

## INNOVATION Programs Overview

*What is the MHSa INNOVATION (INN) Program?*

The MHSa Innovation (INN) program is focused on implementing and evaluating four models that integrate mental health, physical health and substance abuse services. The primary goal is to learn which are the best and most cost effective practices to meet the spectrum of needs of individuals who are uninsured/economically disadvantaged, homeless and members of underrepresented ethnic populations. By implementing new and innovative approaches, the goal is that this time-limited program will contribute to learning and inform future practice.

### The Integrated Mobile Health Team Model

The **Integrated Mobile Health Team (IMHT)** service model is designed to improve and better coordinate the quality of care for individuals with a mental illness and their families, if appropriate, who are homeless or have recently moved into Permanent Supportive Housing (PSH) and have other vulnerabilities. Vulnerabilities include but are not limited to age, years homeless, co-occurring substance abuse disorders and/or physical health conditions. Improving the quality of care will be accomplished by having multidisciplinary staff that provide mental health, physical health and substance abuse services work as one team, under one point of supervision, operate under one set of administrative and operational policies and procedures and use an integrated medical record/chart. The program is designed to provide the level of services necessary to support clients to successfully transition from homelessness into PSH and to improve their mental health and co-occurring disorders.

### The Community-Designed Integrated Service Management Model

The **Community-Designed Integrated Service Management Model (ISM)** envisions a holistic model of care whose components are defined by specific ethnic

communities and also promotes collaboration and community based partnerships to integrate health, mental health, and substance abuse services together with other needed non-traditional care to support the recovery of consumers.

The five ethnic communities targeted are:

- ~ African Immigrant / African American
- ~ American Indian / Alaska Native
- ~ Asian Pacific Islander
- ~ Eastern European / Middle Eastern
- ~ Latino



The ISM model consists of discrete teams of specially-trained and culturally competent “service integrators” that help clients use the resources of both formal” (i.e., mental health, health, substance abuse, child welfare, and other formal service providers) and nontraditional” (i.e., community defined healers) networks of providers, who use culturally-effective principles and values. The ISM Model services are grounded in ethnic communities with a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations.

### The Innovative Integrated Peer Run Model

The **Innovative Integrated Peer Run Model: Peer-Run Integrated Services Management (PRISM)** and **Peer-Run Respite Care Homes (PRRCH)** are peer-operated and member driven community based, recovery oriented, holistic alternatives to traditional mental health programs. **PRISM** offers linkage to health, mental health, substance abuse, and housing services as part of a program designed to empower individuals to sustain their own recovery. **PRRCH** offers guests a short-stay voluntary opportunity to grow through distress in a warm, safe, and healing environment while engaging in recovery focused supportive services as desired.

## The Integrated Clinic Service Model

The **Integrated Clinic Model (ICM)** is designed to improve access to quality culturally competent services for individuals with physical health, mental health and co-occurring substance use diagnoses by integrating care within both mental health and primary care provider sites. ICM's are staffed with multidisciplinary professional teams and specially trained peer counselors and paraprofessionals.

ICMs provide:

- ~ Recovery Oriented Assessments
- ~ Mental Health Treatment Services
- ~ Co-occurring Substance Use Services
- ~ Peer Counseling and Self Help
- ~ Primary Care Services
- ~ Homeless/Housing Services ~ Care Management
- ~ Wellness Activities ~ Outreach

### Key Indicators of Success for INN Programs

Each of the model programs will be evaluated on the following indicators:

- ~ Level of service integration
- ~ Health status improvement
- ~ Mental Health status improvement
- ~ Substance use
- ~ Client satisfaction
- ~ Community satisfaction

**OBTAINING MORE INFORMATION ON  
INNOVATION SERVICES IN YOUR COMMUNITY**

Contact your local Service Area Navigator for information on availability of Innovation services in communities across the county.

Antelope Valley, Service Area 1  
Angela Coleman, (661) 223-3813

San Fernando Valley, Service Area 2  
Darrel Scholte, (818) 610-6705

San Gabriel Valley, Service Area 3  
Eugene Marquez, (626) 471-6535

Metro Los Angeles, Service Area 4  
Nancy Weiner, (323) 671-2612

West Los Angeles, Service Area 5  
Maureen Cyr, (310) 482-6613  
J. Sandy Mills (310) 482-6617

S. Central/Compton/Lynwood, Service Area 6  
Greg Hooker, (323) 290-5822

Southeast Los Angeles, Service Area 7  
Tere Antoni, (213) 738-6150

Long Beach/South Bay, Service Area 8  
Alicia Powell, (562) 435-2287



***“Hope, Wellness and Recovery”  
through innovative models of care!***

**COUNTY OF LOS ANGELES  
BOARD OF SUPERVISORS**



**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

**William T. Fujioka**  
County CEO

**County of Los Angeles  
Department of Mental Health  
Program Support Bureau  
550 South Vermont Avenue  
Los Angeles, CA 90020**

**COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH**

**MARVIN J. SOUTHARD, D.S.W.**  
DIRECTOR

**MENTAL HEALTH SERVICES ACT  
(MHSA)  
INNOVATION PROGRAMS**



[http://dmh.lacounty.gov/wps/portal/dmh/about\\_dmh/mhsa](http://dmh.lacounty.gov/wps/portal/dmh/about_dmh/mhsa)