

**BOARD LETTER – SUMMARY SHEET
HEALTH AND MENTAL HEALTH SERVICES CLUSTER**

AGENDA REVIEW	02/01/12
BOARD MEETING	02/14/12
SUPERVISORIAL DISTRICT	1, 2, 3, and 4
DEPARTMENT	Mental Health (MH)
SUBJECT	Amend seven Legal Entity Agreements to add Mental Health Services Act-Innovation (INN) funding to implement Integrated Clinic Models and approval to terminate and amend current Agreements with The Los Angeles Free Clinic dba The Saban Free Clinic.
PROGRAM	Will add Mental Health Services Act Innovation funding to implement Integrated Clinic Models to provide physical health, mental health, and substance abuse services for the Under-Represented Ethnic Populations (UREP) communities.
DEADLINES	None
COST & FUNDING	The total cost of amending the LEs for ICM Program is \$1,989,799 and is fully funded by State MHSA revenue in the amount of \$1,826,337 and Federal Financial Participation (FFP) Medi-Cal in the amount of \$163,462. Funding estimates for FY 2012-13 and FY 2013-14 will be requested through DMH's annual budget request process.
PURPOSE OF REQUEST	Board approval of the recommended actions will allow DMH to amend its LE Agreements with seven agencies to implement MHSA Innovation Plan (INN) ICM programs. Through a competitive solicitation process, DMH selected these contractors to implement these services.
SUMMARY/ ISSUES (Briefly summarize program and potential issues or concerns. Identify changes, if any, to level of funding or staffing; how funding will be utilized and why best use; and prior accomplishments.)	<ul style="list-style-type: none"> • While there are emerging models for the integration of health, mental health, and substance use disorders services that might greatly improve care, relatively little is known about the optimal means to achieve this integration for underrepresented ethnic populations who are uninsured, economically disadvantaged, with high levels of homelessness, and significant mental health challenges. • The Integrated Clinic Model is one of the four MH INN models and the services will be delivered by existing MH providers and new providers that will integrate mental health, physical health, and substance abuse treatment services for uninsured, homeless, and UREP populations. • The utilization of existing infrastructure and the leveraging of other programs and funding streams, including Federally Qualified Health Centers, is expected to increase the potential number of individuals served, create an efficient integrated system that promotes interagency collaboration, maximize available resources, and establish sustainable revenue. • The seven contractors are located in four Supervisorial Districts and will provide services in three different Service Areas of the County. Each contractor will provide ICM services, staffed with a multi-disciplinary team of professionals, paraprofessionals, and peer counselors with health, mental health, and substance abuse training and experience.
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