An Introduction to the Coordinated Entry System and SBIRT Pilot

October 30, 2018

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Overview

- Introduction to LAHSA
- Overview of the Coordinated Entry System
- Overview of Screening, Brief Intervention, and Referral to Treatment (SBIRT) Pilot
- Q & A
Los Angeles Homeless Service Authority (LAHSA)
Our Mission is:

“To support, create and sustain solutions to homelessness in Los Angeles County by providing leadership, advocacy, planning and management of program funding.”
LAHSA

- Continuum of Care
- Partnerships
- Funding
- Technical Assistance
- Homeless Initiative Strategies
Conducted annually
Largest homeless count in the nation
Data collected via street count, shelter count, demographic surveys, and youth count

Goal is to:
find out the scope and demographics of those experiencing homelessness
Leading Causes of Homelessness

Insufficient income & lack of affordable housing

- California Housing Partnership Corporation found an affordable housing gap in Los Angeles County of 527,000 units in 2015 Study.

- According to the National Law Center on Homelessness & Poverty, the top 5 causes among homelessness among individuals include:
  - Lack of Affordable Housing
  - Unemployment
  - Poverty
  - Mental Illness & lack of needed services
  - Substance Abuse and lack of needed services

- In addition to these causes, homelessness among youth frequently stems from family conflict, neglect and/or abuse from parents, and experiences with child welfare and juvenile justice
Homelessness in Los Angeles
The total estimated number of people experiencing homelessness in Los Angeles County on any given night is:

57,794

An overall increase of 23% from 2016

Total includes all four Continuums of Care in LA County: LA, Glendale, Long Beach, and Pasadena

2017 Homeless Count Results
67% of the total youth experiencing homelessness are in the City of Los Angeles.
Youth Coordinated Entry System (YCES)
Coordinated Entry System (CES)

Countywide system that brings together new and existing programs and resources in order to connect people experiencing homelessness to the most appropriate housing and services to end their homelessness.

A System that is Effective, Efficient, & Fair
Coordinated Entry System (CES)

**YOUTH CES MODEL**

- Outreach
- Drop In Centers
- Shelters
- Mental Health
- Foster Care/Probation
- Schools
- Community Programs
- Other Systems

**ACCESS**

**ASSESS**

- Next Step Tool
- Shared Database (HMIS)
- Care Coordination

**NAVIGATE & CONNECT**

- Family Reunification
- Housing Stability Supports
- Education & Employment Support
- Transitional Housing Programs
- Health & Behavioral Health Services
- Rapid Re-Housing
- Section 8 Vouchers
- Permanent Connections
- Non-Time-Limited Supportive Housing

The approach reflected in this flow chart aligns directly with the Preliminary Vision for a Coordinated Community Response developed by the United States Interagency Council on Homelessness (USICH):

Youth Housing Placements Increased 43%

Youth Placed into Housing
LA CoC*, 2015 - 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Youth Placed into Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>976</td>
</tr>
<tr>
<td>2016</td>
<td>1,209</td>
</tr>
<tr>
<td>2017</td>
<td>1,732</td>
</tr>
</tbody>
</table>

*LA CoC excludes Glendale, Pasadena, and Long Beach CoCs

What’s Working:
- Created 256 new youth interim housing beds
- Launched youth family reconnection program
- Added 196 rapid re-housing slots dedicated for youth

LA’s Plan Moving Forward:
- Enhancing youth drop-in centers
- Adding new interim housing beds dedicated for youth
- Adding supportive housing units dedicated for youth
Who are the Youth CES Lead Agencies?
Youth CES Lead Agencies

SPA 1: Valley Oasis
SPA 2: The Village Family Services
SPA 3: Hathaway-Sycamores
SPA 4: LA LGBT Center
SPA 5: Safe Place for Youth
SPA 6: Coalition for Responsible Community Development (CRCD)
SPA 7: Jovenes Inc.
SPA 8: Harbor Interfaith Services

See the LAHSA website for Contact Info for Youth CES Leads and Access Sites.
Community of Practice SBIRT Pilot Project with LAHSA Agencies Targeting Youth Substance Use Needs

EVALUATION/TECHNICAL ASSISTANCE TEAM:

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The report calls out professional workforces who work with “High Risk” youth populations to action: to integrate SBIRT practice into routine care/services.
Funded by the Conrad N. Hilton Foundation, charged to alleviate human suffering & improve the lives of disadvantaged/vulnerable people throughout the world through grant programs.

- An overwhelming percentage of young people experiencing homelessness have a history of complex medical, mental health and behavioral health needs that are intricately tied to substance use.

- Leading Risk Factors include:
  - Developmental identity needs (LGBTQ)
  - Mental health issues (trauma, PTSD, anxiety, major depression, bipolar disorder, and schizophrenia)
  - Foster care system involvement

PILOT PROJECT CHARGE: ADDRESSING SUBSTANCE USE ISSUES AMONG HOMELESS YOUTH POPULATIONS USING THE PRACTICE OF SBIRT
SBIRT is an evidence based “Risk Reduction” approach that includes a set of practical strategies aimed at engaging hard to reach youth and reducing negative consequences associated with substance use while respecting the rights/needs of people.

Why SBIRT for high risk Youth?

MI, an effective therapeutic approach for engaging individuals in considering and articulating reasons for changing their behavior has been especially important for high risk youth populations...WHY?

- **Individualized care**: the plan for every person is to identify and develop motivation for change (for their own internal needs)
- **Autonomy**: uses a communication platform of respect for individual desire and intentions of change
- **Empathy**: no-pre existing assumptions are made – meets everyone where they are at - with a goal of “safer use to managed use to abstinence to meet individuals where they’re at,” addressing conditions of use along with the use itself.
- **Support**: provides resources and tools to help with case management needs and build self-efficacy (empowerment)
Risk Reduction SBIRT Practice

1. Raise the Subject

2. Provide Feedback

3. Enhance Motivation

4. Negotiate a Plan

LA County SAPC SBAT Tool

FIND AVAILABLE SUBSTANCE USE SERVICES NEAR YOU

- Option 1: If you want to speak to someone directly to access services, call the Substance Abuse Service Helpline (SASH) at 844-694-7500
- Option 2: If you want to identify substance use online: CLICK FOR INSTRUCTIONS
- Option 3: Search by agency name

Agency: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
- 470 East 3rd Street, Suites A & B
- Los Angeles, CA 90013
- Business Hours: Sun: Closed; Mon - Thu: 7:30 am - 7:30 pm; Fri: 7:30 am - 4:30 pm; Sat: 7:00 am - 3:30 am
- Phone number: (213) 625-6411
- Available Beds: 10
- Intake Appointment: OP IOP
- Specific Service Type: Adult, Co-Occurring Mental Health, Capabilities, Court Diversion, Probation/Parole, Re-entry, Criminal Justice, Homelessness, LGBTQ, Older Adults, Parent/Guardian (Female) with Children, Sexually-Exploited, Veterans, Young Adults
- Languages Spoken: English, Spanish

Last Updated: 2/26/2018 10:52:17 AM

Detoxification
Medication Assisted Treatment
Residential “Rehab” (inpatient)
Intensive Outpatient “IOP”
Outpatient “OP”
Aftercare

Medical Services

Clinical Treatment Services

With Community Recovery Support Services
SBIRT Community of Practice Pilot Project Goals

• Increase the adoption of SBIRT practices within LAHSA agencies to address growing health disparities of substance use issues among homeless youth in a coordinated way.

• Enhance the capacity of service delivery/care coordination with other systems of care that address high risk SUD and mental health needs.
  ▪ **Establish a Referral System (Linkages)**- Developing Partnerships with SAPC Network and DMH Workforces that serve Youth
Best Practice: Establishing Partnerships

- **Networking**
  - Exchange of service information – County resources, provider level resources

- **Developing Care Coordination Practice Protocols:**
  - How do LAHSA agencies partner (develop referral networks) with SAPC network providers to enhance service linkages with SUD specialty settings?
    - Barriers/Challenges
    - Opportunities
Capturing referral and linkages made between systems of care is an important indicator of “quality care”

- How can LAHSA best work with SAPC agencies to monitor and track the “RT” component of SBIRT – tracking and monitoring linkages in SUD specialty clinical settings?
- Universal Consent Process (including LAHSA networks)
- Adopt existing referral protocols used with other agencies (probation, DPSS, DMH?)

- Screened at High Risk for Further Assessment for Tx
- Warm Hand-Off
- Youth linked [referred] to Specialty SUD Tx System
Questions...?