

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE

AB 2034

“WHAT WORKS”

file AB 2034
Print 8/31/04
0

- Leadership Team
- Kirsten

Develop this as the model for all new adult programming?

OVERVIEW

The service philosophy of the Assembly Bill (AB) 34 legislation is based on the Integrated Services Agency model of AB 3777 projects, funded in the early nineties. A key component of the AB 34 Program is providing integrated services to people with psychiatric disabilities who are homeless, frequently living on the streets or incarcerated, and not using mental health services. The legislation specifically mandated that the State provide the legislature with data to demonstrate the effectiveness of the services, particularly in regard to the ability to reduce homelessness and incarceration among people with mental illnesses. In November 1999 AB 34 provided \$10 million to three counties as a demonstration project: Los Angeles, Stanislaus and Sacramento. During the first year Los Angeles County received \$4.8 million and contracted with 12 community based organizations across the county to provide services to 831 clients. Within seven months the programs in the three demonstration counties were up and running, fully enrolled and producing positive data. Based on these positive outcomes, in 2000 the legislature passed AB 2034 which increased statewide funding from \$10 million to \$55 million, and funded an additional 25 counties. Of the \$55 million, Los Angeles County received \$18.25 million in on-going funds to serve a total of 1,440 clients, and increased the contractors providing services from 12 to 16. An additional \$10 million was added in Fiscal Year (FY) 2001-02, then taken away, but not before a total of 34 counties were funded to serve a total of 5,000 clients at any one time. In order to continue to fund the additional counties added in FY 2001-02, in FY 2002-03 the State reduced the funding allocation for each county by 4.8%. As a result, Los Angeles County's funding was reduced to \$17,549,000 for FYs 2002-03 and FY 2003-04.

The AB 2034 Program is funded with State General Fund money that provides the flexible spending required to meet the specific needs of individual enrollees. Funding can and has been used for a wide range of necessities, such as food, water, motel vouchers, rent subsidies, clothing

and shoes, and to develop drop-in sites with showers and cooking facilities. Outreach staff needs to have all these “tools” at their fingertips. By addressing a person’s basic needs, staff are eventually able to develop a relationship with people so they can better assist them to acquire affordable, permanent housing, look for work, apply for benefits and access mental health treatment.

OVERVIEW OF THE AB 2034 SERVICES PROVIDED

The AB 2034 Program provides outreach and integrated community-based treatment services to individuals who are homeless and have a serious mental illness, including those involved with the criminal justice system. The AB 2034 Program offers comprehensive, recovery-focused, mental health treatment, and supports individuals in maximizing their recovery and becoming valued members of their community. AB 2034 teams help homeless people with psychiatric disabilities to gain hope and a sense of empowerment. Clients set their own treatment goals, services are highly individualized and vary in intensity based on the needs of each person.

AB 2034 PROGRAM GOALS

- Supporting clients in obtaining and maintaining the most independent, least restrictive housing feasible in the community
- Assisting clients in obtaining benefits and/or becoming employed at the highest level of work or productive activity appropriate to their abilities
- Reducing psychiatric hospitalizations, arrests and incarcerations
- Assisting clients in managing or reducing the distressing symptoms of mental illness
- Assisting clients in their recovery from substance abuse, including its harmful effects, and the attendant legal and life-related problems

CRITICAL AND EFFECTIVE ELEMENTS IN AB 2034 PROGRAMMING

Information has been gathered over the last four years regarding the elements that have most contributed to the effectiveness of the program. This information came in the form of hard outcome data and anecdotal reports from all of the AB 2034 counties. Interestingly, in discussing this with each of the AB 2034 counties and regions, whether urban or rural, it was

found that the critical and effective elements are essentially the same across the state and include the following.

Training and Technical Assistance: One of the unique aspects of the AB 2034 experience has been the broad and comprehensive training efforts developed and coordinated by the California Institute of Mental Health. This effort addressed the critical need to bring a large number of staff across counties and regions up the learning curve quickly, uniformly and in a way that would sharpen focus and inculcate values consistent with the intent of the AB 2034 legislation. Training included:

- **Village Immersion Training:** The best way to get the “spark” – staff came back invigorated from spending three days with one of the programs established by AB 3777.
- **Supported Housing:** Supporting people with psychiatric disabilities and substance abuse issues in housing, incorporating harm reduction principles.
- **Employment:** A comprehensive and refreshing training for staff that had become frustrated with traditional ways of accessing employment services for a challenging population.
- **Core Gift:** Encouraging participants to recognize the innate gifts and personal story every person carries with them. Identifying personal gifts and stories has been valuable in serving the homeless population, who all too often appear one-dimensional to us.
- **Regional AB 2034 Coordinators Meetings:** Cross-talk or transfer of knowledge - the level of conversation has changed over the last two years from “how do we do this?” to “Here’s how we do this”. Confidence, pride in accomplishments, energy, mastery...belief and sharing.
- **CSUF Personal Service Coordinator Certificate Program:** Perhaps the strongest signal that there has been a paradigm shift – this program focuses on housing, employment, harm reduction, and recovery.

The Program Model (ACT “lite”)

Not all counties use the Assertive Community Treatment (ACT) model, and most of those that do have a modified version ... but across all counties these are the elements for success:

- Low staff-to-consumer ratio

- Multidisciplinary teams that are culturally competent– in all respects: ethnicity, language, consumer culture and homeless culture. When addressing the gap of what lies between a marginalized homeless individual and the mainstream community, one inevitably encounters issues of distrust and the experience of feeling unwelcome. One cannot reach across with credibility to homeless persons unless one can genuinely acknowledge their experience – either by speaking their language, sharing their culture, sharing or knowing their story.
- 24/7 availability --Not just to consumers, but to partners such as law enforcement, and most importantly to landlords.
- Field-based (in vivo service provision) -- The work, especially in the engagement phase is done on the street or in the consumer's housing set-up, whatever that might be, giving new meaning to the phrase “meet the clients where they are.”
- Housing FIRST – A menu of housing options should be available in order to immediately be able to house clients. Housing is not a linear continuum of care (e.g. shelter to transitional to permanent housing). With supports, clients can go from homelessness to permanent housing.
- Work FIRST – The option of employment should be discussed at the on-set of treatment. When clients want to work they should not have to go through a continuum of groups, clubhouses and trainings before they can start working.
- Harm Reduction – This means meeting clients where they are to address the conditions and consequences of drug use along with the use itself.
- Collaboration – the wisdom of “outreach”. In successful outreach and engagement, deals are made on the street corner, outside the jail or through cell bars, under bridges, on the beaches or in homeless shelters. Two things are essential: providing something that is meaningful, and keeping promises.
 - Collaborating/partnerships with law enforcement – in a way that helps them to do their jobs more effectively.
 - Collaborations with neighborhoods and local businesses in a meaningful way to address their concerns regarding homelessness.
 - Collaborating with landlords, property owners, non-profit housing developers, local municipalities and housing authorities in creating and supporting transitional and

- o permanent housing and establishing employment opportunities for persons previously thought of as unemployable.

OUTCOMES

With the AB 2034 Program, the initial objective was the development of specific, observable, measurable outcomes such as obtaining and maintaining housing as opposed to softer, more difficult measures (intangibles) such as symptom reduction. Local AB 2034 Programs would no doubt report that collecting and reporting the required outcome information has been very difficult and time consuming. However, none have questioned the value of the data itself for both local program staff and state policymakers. When program staff understands that State policy makers and other local programs have access to and are reviewing every program's outcomes, accountability is significantly increased. Also, the impact of being able to see the outcomes of one's work, and being rewarded for them, cannot be underestimated for anyone, whether client or provider.

Over the past three years the AB 2034 Program has consistently demonstrated dramatic changes in clients' quality of life. The number of days AB 2034 clients have spent in hospitals, jails and on the streets has decreased dramatically, resulting in significant cost avoidance at the local level. The number of clients currently in permanent housing has increased. Most importantly, many of the clients in the program are living in affordable, permanent housing (much of which is subsidized by HUD certificates through Section 8 or the Shelter Plus Care Program) that they will be able to sustain even without the AB 2034 Program.

Finally, the AB 2034 Program is a significant departure from traditional delivery of mental health services. What has become apparent to most providers and stakeholders is the therapeutic significance of having a stable place to live, and the foundation this provides for the ability and desire of individuals to make progress in other aspects of their lives. Success in the program and with each individual client requires a "whatever it takes" attitude to help clients on their road to recovery. Clearly, lives have been changed. Formerly homeless people are living in apartments, reuniting with children, working, going back to school, staying out of jails and hospitals and giving back to others.