**Title of the contribution/Titolo del contributo**

Los Angeles: T.R.I.E.S.T.E. Project

**Objective/Obiettivi**

To share progress made in the collaboration between Los Angeles County and Trieste DSM in pursuing a five-year pilot of a community-based, whole-person mental health reform effort, inspired by Trieste guiding principles.

**Contents-text/Contenuto-testo: Max. 400 parole/words**

Since the participation of the Los Angeles delegation at the 2017 conference in Trieste, the two entities (Los Angeles County and Trieste DSM) have entered into a Twinning Agreement under the auspices of the International Mental Health Collaborating Network (IMHCN). This has allowed for continued discussion and collaboration around the design of a pilot project. In September 2018, a delegation representing the Trieste DSM spent a week in Los Angeles touring various parts of the “system” in LA – hospital, jail, court, residential, county clinic, nonprofit providers, etc. In the fall of 2018, a consultant was retained by LA County DMH to draft a proposal to a state committee that has authority over funds for projects determined to be true “innovation.” On May 23, 2019, the state’s Mental Health Services Oversight and Accountability Committee approved a five-year $116M pilot project, centered in the neighborhood of Hollywood, an area consisting of about 110,000 people. After a year to plan, the pilot will officially launch sometime in the fall.
A key distinction between the American and Italian model is the inflexibility in the American system of funding mental health services which is tied to a medical model. This limits the types of service that can be provided and imposes enormous documentation burdens. The ability to care for the needs of the “whole person” in the American system is compromised – if not impossible. The innovation proposed in the T.R.I.E.S.T.E. project (True Recovery Embraces Systems That Empower) is the adoption of a user-friendly billing/payment/financing/accountability system that targets a simple set of individual-based goals. The financing would be based upon a multi-tier case rate reimbursement system.

Outcomes to be tracked will be tied to reduction in homelessness, incarceration and hospitalizations. Accountability systems will be created that will allow the pilot to support the goals of helping people find “places to live, people to love, and purpose every day.”

The pilot also anticipates a robust community engagement strategy to minimize isolation and increase the user’s connection to the community through social, cultural, educational and employment-related opportunities.