

# Community Behavioral Health Clinics

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# Nature of the Problem CA Proposal is Meant to Address

- Individuals who have complex physical and behavioral health needs.
- Small subset of Medi-Cal population accounts for a large portion of State's Medi-Cal expenditures.
  - Top 1% incur 27% of the costs
  - Top 5% incur 52% of the costs
- Almost half are adults with SMI who qualified for Medi-Cal due to disability.



# Example of Potential Impact

- ER visits, acute care inpatient days and ALOS varies among Medi-Cal sub-populations
- FFS-only and FFS/MC had 119 to 200 ER visits per 1,000 member months for 1% and 5% groups.
- MC only had 83 and 70 ER visits per 1,000 member months for 1% and 5% groups.



# Goals to be Achieved

- Capacity for individualized, recovery-oriented O&E.
- Welcoming, easily accessible and convenient, culturally sensitive and embracing service delivery settings.
- Sufficient capacity to deliver services as, when and where they are needed.
- Crisis management services that reduces or prevents crises on one hand and when needed is timely, person-centered and least restrictive.
- Care coordination that allows all providers to address the whole health needs and personal goals.



# Who May Be Selected

- Sites capable of providing an array of services necessary to serve the super utilizers.
- Sites capable of delivering these services in “hot spots” or concentrated geographic areas throughout the state.
- MHPs could submit a CCBHC Certification application, but the clinics in “hot spots” will be encouraged to apply.



# Requirements

- Staffing
- Guarantee of Access
- Care Coordination
- Scope of Services
- QA Reporting



# Behavioral Health Clinics: Role in an Integrated Post-ACA Environment

“The Health Neighborhood Option”



# Specialty Mental Health Services in Post-ACA California

- As counties begin to adapt structures to the post-ACA landscape, the mental health system must think about how to preserve a client-centered recovery system in an integrated care environment.
- Client-centered recovery principles must remain foundational to ensure effective mental health system.
- The next steps for county mental health systems include:
  - Developing a broad definition of specialty mental health responsibilities
  - Creating an efficient and effective care management blueprint.



# Additional Steps to Effective Service Delivery

In addition to defining specialty mental health services and establishing a care management system, mental health systems must also develop:

1. An efficient way of identifying and authorizing atypical service needs.
2. Methods for tracking provider performance by population treated, outcomes obtained, and resources used.
3. Allocation of resources based on provider effectiveness.



# Specialty Mental Health Services and Care Management

Establishing an efficient and effective blueprint for care management includes creating a simple structure for expected level of care to address client treatment needs for recovery.

The basic structure includes:

- Simple levels.
- Familiar divisions corresponding to Serious Mental Illness (SMI), Non-SMI mental health medical necessity, and not medically necessary.
- Levels that are coupled with clear entrance criteria and an exit target.
- Levels that incorporate augmented services in the presence of co-occurring substance abuse.
- Levels that are relatively intuitive, paired with automatically authorized services appropriate to the clinical characteristics and treatment targets, in terms of service type, intensity, and duration.



# Health Neighborhoods: Two Models

## Community Change Model\*

- Achieve community health and wellness
- Address social determinants of health
  - The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.\*\*
- Community-driven, focused on policy and system change



\* Health Neighborhoods, Summary of Workgroups Sessions, Rigoberto Rodriguez, 2013

\*\* World Health Organization, 2012



# Health Neighborhoods: Two Models

(cont'd)

## Service Delivery Model\*

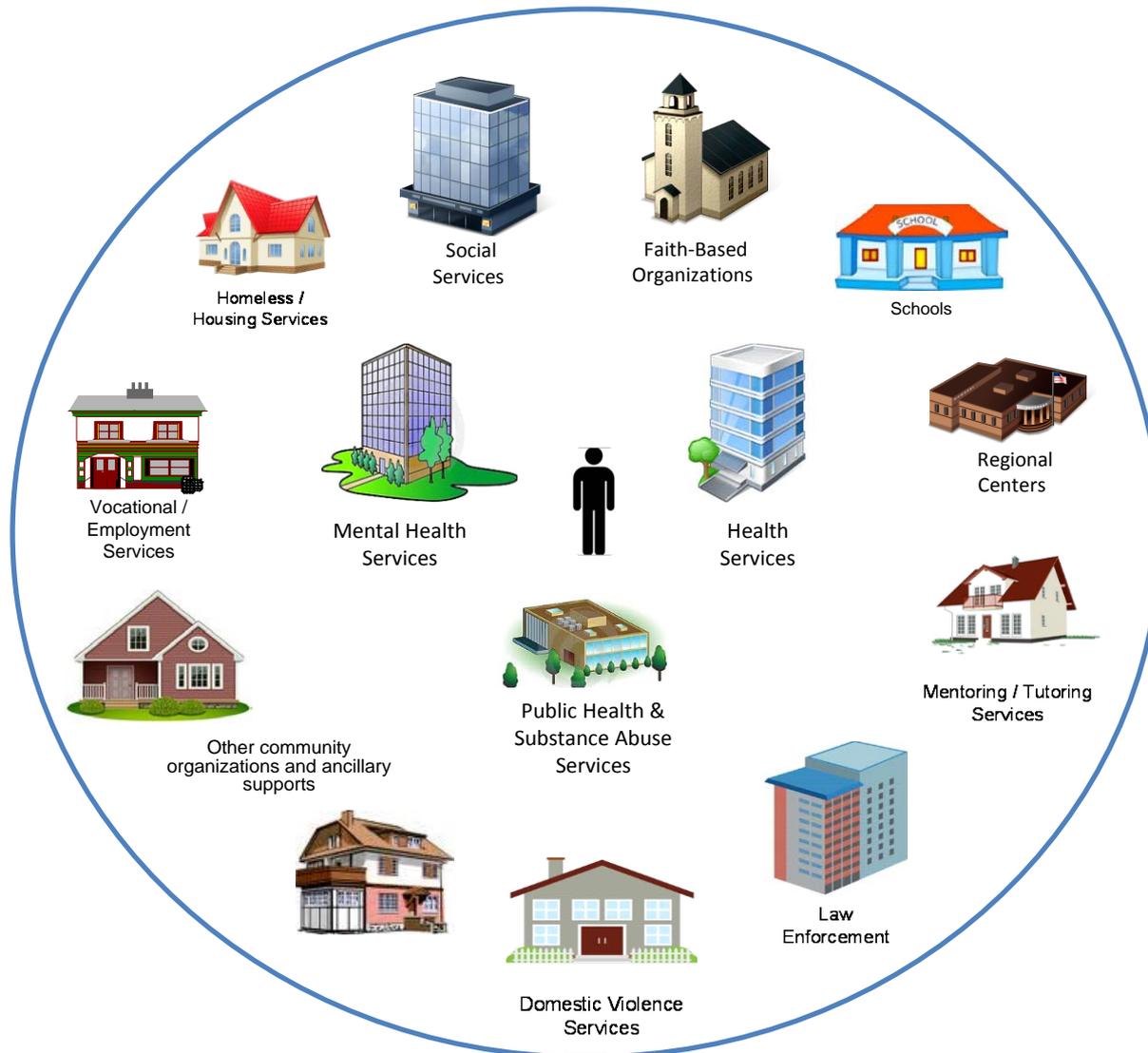
- Improve **access** through integrated mental health, health, substance abuse and public health services for all age groups
- Improve **quality** of services
- Improve **coordination** of care
- **Contain costs** through effective communication among providers



\*Health Neighborhoods, Summary of Workgroups Sessions, Rigoberto Rodriguez, 2013



# Health Neighborhood



# Faith Outreach

- Annual Conference as a general awareness, engagement and promotional tool
- Clergy Advisory Committee as system advocacy body
  - Currently being re-organized to inform Health Neighborhood efforts
- Clergy Mental Health Roundtables as a collaborative learning forum
  - Monthly meetings of small groups in six service areas
- Clergy Academy as a community level outreach and capacity building tool
  - 25+ topics delivered by clinical staff
  - Multiple sites around the county with diverse audience



# Faith Outreach

(cont'd)

- Exploring model partnership with a church in Hawthorne
  - Delivering mental health education primarily to Spanish-speaking community (with and without church affiliation)
  - Exploring technical assistance as a means of sustained use of education for health action in community.



# Involvement of Peers

Consumers, or peers, are significantly involved in the recovery process. Current programs or opportunities for peer involvement include:

- Client Leadership Training
- Home and Recovery Conferences
- Client Coalitions
- Peer Specialist Training Institute
- Family Engagement and Inclusion
- Peer Clinic Surveys
- Consumer Conference Scholarship



# Community Health Promoters

Community Health Promoters/Promotores are peers trained to enhance a community's understanding of mental health, focusing on traditionally underserved or underrepresented populations. Health promoters are both culturally and linguistically competent, and have a close understanding of the community of focus.\*

Functions of Community Health Promoters include:

- Outreach
- Community education
- Informal counseling
- Social support
- Advocacy



\*Source: LACDMH MHSA 3 Year Program & Expenditure Plan, FY 14-15 through 16-17

