



**OUTSIDE THE CLINIC DOORS: REACHING OUT  
TO THE HOMELESS MENTALLY ILL**

More than 50,000 people are homeless on any given night in Los Angeles County, and an estimated 25% of those are mentally ill. The greatest numbers are to be found in Downtown LA, in the Skid Row area, and in South Los Angeles, but people are living in streets, parks, and beaches throughout the County, in the Antelope, San Gabriel, and San Fernando Valleys, in Long Beach and San Pedro, in East LA and West LA. DMH Centers open their doors to the homeless daily – to assess and diagnose issues that may have caused or been exacerbated by their situation, to help establish benefits and find housing, or in Program Director Lisa Wong’s description of the Downtown Mental Health Center, just to offer “a place of respite.”

DMH Programs, like the Emergency Outreach Bureau teams run by Dr. Tony Beliz, find the homeless where they are, and open conduits to services.

*I come from a former background of being homeless, very homeless. Living in parks, unmanageable lifestyle, unaware that there was any mental health support or even rehabilitation support here in LA County. So, basically, a program that was set up to go to the parks, to outreach, found me... And I started feeling the need to really give some of this back—what I was learning. I was happy for the first time in my life. Because at that time I had already accomplished going from homelessness, to no income, to getting housing, to getting Section 8, to getting the best healthcare. – Deborah Foulks, Community Worker at Olive View Urgent Care*



*We go to all of the homeless encampments. The underpasses; Fifth and Spring; First and Broadway; all these places. We have a homeless outreach team that does nothing but help the homeless. We have a subway team that [visits] the subways. Any bus stop is County, so we have a team of a social worker or a nurse and a Sheriff’s Deputy. Then [the homeless individuals] have choices. They can be arrested; they can go on a 51-50; they can move on; or*

*the team will transport them to a shelter. And more often than not, we do that....Some are just so consumed by their mental illness or so deteriorated that they just don't know where they are. Then what happens too is, as they get to be in their fifties [and] sixties, the fight's out of them, because some have been on the streets for twenty years. And the fight's gone. – Tony Beliz*

From 2008-2010, Beliz and other DMH staff were active participants in “Project 50,” County Supervisor Zev Yaroslavsky’s two-year, \$3.6-million initiative to find the 50 people likeliest to die on Skid Row’s and get them housed – without insisting that they stop drinking, or using drugs, or even seek mental health treatment. Instead, the goal was “housing first;” once people had a bed and a roof over their head, they might be more open to receiving the other services they badly needed. By mid-2009, homes had been found for 68 chronically homeless individuals, and 52 were still safely housed, although several had died and others disappeared after their initial identification. Of the 52, 37 were receiving mental health services and 17 substance abuse treatment. By 2012, the project had served 600 individuals, expanded beyond Downtown to other LA neighborhoods, and launched a sister initiative, “Project 60”, to house homeless veterans (an estimated 20% of the street population). A June 2012 report calculated net savings of \$238,700 from reduced ER, hospitalization, criminal justice, and other costs.



In many neighborhoods, though, as Lisa Wong explains, the local DMH Center has already become known as a place where it is safe to go for help and services. The relationships that develop may eventually lead the client to a new home, a new job and a new life.

*Back in the early days, when our population was a little bit different, when there was less substance abuse, we would have to do a lot of outreach. When I was an intern, one of the big activities of the day for me would be to go into alleys and down different deserted streets, looking for clients... Nowadays, though, we don't have to do outreach in the same way, because this clinic is so well established in this community... We make ourselves known to other community agencies. But honestly, one of the ways that word spreads about Downtown Mental Health is by word of mouth of the clients. We have one former client, who, when she first came to us, she told us, "I'm never going to work and you can't make me." And now she's working full time... at a place where she constantly refers people to us. She's sort of like our single source referral agency. – Lisa Wong*



If reaching out to the clients is challenging, identifying permanent or even short-term space for them can be equally hard. Although many clients qualify for subsidized rentals under the Department of Housing and Urban Development's Section 8 program, good low-income units and adequate board-and-care beds, for those who need ongoing care, have often been scarce. Some locations may become substandard, if inadequately monitored, or evolve into large "warehouses," where the residents spend listless days in the TV lounge. Neighborhood opposition may prevent construction of new facilities. DMH has been active in collaborating with other community agencies to create more and better permanent housing, with the aid of MHSA funds.

A shining example is Daniel's Village, a renovated motel in Santa Monica opened in 2009, which provides permanent supportive housing for young adults 18-28 in the early stages of mental illness. These "Transitional Age" young people are often underserved, as they become



too old to receive children's services, and receive no guidance to help them access adult systems of care. A joint project of Step Up on Second, and the City of Santa Monica, Daniel's Village offers them support services, social activities, job training and placement, as well as a home.

**Left:  
Daniel's  
Village  
in Santa  
Monica;  
Right,  
the new  
Renato  
building**



**on Skid Row.**

Another successful partnership, with SRO Housing Corporation, has opened two beautiful, fully-furnished new apartment buildings in Downtown LA, in the heart of Skid Row, on the same street as the Union Rescue, Los Angeles, and Midnight Missions. SRO, a nonprofit developer, drew on local, state, and federal funds to develop the James Wood and Renato Apartments (in 2009 and 2010 respectively) for the chronically homeless (the corporation also built and runs emergency and transitional facilities). 89 of the 149 units in the buildings are reserved for persons with mental health disorders and DMH staff provide therapy sessions onsite.

Ultimately, it is the people of LACDMH who reach out and make the connections to the lost and forgotten. This account by Edelman Social Worker Wendy Douglas is a typical example of DMH dedication and resourcefulness:

*My proudest accomplishment is a client that was living in [Pacific] Palisades and camped in [Topanga] Canyon. He's in his sixties; he had no form of identification. He lost his wallet in the 80s. I think he had a little driver's license from 1982, so it was not even accurate or current. But he had no ID. He was a John Doe. He had no evidence that he was existing on the planet, and he had never interfaced with anyone before. He was just really isolated. Twenty-five years he had been up in the campsite and I got to work with him. I worked with him once a week [and] saw him for 45 minutes or so. We developed a relationship over about a two-year period.*

*It took about that long to get his birth certificate. If you don't have any ID, it is so hard to prove that you exist. So, to get his Social Security card, you had to get a birth certificate, and to get the ID, you had to have a Social Security card. It took about a year and a half to get all this*

documentation. And finally, he's a very depressed man, really low functioning, but so sweet to work with. Finally, we were able to get him on disability, so he had some source of funding. He [had been] living on \$221 a month for 20 years. He was eating one can of food a day; his nutrition was probably not great. And he was very thin and frail, but the nicest man.

Once we got the disability, he was able to get Medi-Cal, which helped pay for his medications. And finally we were able to get him starting to talk about housing, potentially a board and care facility. But he collapsed on the sidewalk. I crawled up in the bushes to try and find him, because he hadn't come into the clinic and I was terrified and terribly worried. I crawled through this rabbit hole of thorns to get to where he was hidden, because I think I was the only person who knew where he was on the planet. He wasn't there, so I thought something was absolutely wrong. So I called every ER. I think I called seven ERs and I traced him to where he ended up, in the Valley somewhere. He had had an intestinal blockage and passed out. Thankfully, it happened on the sidewalk, so someone came by [and] took him to the hospital.

After being homeless for his entire life, he ended up being able to get better over the course of the year. I think just now, three years later, he's finally getting into an apartment. So I feel like if he didn't come in here or if we didn't have that relationship, I don't know what would've happened to him. I really don't know. He had no identification; he didn't have a friend.