AGN. NO._____

MOTION BY SUPERVISOR MICHAEL D. ANTONOVICH DECEMBER 7, 2010

REVISED ITEM #5: PATIENT-CENTERED BEHAVIORAL HEALTH CARE HOME

Patient-centered medical homes (or "medical" homes) have generated significant national attention as one promising model to help bring about health care service delivery and health care payment reform. Under Section 3021 of the Patient Protection and Affordable Care Act (ACA), patient-centered medical home model is discussed in reference to Medicare and the newly established Center for Medicare and Medicaid Innovation. While states differ in their individual responses to the ACA, California chose to embrace national health care reform. Toward this goal, California crafted its 1115 Medicaid Demonstration as a "bridge" to the full implementation of national health care reform in 2014. The California Legislature passed both Senate Bill 208 and Assembly Bill 342, legislation that offers a framework for the 1115 Medicaid Demonstration. Furthermore, Senate Bill 208 explicitly references the medical home model as an eligible component under the Demonstration.

In moving forward with the Demonstration in Los Angeles County, the Department of Health Services proposed to pilot the patient-centered medical home model at six health care centers. While this is a critical first step, consideration should also be extended for behavioral health care providers to serve as medical homes, given: 1) statistics about the inter-connectedness between physical, mental health and substance use disorders, and 2) need to reach all individuals who need care. Researchers discovered that

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"mental health problems are 2 to 3 times more common in patients with chronic medical illnesses such as diabetes, arthritis, chronic pain, and heart disease." Substance use conditions are identified in about 9.5% of the general population, yet only 10% of those identified are ever treated in a specialty treatment system and over 40% who try are denied because of the cost or insurance barriers. About 22% of general health care patients report a co-morbid substance use condition of some severity. The presence of mental health and substance use conditions often complicate the care and treatment of a variety of common physical disorders. Although some primary health care settings can assist individuals with mental health illnesses and substance use conditions, this does not address the population of seriously mentally ill clients or chronically dependent substance users receiving services in a behavioral health care setting who also have physical health ailment(s). It should be noted that bi-directional referrals, partnerships between providers, and co-location of staff may help address the physical health issues of SMI individuals. Nonetheless, the concept of "integrated care" and "no wrong door" approach compel the County to also pilot the model of a behavioral health care home.

I, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Officer and the Director of the Department of Health Services, the Director of the Department of Mental Health, and the Director of Public Health to work with the Association of Community Human Service Agencies and the Community Clinic Association to report back to the Board in 60 days on a time line and process to identify program sites in order to pilot the concept of patient-centered behavioral health care homes.

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