



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU – MHSA IMPLEMENTATION AND OUTCOMES DIVISION

**Inner City Industry (ICI)** is seeking to form system change collaborative's with community-based organizations and service providers located in Supervisorial Districts 2 (South Los Angeles - Compton, Watts & Inglewood) & District 5 (Antelope Valley - Lancaster & Palmdale) to establish a continuum of systems approach to reduce community trauma. For more information on becoming a collaborative partner contact: Bruce Wheatley at 323-364-2015 / [brucew@innercityindustry.org](mailto:brucew@innercityindustry.org).

**MHSA Innovation 2 Project – Health Neighborhoods**

Los Angeles County Department of Mental Health (LACDMH) proposes to test out the creation and implementation of distinctive place-based Health Neighborhoods as a method to support distinct communities to create the collective will to employ various strategies for people of diverse ages to decrease the risk of or reduce the degree of trauma experienced by community members. The innovation proposed here is the development of health neighborhoods that center on building the capacity of the community to identify the correlates of trauma in its members and address trauma or trauma risk through building upon the assets of the community. Collectively, the strategies associated with this Health Neighborhood project will seek to increase access to underserved groups, increase the quality of mental health services, including better outcomes and promote interagency or community collaboration related to mental health services and supports.

**A Health Neighborhood, as defined for this proposed project, has five (5) key components:**

- 1.** It assumes there is a reciprocal inter-connectedness between the community's health and wellbeing and that of individual community members, so it promotes the community's wellness as a way to improve the health and well-being of individual members.
- 2.** It draws upon research on the social determinants of health, which finds that health status is heavily mediated by socioeconomic status so that communities with greater levels of poverty tend to have members who are more disconnected from community supports and services, with fewer health resources and poorer health.
- 3.** It deploys a set of upstream strategies to address the social determinants or root causes of mental illness, namely the trauma experienced by different age groups within a specific community.
- 4.** It actively develops partnerships to engage communities and service systems, building upon the learning of Innovation 1 Integrated Care model outcomes.
- 5.** It builds the community's capacity to take collective ownership and coordinated action to prevent or reduce the incidence of trauma-related mental illness by involving communities in promoting the health and well-being of their members.



ICI's Continuum of Systems Framework will be used to test out strategies associated with three (3) distinct Innovation primary purposes, organized by age of intended service recipient, as well incorporate intergenerational strategies.

**1) Increasing access to underserved groups:**

1. Community clubhouse for 0-5 population
2. TAY Peer Support Networks
3. TAY outreach and engagement
4. Culturally competent non-traditional self-help activities for families with multiple generations experiencing trauma
5. Support Networks Without Walls for Older Adults with a Pre-Existing Mental Illness
6. Community-Based Strategies to Support Caregivers for older adults with a mental illness Increase access to mental health services:

**1) Veterans peer support via a social media application for smartphones**

Promoting interagency or community collaboration related to mental health services:

1. Trauma-informed psycho-education and community support for school personnel in health neighborhoods
2. Coordinated employment within a health neighborhood
3. Community integration for individuals with a mental illness with recent incarcerations or who were diverted from the criminal justice system.

**Estimated Annual Innovation Budget**

Annual DMH Costs:

DMH Strategy Leads and administration (14 staff) \$1,958,720  
Training: \$50,000  
Evaluation: \$1,000,000

**Total Annual Cost: \$3,008,720**

Estimated Annual Budget Per Supervisorial District:

\$4.0 million for each of 5 Districts: \$20,000,000

Total MHS Innovation 2 Annual Budget: \$23,008,720 - Fiscal Years 2016-17 through 2019-20

**Total Innovation 2 Project Projected Budget: \$92,034,880**  
Fiscal Years 2016-17 through 2019-20.