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Problem Statement

To increase LA County primary care patients' access to broad range behavioral health (BH) services by integrating BH providers into primary care medical homes.

Initial Discovery

We interviewed a range of front line primary care providers & nurses, clinical leaders, and a range of behavioral health providers to discover their perspective on the perceived needs and desired scope and capabilities of integrated behavioral health services, should they be made available.

CATEGORY OF INTERVIEWEES	# OF INTERVIEWS
Medical Providers	
LA Department of Health Services (DHS) PCPs	10
DHS OP Specialists	4
Non-DHS Providers	5
Clinician/Clinical Leadership	8
Nursing Staff	3
BH Clinicians	
DHS BH Providers	7
Non-DHS BH Providers	5
Nursing Leadership	3
Administrators (DHS & DMH)	7
Health Plan Leader	1
Total Interviews:	53

Mission Model Canvas

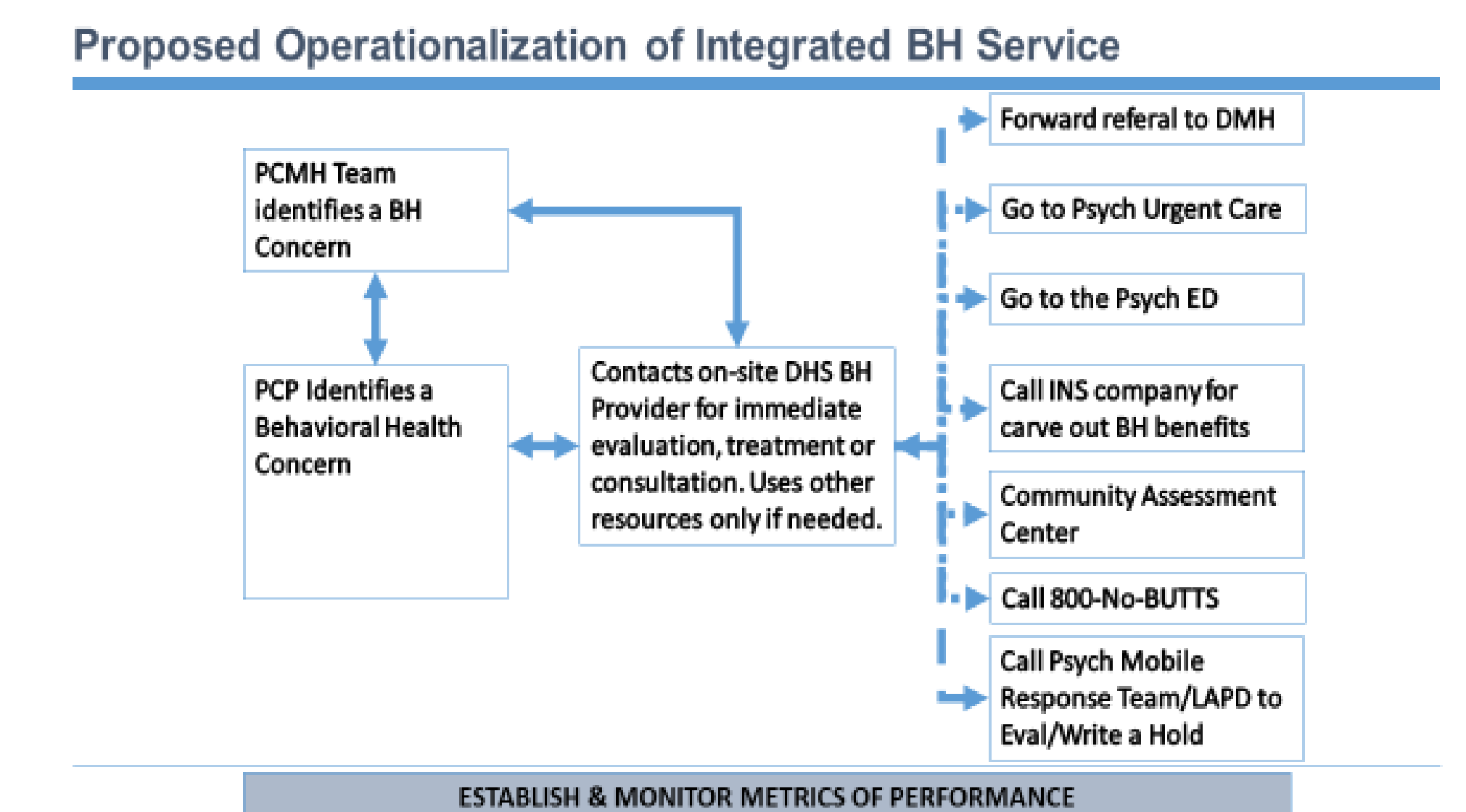
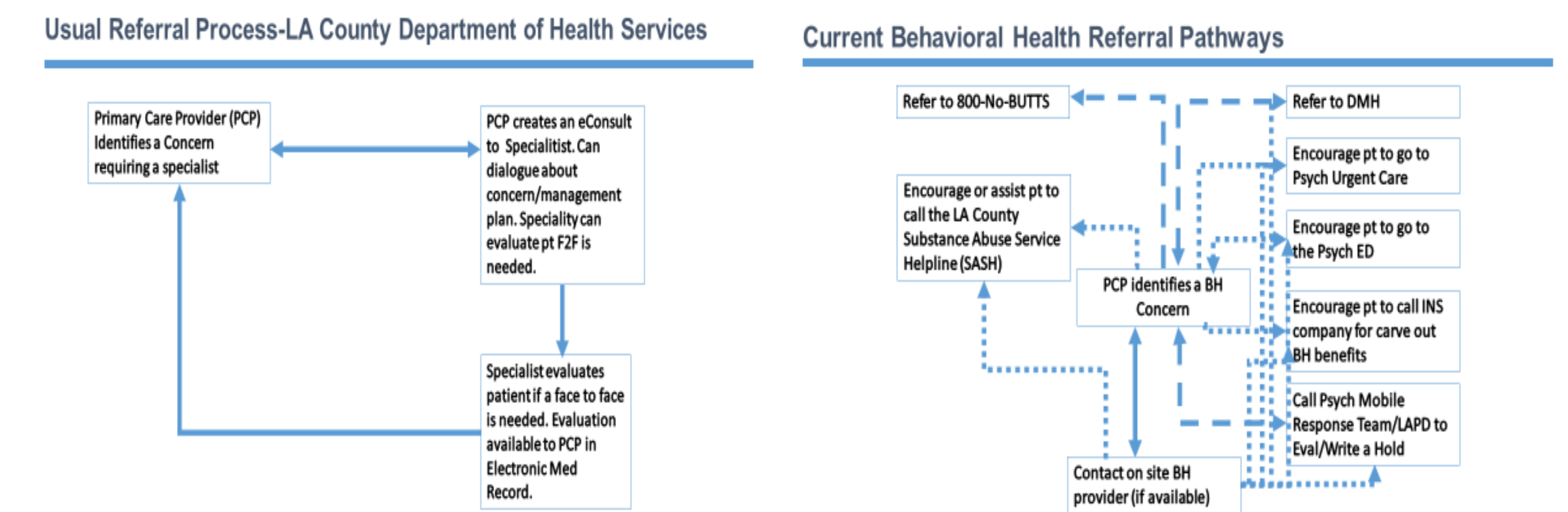
Key Partners <ol style="list-style-type: none"> Los Angeles County-Department of Health Services (LAC-DHS)'s Primary Care Executive Leadership. LAC-DHS Ambulatory Care Network's-Primary Care Workgroup. LAC-Department of Health Services based Behavioral Health Providers. LAC-DHS's Primary Care Providers. LAC-DHS's Primary Care Medical Home Staff Members. LAC-DPH Substance Abuse Prevention & Control. 	Key Activities <ol style="list-style-type: none"> Develop scalable model for integrating broad-ranged BH services in PCMH. Secure Administrative approval & resource allocation. Establish standardized performance & workload expectations and metrics. Key Resources <ol style="list-style-type: none"> Fiscal allocation (~\$1M) to hire BH providers capable of broad range behavioral health consultations/services to primary care providers. Clinic space. Access to and membership on Primary Care Tx Teams. 	Value Propositions <p>Use Integrated BH Providers to:</p> <ol style="list-style-type: none"> Increase primary care patient's access to mental health services. Increase primary care patients' access to substance abuse interventions. Increase primary care patient's access to behavioral health providers to aid in chronic disease management. Establish a consistent expected scope of practice for integrated health providers. Establish standardized metrics of performance and dashboard for integrated behavioral health providers. 	Buy-in & Support <ol style="list-style-type: none"> LAC-Dept. of Health Services (DHS) Executive Leadership LAC-DHS Primary Care Leadership LAC-DHS Behavioral Health Leadership LAC-Dept. of Public Health (DPH) Substance Abuse Prevention & control (SAPC) Deployment <ol style="list-style-type: none"> Phase O: Establishment management & deployment plan. Phase I: Deploy Minimal Behavioral Health Staffing Ratios primarily focused on clinical needs of Drug Medi-CAL Organized Delivery System funding stream. 	Beneficiaries <ol style="list-style-type: none"> LAC-DHS Primary Care Patients LAC-DHS Primary Care Providers Los Angeles County-Department of Health Services (Increased Revenue) Los Angeles County-Department of Public Health Substance Abuse Prevention & Control Unit (expansion of specialty Substance Abuse Disorder provider network)
Mission Budget/Cost <ol style="list-style-type: none"> Additional budget allocation for minimal staffing for Behavioral Health providers in LAC-DHS primary care clinics (Phase I Allocation est. ~\$1M). Budget allocation for a Manager/Director of Integrated Behavioral Health Services. Clinic space in LAC-DHS Primary Care clinics. Administrative reassignment of some Behavioral Health providers to this effort. 		Mission Achievement/Impact Factors <ol style="list-style-type: none"> Leverage advantages of our combined health agency to improve real-time access to appropriate behavioral health services in the LAC-DHS primary care clinics. Increase revenue via billable behavioral health services using the Drug Medi-CAL Organized Delivery System funding stream. Increase revenue via billable behavioral health services by affiliating with "carve out" BH provider networks for MediCAL Plans (e.g. LA CARE & HealthNet). 		

Discovery

What we learned:	PCPs	Admin/Clinical Leaders	Nursing
Perceived Burden of Psychiatric Conditions?	↑	↑	↑
Perceived Burden of Substance Use Disorders?	↔	↔	?
Emotional & Behavioral Factors affecting patients' ability to manage medical conditions?	↑	↑	↑
Importance of BH provider immediately available?	↑	↑	↑
Importance of BH Providers to be able to address social service needs?	↑	↑	↑
Integrating Behavioral Health providers will increase BH provider productivity?	↔	↔	N/A

What we have done:	Description
1. Preparing Primary Care Teams to Implement Integrated BH Services.	Provided a 5-Part webinar series by a recognized state-wide expert on Integrated Behavioral Health Services (CHCF Cohort 13 member) to provide baseline education to primary care Leadership (Sept-Nov 2016)
2. Test of Concept.	Utilized an existing DHS sponsored multi-disciplinary behavioral health service located in one of the larger comprehensive health centers (~20K active patients, ~30 medical providers) as a test clinic/proof of concept (Nov 2015-June 2017).
3. Convened a multidisciplinary expert panel to collaboratively develop a model for implementing IBH.	Assembled an expert work group (leaders in primary care, psychiatry, psychology, clinical social work and substance abuse) to develop a scalable plan for integrated behavioral health services that leveraged the resources of the three departments within the LA Health Agency (Nov 2016-April 2017).

Lessons Learned



- Just because you love it, doesn't mean those with decisional authority will:** "Best Practices" & "Expert Consensus" may not be sufficiently compelling to the C-Suite decision makers.
- Important to continuously ensure leadership is supportive of vision and efforts are in alignment with leadership's vision/priorities:** Currently repackaging efforts in the context of leadership's priorities (e.g. opportunity to use new Drug MediCAL benefits to add revenue stream) in order to receive approval/allocation of needed resources. Will need to ensure continued support in face of frequently shifting/evolving priorities.

Next Steps

- Transition in role from "Ringleader" to "Cheerleader":** While initially serving as one of the primary driver's of this effort, professional transitions have resulted in this fellow's need to move to a consultant's/supportive role.
- Re-operationalize the deployment plan, within the revised constraints/priorities set by C-Suite leadership:** Have been working with new project lead to clarify Executive Leadership's preferences/priorities and revise options to repackage IBH Implementation plan within these parameters.
- Establish the range of BH services that can be provided that is as close as possible to those desired by the primary care providers that also capitalizes on financial and service opportunities (e.g. Drug MediCAL waiver to increase SUD tx capacity) prioritized by leadership.**
- Continue to project both resources and expected impact of implementing IBH Services at various levels of scale.**