



INNOVATION PLAN APPROVAL SUMMARY

County: Los Angeles

Review History

County Submitted Innovation Plan: November 30, 2009
County Submitted Revised Plan: December 8, 2009
MHSOAC Review Team Meeting: December 22, 2009
MHSOAC Letter to County Providing Feedback: January 4, 2010
MHSOAC Staff Provided Technical Assistance to County: January 5, 2010
County Submitted Final Version Plan: January 13, 2010
MHSOAC Vote regarding Plan Approval: January 28, 2010

Innovation Plan Summary

Los Angeles County and its community stakeholders determined that their highest priority for MHSOAC Innovation was to heal system fragmentation that is a major impediment to excellent service quality and outcomes, especially for uninsured, homeless, and under-represented ethnic populations. The County intends through its Innovation funding to determine the effectiveness of four models for integrating mental health, physical health, and substance abuse services for these priority focal populations. All four models have unique features that will contribute to learning and the development of more effective integrative approaches, particularly in a large, diverse urban environment with complex systems of care. Los Angeles County hopes that increasing understanding about the dynamics of various integrative models will improve outcomes, reduce disparities for under-represented ethnic populations, enhance service efficiency, increase consumer satisfaction, and expand recovery-oriented skills and values in the public mental health system into the dimensions of physical health and substance abuse services.

- 1.) *Integrated Clinic Model* combines physical health, mental health, and substance-use services in a system that includes directly operated and contracted entities. The model will extend the scope of clinic-based mental health care to include support and treatment for individuals with serious mental health issues, will target the most vulnerable populations, and will greatly expand the staff roles of peers. The model will also imbed physical health and substance-use services in mental health sites, and will test whether, with stabilization supports, clients can change their health “home” to a physical health site.

- 2.) *Integrated Mobile Health Team Model* will deploy a mobile, enhanced, integrated and multi-disciplinary team to serve individuals with a diagnosis of mental illness and their families who are homeless or have recently moved into permanent supportive housing. The same team will maintain services for individuals and families after they move into permanent supportive housing. Borrowing concepts successfully used in Section 8 project-based rental subsidies, the County plans to use project-based service vouchers to create a market that draws affordable housing developers and service agencies into a collaborative effort to increase the number of available permanent supportive housing unit. The Integrated Mobile Health Team Model is an effort to change existing approaches that are fragmented because of separate funding streams, charts, care plans, and lines of supervision. Los Angeles County's model will test the value of a single point of management and supervision, which is unusual in the County's complex system of multiple agencies and departments.
- 3.) *Community-Designed Integrated Service Management Model*. This model seeks to bridge the divide between ethnic communities and formal care providers by giving communities the opportunity to direct how mental health, physical health, and substance abuse services are integrated into trusted and established institutions of ethnic communities. The project will create distinct models of care defined by each of five communities: African immigrant/African American, American Indian, Asian Pacific Islander, Eastern European/Middle Eastern, and Latino. The model is expected to promote collaboration and partnerships between formal and non-traditional service providers, community-based organizations, and peers to integrate physical health, mental health, substance abuse, and other needed care to support the recovery of consumers with mental health issues.
- 4.) *Integrated Peer-Run Model*. This innovative Integrated Peer-Run Model combines two service strategies—Peer-Run Integrated Services Management (PRISM) and peer-run crisis houses—to expand the potential of peer-run services within Los Angeles' large and complex urban environment. Peer-Run Integrated Services Management (PRISM) will utilize peer support to address physical health, mental health and substance abuse issues across systems in an integrated and coordinated way. The peer-run crisis houses will mobilize a creative team to help people with mental health crises become stabilized and will link to a broad spectrum of services. Together, these peer strategies will expand peer staffing, including administration and supervision by peers. Peer services are designed to be utilized by individuals and families from diverse cultures, including traditionally underserved communities.

BUDGET: \$ 20,293,924

Staff and the Plan Review Team Recommend: APPROVAL