

Primary Care and Behavioral Health Integration Strategies

From 30,000 Feet to Working in the Weeds

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November 6, 2013

From LIHP to MCE

Experience with Consumers Who Participated in the Low Income Health Plan (LIHP) aka Healthy Way LA

- 19-64 Years of Age
- Uninsured
- No Children or non-Custodial Parents
- Automatic Enrollment into the Medicaid Expansion (MCE) starting January 1, 2014

HWLA Mental Health Consumer Characteristics

Demographic Information

Race/Ethnicity	Unique Clients	Percent	Primary Language	Unique Clients	Percent
White	9,831	25.7%	English	29,743	80.0%
Black	12,003	31.3%	Spanish	6,448	17.0%
Hispanic	13,428	35.0%	Other	678	1.8%
Latino/Latina	721	1.9%	Armenian/Persian/Arabic	446	1.2%
API	3,281	8.6%	Other	3,892	10.1%
Other/Unk	2,003	5.3%	None	27,599	72.9%
Total	38,110	100.0%			

Gender	Unique Clients	Percent	Age Group	Unique Clients	Percent
Female	15,777	41.4%	18-25	5,201	13.6%
Male	22,333	58.6%	26-50	11,648	30.5%
Unknown	0	0.0%	51-55	16,414	43.1%
Total	38,110	100.0%	56-64	4,852	12.7%
			None	38,110	100.0%

Data from Clients Enrolled in the LIHP (HWLA)
38,110 Unique Clients Served (July 1, 2011- May 5, 2013)

- Approximately 75% are racial or ethnic minorities
- Primary Language other than English 22%
- Over 50% are Male
- Over 73% were between the Ages of 26 to 55 years old.

What is their previous history with public mental health?

- 48.9% Existing, Active Client
- 28.6% New to public mental health
- 22.5 Re-engaged, not active in at least the past 12 months.
- Estimated that 10% are determined to be disabled and became eligible for SSI.

Top Ten Most Frequent Diagnoses

Diagnosis	Unique Clients
Major Depression	10,323
Other Mood	9,279
Other Psychosis	3,373
Bipolar	2,935
Substance Related	2,572
No Dx V71.09	2,176
Anxiety	2,168
Schizophrenia	2,056
Adjustment	1,328
PTSD	1,044

Cost information

- Monthly 10,000 clients served with an average costs of \$680 per month (all modes of Service).
- Average monthly costs per client by mode are:
 - 24 Hour Services = \$6,465;
 - Crisis Stabilization/Day Services = \$883 and
 - Outpatient Services = \$598

Impact on MHSA Funded Programs

10 Month 01-10/13 Data	IS PlanGroup	Clients	Gross Costs	%	Ave Cost
	MHSA-CSS	18,262	31,233,813	48.6%	\$ 1,710
	MHSA-INN	1,268	4,177,565	6.5%	\$ 3,295
	MHSA-PEI	10,756	11,085,768	17.3%	\$ 1,031
	Other Non-MHSA	5,829	17,718,018	27.6%	\$ 3,040
	Grand Total	29,198	64,215,164	100.0%	\$ 2,199



Work in Progress

Selected data on 138% FPL Ages 19-64 Year Old.

	19-20 yrs		21-25 yrs		26-59 yrs		60-64 yrs		Total 138% FPL Age	
Total	84,784	5.40%	224,287	14.20%	1,169,661	74.00%	101,870	6.40%	1,580,602	100.00%
	19-20 yrs		21-25 yrs		26-59 yrs		60-64 yrs		Total 138% FPL Age	
Total	84,784	100%	224,287	100%	1,169,661	100%	101,870	100%	1,580,602	100%
Arabic	413	0.50%	1,561	0.70%	7,237	0.60%	561	0.60%	9,772	0.60%
Armenian	888	1.00%	2,237	1.00%	25,740	2.20%	4,419	4.30%	33,284	2.10%
Cambodian	597	0.70%	1,141	0.50%	4,955	0.40%	416	0.40%	7,109	0.40%
Chinese	853	1.00%	3,963	1.80%	13,330	1.10%	2,022	2.00%	20,168	1.30%
English	24,286	28.60%	74,571	33.20%	345,103	29.50%	34,958	34.30%	478,918	30.30%
Farsi	335	0.40%	1,273	0.60%	7,739	0.70%	1,105	1.10%	10,452	0.70%
Korean	1,111	1.30%	4,414	2.00%	24,343	2.10%	3,408	3.30%	33,276	2.10%
Russian	218	0.30%	813	0.40%	4,357	0.40%	1,130	1.10%	6,518	0.40%
Spanish	46,228	53.30%	105,763	47.20%	609,046	52.10%	36,549	35.90%	796,586	50.40%
Tagalog	580	0.70%	1,266	0.60%	11,959	1.00%	1,854	1.80%	15,659	1.00%
Vietnamese	492	0.60%	1,844	0.80%	9,033	0.80%	932	0.90%	12,301	0.80%
Other	9,783	11.50%	25,441	11.30%	106,819	9.10%	14,516	14.20%	156,559	9.90%

Overall, approximately 70% of the persons between the age of 19 to 64 whose income is less or equal to 138% FPL have a primary language other than English.

- 50.4% Spanish speaking among all age groups
- Interesting to see that the age groups 19-20 yrs and 26-59 yr are over 50% Spanish speaking while the older 60-64 yr age group has the lowest percent of Spanish speakers (36%) within their own group.

Please note: Not all of these individuals may be eligible for the MCE 100% FFP since the data also includes persons who may already have Medi-Cal or SSI or do not meet the MCE newly eligible criteria..

Outreach to Under-Represented Communities

- Promotoras
- Peer Consumers
 - With Lived Experience with Mental Illness and/or as a member of a under-served cultural or ethnic community
- Targeted Outreach Efforts

Work in Progress

- FQHCs and FQHC Look Alikes
 - Mental Health In Scope of Project
 - Site-Specific
 - Legal Entities that are also FQHCs

Work in Progress

- Reimbursement Methods
 - Case Rate
 - Blended Approaches
 - Bye-Bye Fee for Service

Work in Progress

Level of Care (LOCUS)?

Level of Care	Level of Need	Type of Service
Tier 1	Clients with serious, mental illness	<ul style="list-style-type: none"> • Full range of Rehabilitation Option services
Tier 2	Individuals seen in primary care settings who may benefit from and are willing to participate in early intervention/short-term treatment	<ul style="list-style-type: none"> • Evidence-based practices • Short-term treatment • Medication prescribed by PCP • Available psychiatric consultation and possible referral
Tier 3	Individuals seen in primary care settings who receive and desire only medication management	<ul style="list-style-type: none"> • Medication prescribed by PCP; consultation provided for some treatment situations

Work in Progress

- MOUs with Managed Care Health Plans

- Updating the MOUs with LA Care and HealthNet that have been in place for many years. This will be an opportunity to better-define the relationship between the MC health plans and the county mental health system.
 - Defining specialty vs. non-specialty mental health services
 - Role of both plans and the mental health providers with their respective clients: universal screening and bi-directional pathways
 - Clear mechanism for bi-directional referrals including a tracking mechanism
 - Communication mechanisms
 - Care coordination mechanisms

Work in Progress



Contract amendments for adult providers

- Adding dollars to serve the Medi-Cal Expansion population.
- Don't expect an influx of new Medi-Cal clients, but will add MCE funds during the year if needed.
- DMH will track the number of MCE clients served to ensure providers don't use the 100% FFP as a pass-through.

Scope of services within children's agencies

- DMH has developed a new service exhibit and plans to amend contracts in order to allow children's providers to see adult clients. Services will be for parents/caregivers of a child in treatment and will be limited to Tier 2-type mental health issues (not SPMI that need on-going specialty services).
 - May have to add a small amount of adult local match dollars.
 - For those with traditional Medi-Cal the local match will be PEI.
 - How to determine MCA?

Provider Level	Service Area	Sup. District	Non-EPSTD/ Non-MC ¹	Non-EPSTD MC ²	MCE ³	EPSTD MC & SCHIP ⁴	Total
Provider No. Provider Site Name			Clients Units Dollars	Clients Units Dollars	Clients Units Dollars	Clients Units Dollars	Clients Units Dollars
Provider No. Provider Site Name			Clients Units Dollars	Clients Units Dollars	Clients Units Dollars	Clients Units Dollars	Clients Units Dollars
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Provider No. Provider Site Name			Clients Units Dollars	Clients Units Dollars	Clients Units Dollars	Clients Units Dollars	Clients Units Dollars

Insert as many as needed

¹ Individuals who are not eligible for Shor-Doyle/Medi-Cal, Medi-Cal Expansion, EPSTD or State Children's Health Insurance Program.
² Beneficiaries eligible for Shor-Doyle/Medi-Cal program for certain individuals with low incomes and resources such as children and families, pregnant women, seniors, and persons with disabilities.
³ Beneficiaries eligible for Medi-Cal coverage expansion under the Affordable Care Act
⁴ Beneficiaries eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSTD) Program AND Title XXI State Children's Health Insurance Program (Formerly Healthy Families)

