

Quality and Productivity Commission
29th Annual Productivity and Quality Awards Program
Champions of Change: Together We Make a Difference

2015 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: IMHT: REDUCING RISK FOR HOMELESS EARLY DEATH

DATE OF IMPLEMENTATION/ADOPTION: MARCH, 2012
(Must have been implemented at least one year - on or before July 1, 2014)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Individuals with a serious mental illness on average die 25 years earlier than individuals
2 without a mental illness primarily due to physical health issues. Those who are
3 chronically homeless with a mental illness, medical condition and often a substance use
4 condition are especially at high risk. To address the needs of this highly vulnerable
5 population, the Los Angeles County Department of Mental Health developed an
6 innovative mobile health team model that provided integrated health, mental health and
7 substance use services through a mental health partnership with substance use
8 programs and Federally Qualified Health Centers. Made possible with innovation-
9 focused funding from the voter-approved Mental Health Services Act, the Integrated
10 Mobile Health Team model was not only able to achieve reductions in mental health,
11 physical health and substance use symptoms, but also reduced homelessness,
12 incarcerations and emergency room visits. Even though IMHT providers served the
13 most mentally and physically ill clients, they were able to achieve great improvements in
14 the health status of clients.
15

Table with 5 columns: (1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE, (2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS, (3) ACTUAL/ESTIMATED ANNUAL REVENUE, (4) TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT, (5) SERVICE ENHANCEMENT PROJECT. Includes handwritten checkmark in the last cell.

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS: County Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, CA 90020. TELEPHONE NUMBER: 213-251-6817

PROGRAM MANAGER'S NAME: Debbie Innes-Gomberg, Ph.D. TELEPHONE NUMBER: 213-251-6817. EMAIL: DI.Gomberg@dmh.lacounty.gov

PRODUCTIVITY MANAGER'S NAME AND SIGNATURE: Kumar Menon, MSPA. DATE: 7/14/2015. TELEPHONE NUMBER: 213-738-4258. EMAIL: kmenon@dmh.lacounty.gov

DEPARTMENT HEAD'S NAME AND SIGNATURE: Marvin J. Southard, DSW. DATE: 7/14/2015. TELEPHONE NUMBER: 213-738-4601

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**1<sup>st</sup> FACT SHEET – LIMITED TO 3 PAGES ONLY:** Describe the **Challenge, Solution, and Benefits** of the project. State clearly and concisely what difference the project has made. Use Arial 12 point font

### **Problem or Challenge**

It is a well-known fact that individuals with a serious mental illness on average die 25 years earlier than individuals without a mental illness. The federal Affordable Care Act (ACA) has focused efforts across the nation to ensure that individuals with a serious mental illness have access to and receive medical care. While physical health and mental health care services have historically been provided independent of one another, research has found that when these services are provided in an integrated manner, health improves, the experience of care from the client's perspective improves and costs are best managed. In order to move in the strategic direction of integrated care, LACDMH and its stakeholders chose to utilize MHSA Innovation funds to test out strategies to improve whole health through the provision of integrated mental health, substance use and physical health services to clients with a mental illness and one or more co-occurring physical health or substance use conditions. The Integrated Mobile Health Team (IMHT) model proved to be the most successful strategy.

### **Solution**

The IMHT model, tested over a period of three years, consisted of 5 provider partnerships that provided mobile outreach, assessment, medical and mental health services to chronically homeless, highly vulnerable individuals with a mental illness, medical condition and often a substance use condition. Partnerships spanned the county, focusing on specific communities with higher concentrations of homeless individuals, including Long Beach and South Los Angeles.

Utilizing a Housing First approach where individuals were offered permanent supported housing at the beginning of services, the model demonstrated success. Careful attention was paid to partnership selection as well as to the intentional focus on creating a single integrated treatment team.

To capture the effectiveness of the model, a number of measures were administered at the beginning of treatment and at regular intervals over the course of treatment. These measures looked at the level:

- of improvement in the overall health status of the individual;
- of improvement in the mental health of the individual;

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- of improvement in physical health;
- of client satisfaction\*;
- of community satisfaction;
- of quality of life;
- of substance use

**Benefits/Results:**

- IMHT clients showed significant improvements on their ability to manage their illness and continue their recovery 6 to 24 months after enrollment in services.
- The majority of IMHT clients showed meaningful improvement in their overall health 6 months (65.4% of clients) and 12 months (74.9% of clients) after enrollment.
- The majority of IMHT clients made meaningful progress in their recovery 6 months (60.1% of clients) and one year (72.9% of clients) after enrolling in services.
- 52.7% of IMHT clients made meaningful improvements in physical health 6 months after enrolling in services, and over half of clients (52.7%) had meaningful improvements 12 months after enrollment.
- 32.5% of IMHT clients had a meaningful reduction in alcohol consumption 12 months after enrolling in services
- 28.2% of IMHT clients had a meaningful reduction in drug use 12 months after enrolling in services
- There was a significant decrease in use of emergency services 6 and 12 months after enrollment in services.
- The IMHT model achieved a significant improvement in projected longevity for clients based on improvements in their mental, physical and overall health.
- In addition, on average, 50% of the clients who entered the program without benefits obtained them during the course of treatment, and 41% of clients who did not have SSI or SSDI (both disability-based benefits) at the beginning of treatment obtained those benefits during treatment. Increasing the percent of clients with benefits was one of the program expectations, in that it increases access to health and mental health services and allows for programs to serve more clients with the allocated funding.

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**LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS):** Use Arial 12 point font

This submission addresses Goal 3 – Integrated service delivery. Services were delivered in an integrated manner and achieved positive health and mental health outcomes as well as reduced substance use, homelessness, incarcerations and emergency room admissions. Success was achieved through strong leadership throughout the organizations who provided the services. Leadership focused on breaking down traditional service barriers to create a unified, integrated treatment team that utilized an integrated medical record and collecting and using health and mental health status outcome data.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT):** If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$302,697	\$ N/A	\$	\$ 302,697	<del>☒</del>

**ANNUAL= 12 MONTHS ONLY**

This analysis examined LACDMH costs avoided due to participation in the IMHT program. At enrollment, 333 (57.5%) clients had used other LACDMH services in the previous year, including psychiatric inpatient, psychiatric emergency room (ER), and outpatient behavioral health services. Among the same clients in the year after enrollment, there were reductions in psychiatric inpatient hospitalizations and psychiatric ER visits, while the use of outpatient behavioral health services remained about the same.

- In year prior to entering IMHT, the mean psychiatric inpatient and psychiatric ER cost for 333 clients = \$7,311(per client)
- After entering IMHT, the mean psychiatric inpatient and psychiatric ER cost for 333 clients = \$6,402 (per client)
  - Psychiatric inpatient + psychiatric ER cost avoidance for 333 clients = (7311 – 6402) x 333 = \$302,697