An Introduction to the Coordinated Entry System and SBIRT Pilot

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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



LAHSA



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

2017 Homeless Count Results

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





Youth Homelessness in LA

67% of the total youth experiencing homelessness are in the City of Los Angeles



The LA CoC total number was 3,164. The LA CoC is Los Angeles County excluding Glendale, Pasadena, & Long Beach CoCs.

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)



developed by the United States Interagency Council on Homelessness (USICH):

https://www.usich.gov/resources/uploads/asset_library/Youth_Homelessness_Coordinated_Response.pdf

Youth Housing Placements Increased 43%

Youth Placed into Housing LA CoC*, 2015 - 2017





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

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

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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CONRAD N.

FOUNDATION







Report Key Findings:

Drug/alcohol use, misuse and abuse have largely been
ignored in systems of care – medical, mental, social
(justice) and community
agencies that high risk youth
frequently interact with.

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

Why SBIRT for high risk Youth?

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.





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 selfefficacy (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 844-804-7500

Option 2: If you want to identify substance use services online OLICK FOR INSTRUCTIONS

Option 3: Search by agency name
 Enter agency name



Clinical Treatment Services

ENT

CES

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



Best Practice: Capturing Practices

- 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?)



Warm Hand-Off





Youth linked [*referred*] to Specialty SUD Tx System

Questions...?

