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Definitions

Medi-Cal Behavioral Health Delivery Systems

- Managed Care Plans (MCP) – Provide/arrange for Non Specialty Mental Health Services to those with mild to moderate mental health needs/functional impairments
- County Mental Health Plans (MHP) – Provide/arrange for Specialty Mental Health Services to those with more significant mental health needs/functional impairments
- Drug Medi-Cal Organized Delivery System (DMC-ODS) – Provide/arrange for Substance Use treatment

Note: There are also Fee-for-Service Medi-Cal providers who may provide Non Specialty Mental Health Services for individuals not enrolled in a MCP.

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Definitions

Mental Health Need

- Mental health need is identified using diagnosis, utilization, and systems involvement administrative data

Core Clinical Services

- Includes Mental Health and Substance Use services delivered in both Medi-Cal Managed Care and County Behavioral Health
- Focus on outpatient services delivered in the community or clinic settings
- Excludes Emergency Department, crisis and acute inpatient visits

Significant Mental Health Needs

- People with Mental Health Needs more likely to be associated with functional impairment

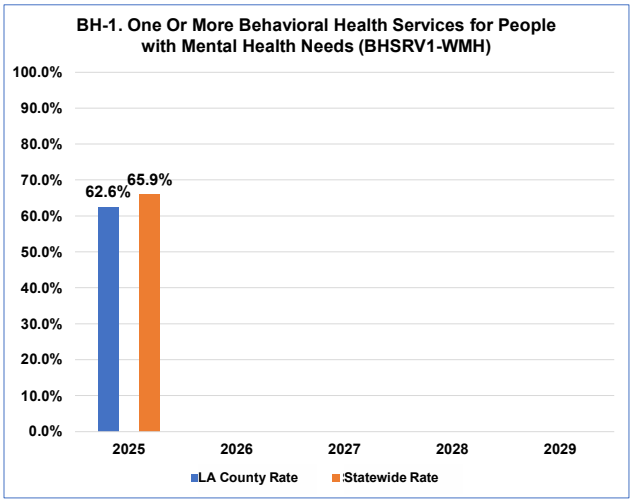
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Improve Access to Care – Measure 1

One or More Behavioral Health Services for People with Mental Health Needs

- Percent of people enrolled in Medi-Cal and living with mental health needs who receive one or more core clinical services to address behavioral health in a 12-month period

Note: Typically accessed through the Managed Care Plans – Non Specialty Mental Health Care



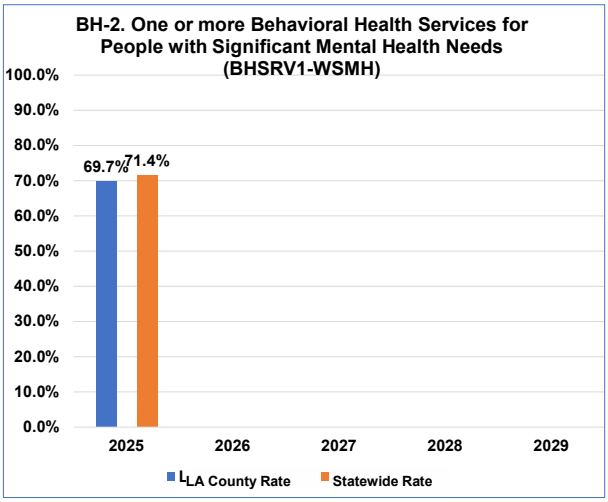
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Improve Access to Care – Measure 2

One or More Behavioral Health Services for People with Significant Mental Health Needs

- Percent of people enrolled in Medi-Cal and living with significant mental health needs who receive one or more core clinical services to address behavioral health in a 12-month period

Note: Typically accessed through the County Mental Health Plan –Specialty Mental Health Care



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Previous Ways of Looking at Access to Care

Penetration Rates

- Did a Medi-Cal member receive a service in the respective delivery system
  - Did not account for mental health need or type of service provided

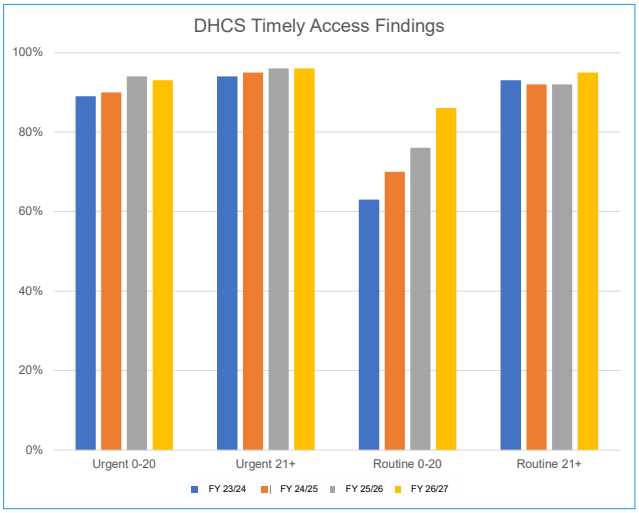
PRIMARY		PRIMARY		PRIMARY		PRIMARY	
Non Specialty Mental Health Services Penetration Rates for Adults		Non Specialty Mental Health Services Penetration Rates for Children & Youth		Specialty Mental Health Services Penetration Rates for Adults		Specialty Mental Health Services Penetration Rates for Children & Youth	
County Performance	Statewide Mean	County Performance	Statewide Mean	County Performance	Statewide Rate	County Performance	Statewide Rate
7.7%	10.6%	12.6%	15.5%	3.8%	3.4%	5.5%	4.2%

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Previous Ways of Looking at Access to Care

Timely Access to Care

- Did a Medi-Cal member receive a timely service in the delivery system
  - Did not account for whether individuals were able to access the system but did look at how quickly those who were referred/requested services were able to access services



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What Performance Measures Don't Look At

- Strengths of new way of looking at it:
  - Focuses on being seen for treatment – not just getting crisis / inpatient
  - Identifies those known to have mental health need and those with significant mental health need
- Other factors that may need to be taken into consideration:
  - Whether someone wants services (treatment)
  - Timeliness of care
  - Individuals who are indigent / without insurance
  - Individuals who are living with mental illness but are unknown / never touched the system

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What Does LACDMH Offer?

The Los Angeles County Department of Mental Health serves as the Mental Health Plan in LA County – serving those in need of Specialty Mental Health Services

LACDMH and contracted agencies provide a wide variety of mental health services for children and adults who are eligible for Medi-Cal and have severe mental illness from crisis response to ongoing mental health support to residential/inpatient services.

Many programs offer "Outreach and Engagement" in which service providers introduce themselves, explain mental health services, and build connection and trust to support a person's participation in mental health services.

DMH services are not one-size-fits-all. DMH has different programs that are tailored to different needs.

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Ways to Access Specialty Mental Health Services

- **LA County Help Line**
  - Screened for SMHS
  - Referral made to nearest outpatient clinic accepting new clients
  - Clinic will call to schedule appointment (within1-3 days)
  - In some cases, ACCESS can book an appointment at clinics countywide on first phone call
- **Call or Walk-In to Nearest Clinic**
  - May screen for SMHS
  - Services provided same day or schedule for appointment

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Ways to Access Specialty Mental Health Services

- **Universal Entry Referral**
  - Used by third party referring parties, screens for array of DMH programs
  - Many programs deliver targeted outreach frameworks that facilitate service connections for individuals who may not otherwise seek out SMHS
  - The Universal Entry system aims to be a single access point for all referrals coming into the DMH system of care. It does not replace or remove the current access points.
  - The aim is to assign potential clients to the right program upon initial entry into our system and screens clients in an equitable manner.
  - Universal Entry utilizes a standardized decision-making structure to reduce administrative burdens, thereby freeing up resources to prioritize clinical care.

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Efforts Underway to Improve Access to Care

- Removal of Potential Logistical Barriers
  - Expansion of Universal Entry Referral and access to right program initially
  - Removal of multiple steps to appointment
- Monitoring and Training
  - Monitoring provider outreach efforts for specific populations
  - Increase training on strategies to support individuals who may be ambivalent about SMHS

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Efforts Underway to Improve Access to Care

- Data Tracking and Analysis
  - Track enrollment trends to establish baseline information on % of referrals that providers successfully enroll in SMHS
  - Establish universal language across programs to track “connected” versus “staying connected” in SMHS
  - Emphasis on quality of timely access (ie. timely request follow-up) versus compliance of timely access appointment benchmarks.
    - Research indicates that extended wait times beyond the date of the request increase likelihood of no-show.

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