COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA)
THREE YEAR PROGRAM AND EXPENDITURE (3YPE) PLAN
FISCAL YEARS 2014-15 THROUGH 2016-17
MID-YEAR ADJUSTMENT

Community Services and Supports (CSS) Plan Expansion, Including Proposal to Add General Systems Development Work Plan Integrated Care Program (ICP)

BACKGROUND

The first round of MHSA Innovation (INN) projects on three (3) integrated service models, the Integrated Mobile Health Team (IMHT), the Integrated Clinic Model (ICM) and the Community-Designed Integrated Services Management model (ISM), all yielded significant improvement in client mental health and physical health status, substance use status, high client satisfaction, reduced client self-stigma. Due to the time-limited nature of MHSA INN, these models are scheduled to end on June 30, 2015.

Specifically, the following outcomes were achieved by model:

Integrated Clinic Model

- There were significant improvements on the Illness Management Recovery Scale (IMR), a clinician-rated mental health measure, 6, 12 and 18 months after enrollment in INN services, compared to ratings at baseline.
- The majority of ICM clients had clinically meaningful improvement in Overall IMR scores 6 months (71.0%), 12 months (79.4%) and 18 months (81.8%) after enrolling in services.
- There were significant improvements in client-rated physical health outcomes 6, 12 and 18 months after enrollment in INN services, compared to ratings at baseline.
- Close to half of ICM clients had clinically meaningful improvement in PROMIS Physical Health scores 6 months (40.7%) and one year (39.9%) after enrolling in services, compared to baseline.
- 73.8% of ICM clients had a clinically meaningful improvement in MORS ratings 18 months after enrolling in services, compared to baseline.
- 10.3% of ICM clients had a clinically meaningful reduction in drug use 12 months after enrolling in ICM.
- There was a significant decrease in use of emergency services 6, 12 and 18 months after enrollment in INN services, compared to baseline.

Integrated Mobile Health Team

- IMHT clients had significant improvements on the IMR, a clinician-rated mental health measure, 6 and 12 months after enrollment in INN services, compared to ratings at baseline. Clients continued to significantly improve between 12 and 24 months after first receiving INN services.
- The majority of IMHT clients had clinically meaningful improvement in Overall IMR scores 6 months (65.4%) and 12 months (74.9%) after enrollment.
- The majority of IMHT clients had clinically meaningful improvement in MORS ratings 6 months (60.1%) and one (1) year (72.9%) after enrolling in services, compared to baseline.
- 52.7% of IMHT clients had clinically meaningful improvement in PROMIS Physical Health scores 6 months after enrolling in services, and over half of clients (52.7%) had clinically meaningful improvements 12 months after enrollment when compared to baseline.
- 32.5% of IMHT clients had a clinically meaningful reduction in alcohol consumption 12 months after enrolling in services.
- 28.2% of IMHT clients had a clinically meaningful reduction in drug use 12 months after enrolling in services.
- There was a significant decrease in use of emergency services 6 and12 months after enrollment in INN services, compared to baseline.
- More IMHT clients (69.9%) experienced a clinically meaningful reduction one year after enrollment in IMHT.

Community-Designed Integrated Services Management Model

- The majority of ISM clients had clinically meaningful improvement in Overall IMR scores 6 months (73.1%) and one (1) year (76.2%) after enrolling in services.
- 62.1% of ISM clients had a clinically meaningful improvement in MORS ratings 12 months after enrolling in services, compared to baseline.
- Many ISM clients had clinically meaningful improvement in PROMIS Physical Health scores 6 months (33.8%) and 12 months (38.3%) after enrolling in services, compared to baseline.
- ISM clients reported a significant increase in paid employment 6 and 12 months after enrollment in INN services. 23.7% of ISM clients reported that they maintained paid employment for the first year of services; 10.7% of ISM clients gained employment within the first year of services.

Due to the success of these integrated care programs, the System Leadership Team (SLT) at their November 19, 2014 meeting recommended to the Department of Mental Health (DMH) to provide ongoing funding through the MHSA CSS plan, should DMH have unallocated funds.

An evaluation rubric was developed with DMH and provider input for each model, based on program expectations and the degree of achievement of positive outcomes. An analysis of the evaluation rubric for each model yielded a decision by DMH to continue providers within each of the three (3) models that achieved a threshold level of success on the evaluation rubric. Specifically, three (3) IMHT provider partnerships across three (3) Service Areas, four (4) ICM provider partnerships across two (2) Service Areas and 10 ISM provider partnerships across seven (7) Service Areas and countywide for one particular underrepresented ethnic population (UREP) community. The proposed plan allows for integrated services in each Supervisorial District and in all Service Areas that initially had MHSA Innovation-funded integrated services.

INNOVATION EVALUATION RUBRIC ACROSS MODELS

Client Level (60%)	**IMHT**	**ICM**	**ISM**
▪ Quality of Care	59%	59%	40%
▪ Quality of Life	34%	34%	40%
▪ Client Satisfaction	7%	7%	20%
Program Level (40%)			
▪ Data Compliance	15%	10%	11%
▪ Access to Care	30%	25%	26%
▪ Staffing	16%	12%	6%
▪ Cost	0%	24%	0%
▪ Integration	22%	17%	26%
▪ Outreach and Engagement	17%	12%	31%

PROPOSED ACTIONS FOR CONTINUED FUNDING:

Integrated Mobile Health Team:
MHSA CSS Plan, Adult FSP, specialized homeless vulnerable population
$3,584,791 (Net MHSA only, not inclusive of Medi-Cal)

Integrated Clinic Model and the Community-Designed Integrated Services Management Model:
New MHSA CSS Plan Work Plan entitled “Integrated Care Program” **(Requesting SLT Approval)**
ICM: $3,280,000 (Net MHSA only, not inclusive of Medi-Cal)
ISM: $9,052,509 (Net MHSA only, not inclusive of Medi-Cal)

Total MHSA CSS Funding: $15,917,300

Integrated Care Program

Program Description: Integrated Care Programs (ICP) are designed to integrate mental health, physical health, substance abuse, and other needed care such as non-traditional services to more fully address the spectrum of needs of individuals. The ICP service array will support the recovery of individuals with particular attention to those who are homeless, uninsured, and/or members of UREP. ICPs promote collaboration and partnerships by and between service providers and community-based organizations utilizing an array of services that may include traditional and non-traditional services.

Target Population: The target population for the ICP is individuals with Severe Mental Illness (SMI) or Serious Emotional Disturbance (SED) that meet the Medi-Cal medical necessity criteria for receiving specialty mental health services, including those with co-occurring substance abuse and/or physical health issues, who are economically disadvantaged or uninsured, and/or members of a UREP.

Program Goals:

General: Integrating care in a large, diverse urban environment with complex systems of care. Differentiating specific needs and approaches for distinct populations including under-represented ethnic communities. Incorporating culturally relevant outreach and engagement strategies, peers into the staff and service array of providers and/or incorporating non-traditional approaches in improving outreach and engagement for the under-represented ethnic communities.

Intended Program Outcomes:

a) Improve physical and mental health and reduce substance use/abuse through an integrated service approach.
b) Improve timely access to services for underserved populations.
c) Decrease stigma and fear, associated with either being diagnosed with a mental illness or seeking mental health services.