COUNTY OF LOS ANGELES
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August 22, 2012

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. JEFielding MD
Director and Health Officer

SUBJECT: **INTEGRATING ALCOHOL AND DRUG RELATED SERVICES**

On June 6, 2012, your Board approved a motion instructing the Director of Public Health (DPH), working with the Directors of Health Services (DHS) and Mental Health (DMH), in consultation with County Counsel, to report back to your Board in writing in 30 days on the extent to which contracted alcohol and drug prevention, intervention, treatment and recovery services can be better aligned with efforts by DMH and DHS to integrate their services. On July 3, 2012, an interim report was submitted to your Board describing the approach to be used to address your Board's instructions and to submit a completed report within 60 days. The following report is intended to comply with these instructions.

Persons with co-occurring physical health, mental health or substance use disorders are the most expensive patients for the nation's public health care systems. According to an article published by the Center for Health Care Strategies in December 2010, five percent of the Medicaid patient population comprised nearly sixty percent of total health system costs. Of these highest cost patients, over sixty percent had co-occurring physical and behavioral health conditions. Therefore, County efforts at reducing the cost burden of this population require approaches that focus on ways to coordinate and integrate health care for co-occurring conditions rather than treating each condition separately.

Co-Location of Alcohol and Drug Services at Existing and Planned Psychiatric Urgent Care Centers, Behavioral Health Homes and Other Potential Sites

Current Projects - Several programs are already in operation that involves co-location of staff trained to provide substance use disorder (SUD) services at DHS medical centers. Olive View Medical Center has SUD assessors from Tarzana Treatment Centers co-located at its emergency psychiatric department. LAC+USC Medical Center presently includes a DPH substance abuse counselor in its multidisciplinary team that conducts outreach with frequent users of its emergency department and places those seeking SUD treatment in the DPH Antelope Valley Rehabilitation Centers. Both programs have proven very successful in moving patients with alcohol and drug problems away from frequent emergency department visits.

In addition, co-location of physical health, mental health and SUD services have been effectively implemented at the Leavey Center/Center for Community Health as part of the Project 50 program and at the Antelope Valley Rehabilitation Centers in its residential treatment program for transition age women with children in the dependency system. The AVRC program is funded through DMH Mental Health Service Act/Prevention Early Intervention program.

Planned Co-location Projects – DHS and DPH are presently in discussion to expand the use of SUD counselors in emergency departments at Harbor-UCLA and LAC+USC medical centers and Ambulatory Care Network sites including potentially Martin Luther King Jr. Multi-Services Ambulatory Care Center. DHS, DMH, and DPH are in discussion with the Sheriff's Department to establish a Re-Entry Center at the Central Jail to provide assessment and linkage to services for persons released from County jail facilities under the Public Safety Realignment Program (AB 109). This may include administering an initial dose of Vivitrol, an extended-release non-addictive and non-psychoactive medication federally-approved for treating alcohol and opiate dependence, prior to the release of persons with these SUD conditions.

Opportunities for Leveraging Existing Alcohol and Drug Services Agreements

Duals Demonstration Pilot Project – DHS, DMH, and DPH are working with LA Care and Health Net to initiate by July 1, 2013 a State-approved demonstration pilot project to provide health care for persons dually eligible for Medicare and Medi-Cal using a patient-centered approach that integrates physical health, mental health and substance use disorder services. LA Care is open to including DMH and DPH service providers in its network of contracted service providers. A key issue for including SUD services in the duals project concerns the limited scope of reimbursable SUD services under the existing Drug Medi-Cal Program. The limited scope of reimbursable services may result in patients having difficulty in accessing treatment services for SUD at the level of intensity that is clinically indicated. DHS, DMH, and DPH are presently working on a proposal to the California Department of Health Care Services to include a Medicaid waiver demonstration pilot project involving Los Angeles County and several other large counties to demonstrate the effectiveness of an expanded scope of Drug Medi-Cal services as a means for reducing overall Medi-Cal costs.

Low Income Health Project (LIHP) – Similar planning efforts are underway to establish integrated approaches to services for low income single adults under expanded Medi-Cal eligibility through the State-approved 1115 Medicaid waiver. A key issue for including SUD services in LIHP concerns the need to identify eligible local funding as a match for federal Medicaid funds.

Public Safety Realignment (AB 109) – DHS, DMH, and DPH are working closely with the Probation and Sheriff's Departments to develop and implement integrated physical health, mental health and SUD assessments and treatment services for offenders remaining in Los Angeles County or returned by California correctional institutions. A solicitation process is presently being implemented to expand the array of community-based SUD service providers available to work with these offenders. Contracts for new services are expected to begin by January 1, 2013.

Mental Health Services Act (MHSA) Innovations Projects – Under its MHSA Innovations Plan, DMH has implemented several mobile health teams that offer integrated physical health, mental health and SUD services to engage difficult-to-reach and underserved homeless populations throughout the County. The findings from these evidence-based projects will be used to inform DHS, DMH, and DPH on effective integrated approaches in which to invest contracted resources in future years.

Structure for Continuing Collaboration and Communication

Senior leaders of DHS, DMH, and DPH currently meet on a regular basis on ways to advance integrating services for physical health, mental health and substance use disorder. Below is a list of the established collaborative workgroups:

- *Directors' Visioning Group* – The directors for DHS, DMH and DPH met on a monthly basis to develop a vision for interagency collaboration between DHS, DMH and DPH. The group has now moved to a next phase of specific project implementation in place of regular monthly meetings.

- *DHS Duals Demonstration Pilot Project* – As described above, DHS, DMH, and DPH are engaged with LA Care, Health Net, and stakeholders in developing a demonstration pilot project that will begin on July 1, 2013. The project will offer a patient-centered integrated approach to providing health care for persons who are dually eligible for Medicare and Medi-Cal and enrolled in LA Care or Health Net.

- *DMH MHSA System Leadership Team (SLT)* – Monthly SLT meetings involve senior leaders of DHS, DMH and DPH opportunities to interact with other County departments and stakeholders to discuss how best to invest MHSA funds allocated for Los Angeles County to deliver mental health prevention, treatment and recovery services for its residents, including those with co-occurring physical health and SUD conditions.

Los Angeles County Interdepartmental Committee on Homelessness (LACICH) – Senior leaders of DHS, DMH, and DPH participate along with other County agencies and stakeholders in the LACICH to develop a roadmap for more effectively assisting homeless persons of all ages using person-centered and integrated approaches rather than the isolated single-service approaches characterized by previous County service delivery systems for this population. The County roadmap is expected to be completed by December 2012 for presentation to your Board.

We will continue to keep you apprised of the progress and of any help we may need from your Board. Meanwhile, if you have any questions or need additional information, please let me know.

JEF:wks
PH:1206:003

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Director of Health Services
Director of Mental Health