for each trip attached at the conclusion of this report.

Quantitative Question Summary

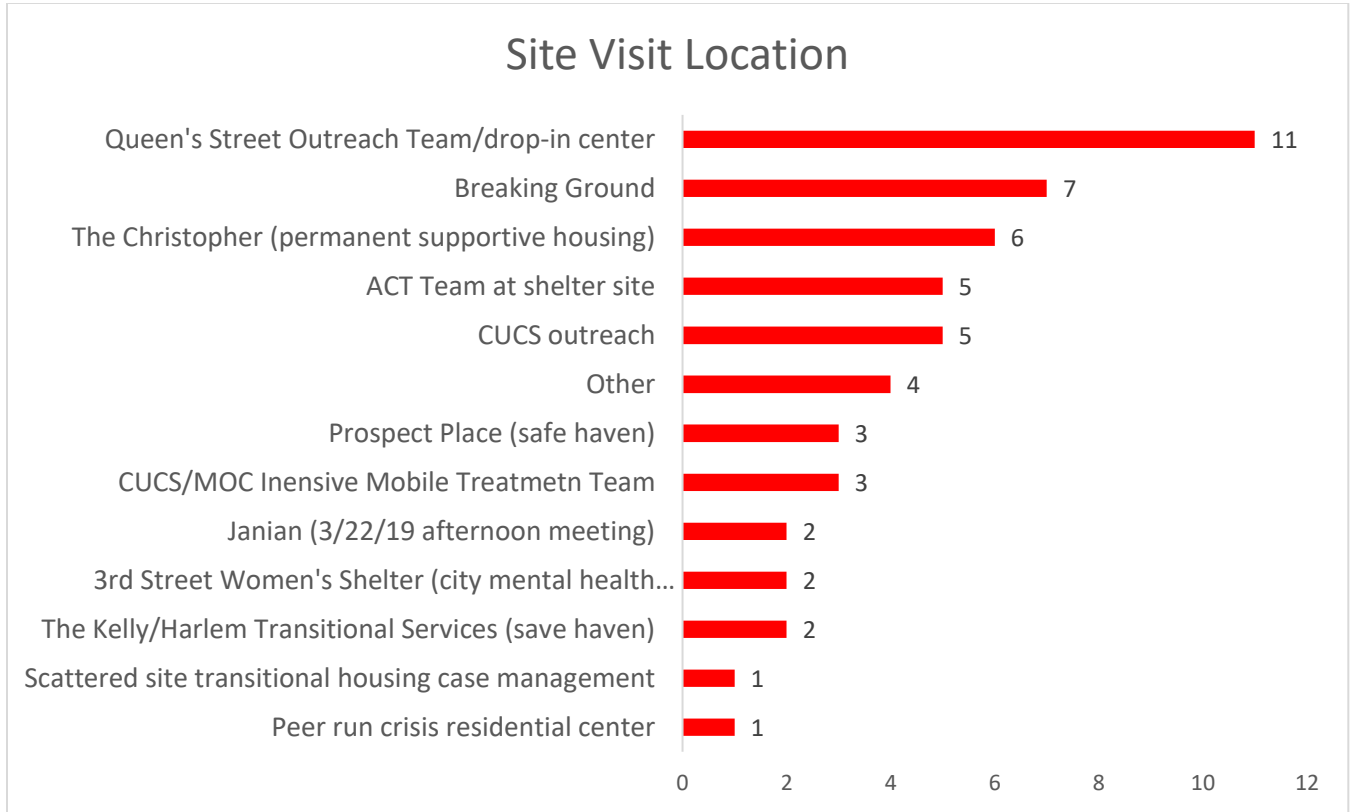
Participants found all activities during the trips somewhat or very valuable. See Q4 below for details.

All participants Strongly Agreed that their work with homeless individuals, as well as their work as an advocate for services or as a leader in their field benefited from participating in the site visit and shadowing activities.

Participants indicated that the most useful/helpful part about the site visit experience was the way it helped them better understand the resources and services that are needed in LAC. See Q16 below for more details.

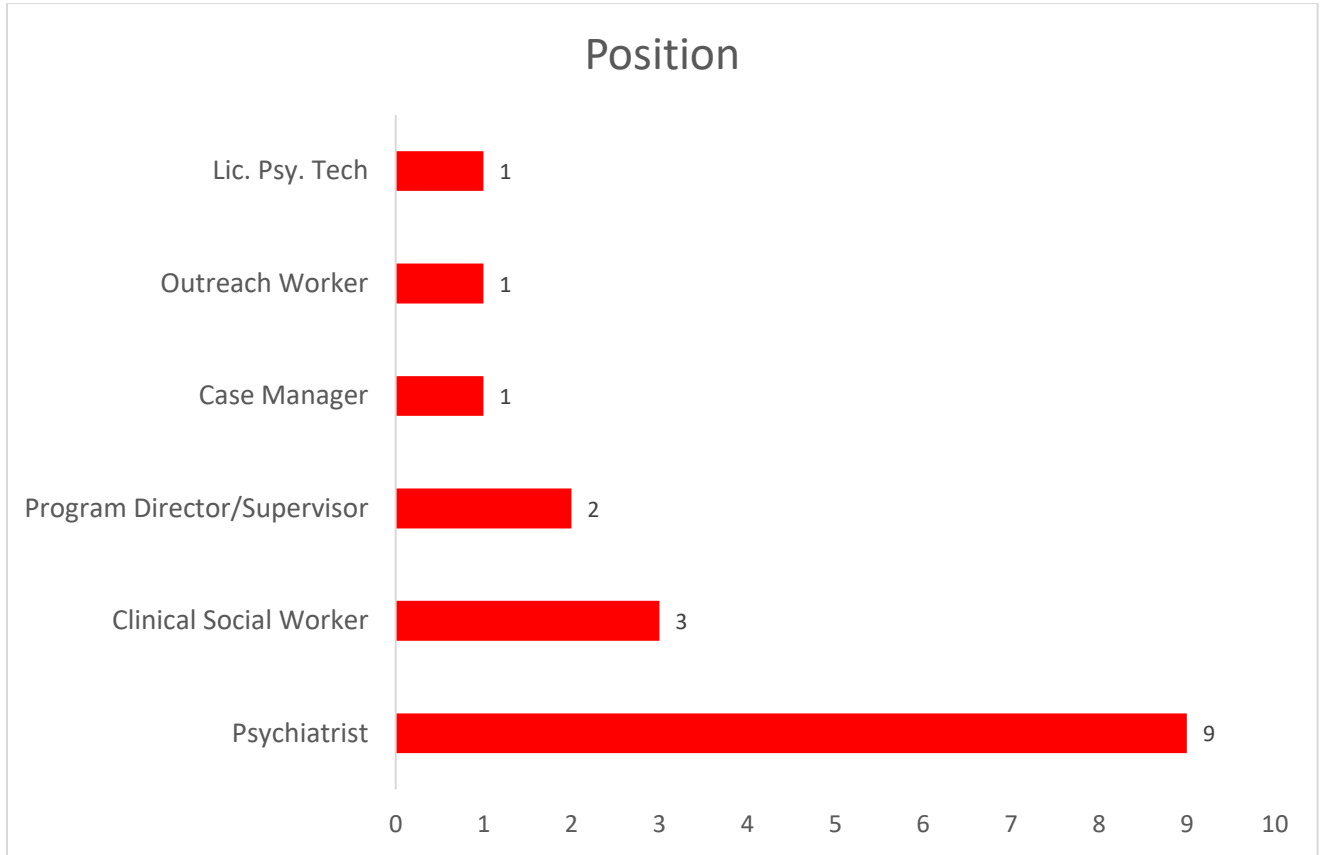
93% of participants indicated that they were “Extremely Satisfied” with their overall experience with 7% indicating they were “Somewhat Satisfied.”

Q2 - Site visit location (check all that you visited).

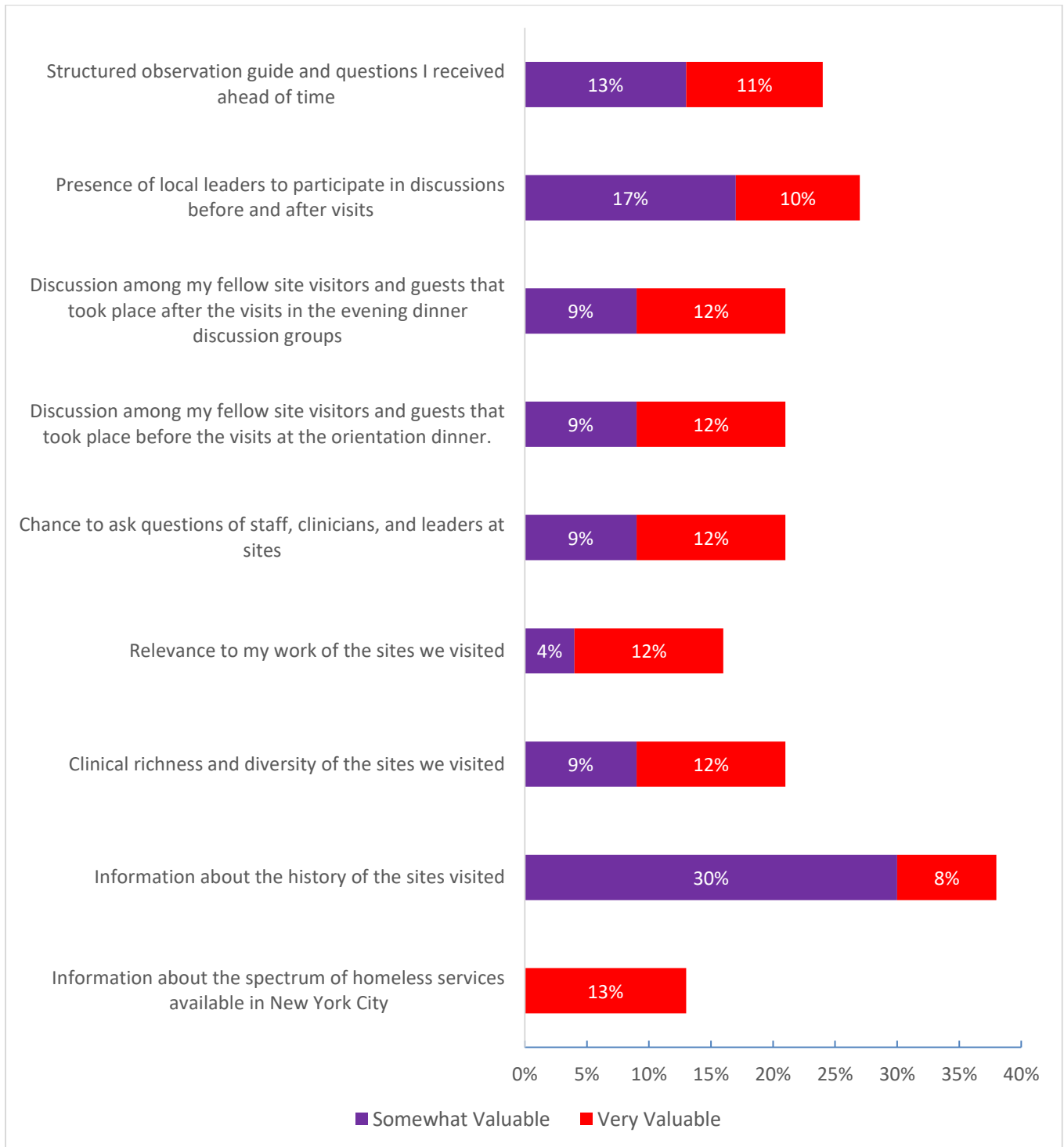


*Note: For the Other category, two respondents listed Jerome Ave Men’s Shelter, one respondent listed Community Access Crisis Respite Center, and one respondent listed HEAT.

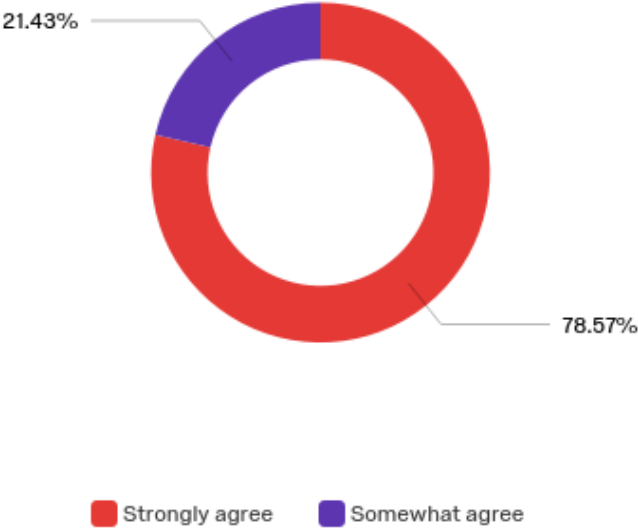
Q3 - Please choose ONLY ONE category that BEST describes your position.



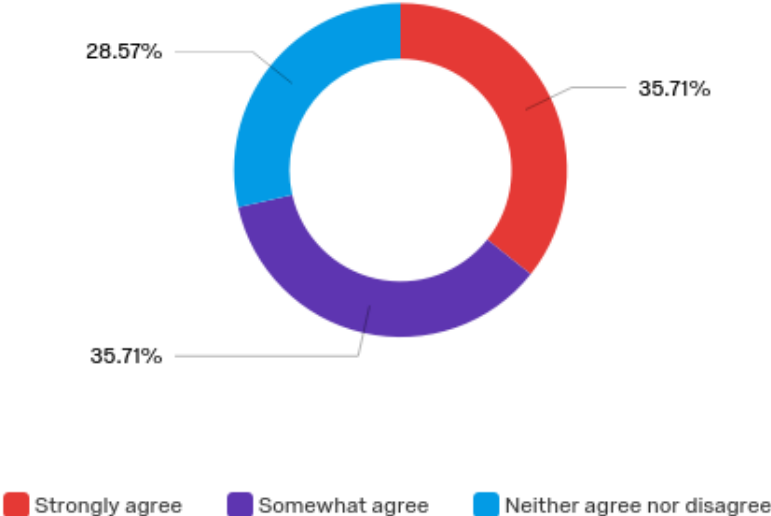
Q4 - Please indicate the extent to which you found the following activities valuable to your work in homeless services.



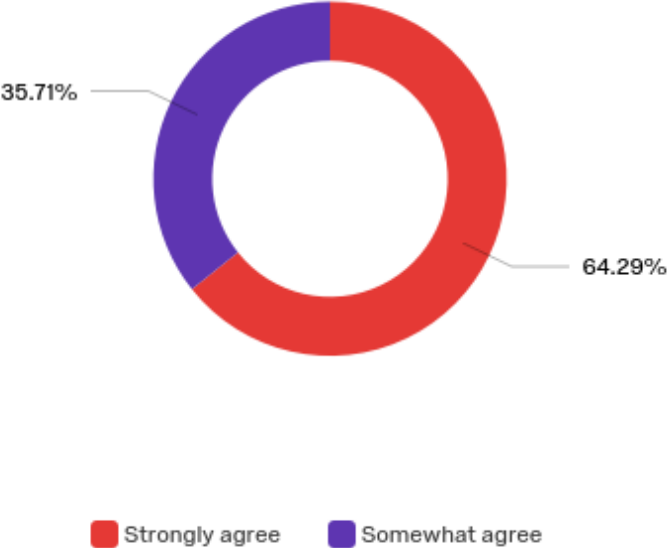
Q8 - The site visits and shadowing addressed issues that are important to my work with clients.



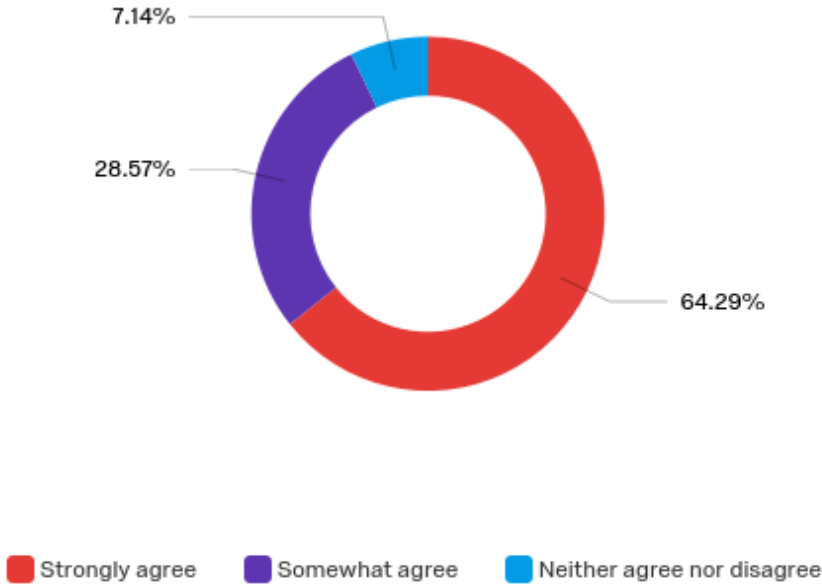
Q9 - The site visits and shadowing improved my ability to find new solutions for the clients that I serve.



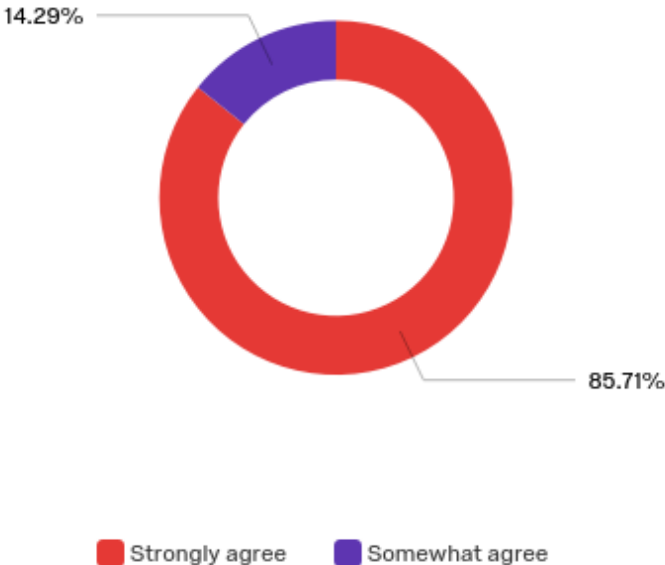
Q10 - This activity improved my ability to identify new system-level solutions for homelessness in LAC.



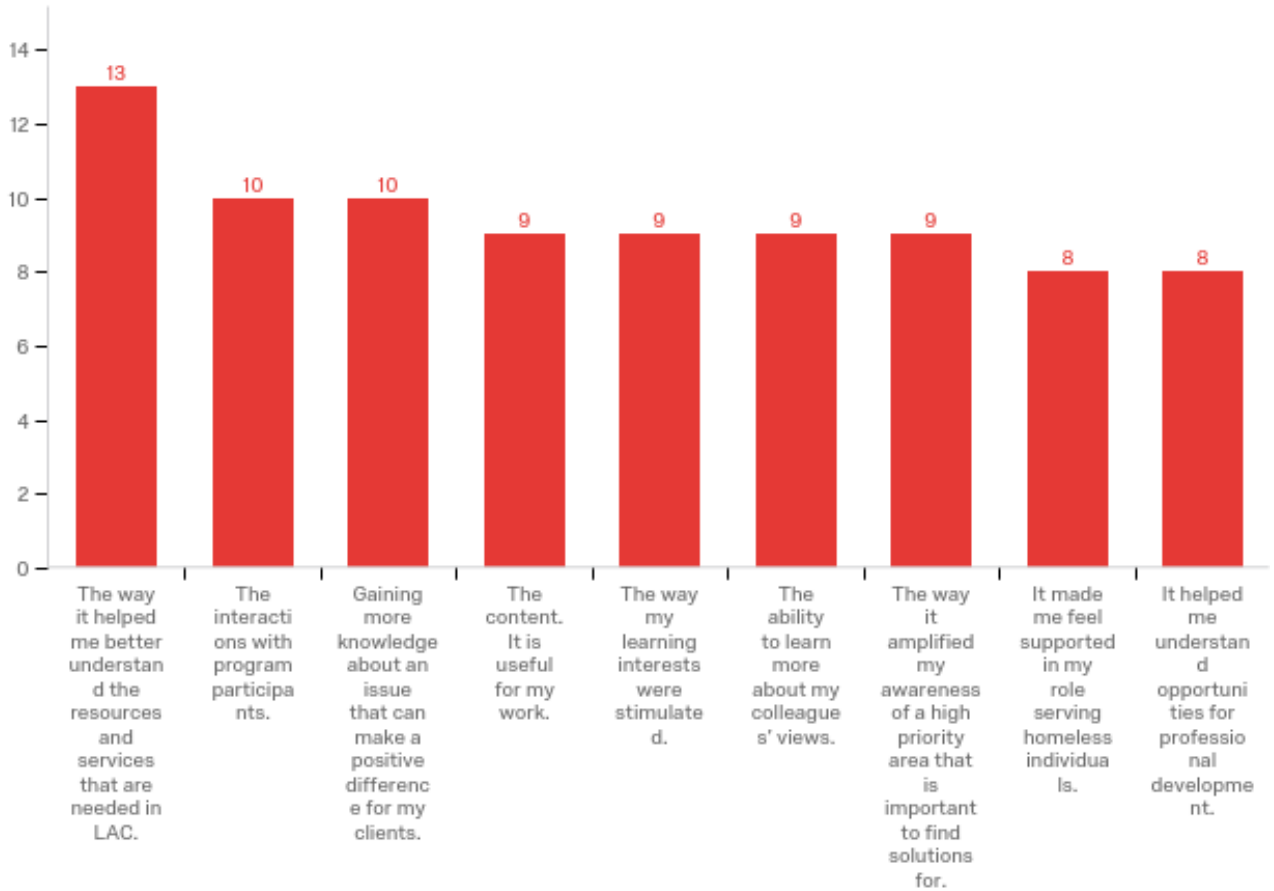
Q11 - I feel more knowledgeable about the barriers that local homeless service providers face after participating in the site visits and shadowing.



Q13 - I feel satisfied with the time I invested in participating in the site visits and shadowing.



Q16 - What were the most useful and/or helpful aspects of the site visits and shadowing? Check all that apply.



Qualitative Questions Themes

Q5 - When you think about the site visit, list at least 4 recommendations LAC could implement for improving homeless services for people with serious mental illness

- LAC should start a public psychiatry fellowship, foster a culture of excellence in public service
- More housing resources and more services at housing sites including intensive mental health support, housing options located in preferable areas (not only Palmdale)
- Streamlining and better defining the Los Angeles Homeless Services Authority's role in managing homeless services to include matching individuals to shelter not just permanent housing.
- Consider using measure H, HHH, and/or No Place Like Home funding to create mental health shelters. This would circumvent some of the issues with restrictions imposed by Medi-Cal IMD exclusions and allow for a timelier response to our crisis than revamping the Adult Residential Care Facility model and/or associated regulations.
- Burden of reporting: decrease admin and documentation
- Flexible billing
- Develop multiple pathways for service, but a single point of access and coordination to other services
- Improved communication between various DMH contracted organizations. Direct connection to certain county hospitals for street teams. LAC lacks the communication between them. From outreach to supported housing, the facilities and programs run independently from each other. The communication is deficient and in the process, many clients fall through the cracks, lose housing and consequently lose trust in the system.
- Increased availability of drop-in centers and more services like Intensive Mobile Treatment (“FSP on steroids”)
- Multidimensional psychiatric evaluation, interdisciplinary team functioning and more psychiatrists at the table.
- Mental health evaluation as a necessary step to obtain housing
- Have our Co-Response Law Enforcement teams implement a proactive (i.e. patrol) response to client needs versus the current model of assistance which is triggered by 911 second response only. This would be an enhancement to our service not an elimination of the 911 response.

Q6 - Please list at least four areas of training that you think would help LAC's clinicians and staff who provide homeless services for people with serious mental illness.

- List of resources available for various types of care, available social services, relationships between different agencies
- Psychiatric emergencies and when to seek hospitalization
- How to work with the police
- Outreach and engagement strategies

- Housing resources and different housing options (shelters, non-profits, rehabs, permanent housing, board and care)
- Medication management that fits the client's lifestyle
- Dual diagnoses and Substance Use
- Motivational interviewing
- Understanding how clinicians and psychiatrist work in outreach field.
- Program development, design, and implementation (i.e. Access Centers and outreach and engagement teams).
- Patient centered and harm reduction
- Safety training (LAC has various forms of safety related trainings, a more specific involved safety training would be greatly helpful. Even examples/stories from both law enforcement and other agencies (especially including a broad view from people that serve different metro and desert areas.)

Q7 - What did you observe on the site visits about the way the NYC homeless service system is structured that could be used to help improve the system in LAC?

- Less burdensome documentation standards
- NYC shelter system which, conversely, is dedicated to specific target populations. Implementing this strategy would allow us to concentrate on a housing/shelter first strategy that leaves room for specialty care while addressing the individuals needs for shelter, food and clothing.
- Psychiatric screenings as a requirement for permanent housing
- Teams available 24/7 and the intensity of outreach (every single street homeless individual is accounted for)
- Additional nets trying to draw those in like drop in centers, safe havens, IMT... not only shelters, but a variety of services.
- Primary care at different locations – one-stop shop
- Continuum of care, example: safe havens stabilize clients prior to placement in permanent housing. More places where people can actually get treatment.
- Organizational culture fostered by Janian and the Public Psychiatry Fellowship
- Outreach teams having 2 – 3 shifts so there are teams out there 24hrs a day would serve LA in a positive way
- The "Single Point of Access seemed very effective. An assessment center being the main gate-point entry for people to enter into a shelter system is very valuable. Being assessed of where you will begin in your journey of getting/receiving services has its benefit for both participant and agency.
- The ACT teams share the responsibility of providing services to the client. There are no "Housing Coordinators/Substance Use Counselors ect. Everyone does whatever is needed at that time for the client.
- A major upside to NY and agencies involved in housing participants are that they themselves may own the building or are working with another entity who has ties to it, so thus making the eviction process a bit more lenient for participants, compared to the private owners LAC agencies have had to deal with that are money motivated.