



California Council of Community Mental Health Agencies

Leaders in the partnership that developed and promoted Proposition 63

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MEDI- CAL MANAGED CARE AND COUNTY MENTAL HEALTH

OPPORTUNITIES TO CHANGE THE PARADIGM FROM THE FAIL FIRST MENTAL HEALTH SYSTEM WE HAVE KNOWN FOR DECADES TO A HELP AT THE FIRST SIGN OF A DIAGNOSABLE CONDITION

**Doing so will generate better health and significant savings –
primarily in reduced physical health hospitalizations**

Background and context – the problems with what we have been doing

- Health care system relies upon people knowing when they are sick and seeking help.
- That does not work for mental disorders as the symptoms develop gradually so each increment of reduced functioning appears modest and the new normal for the person experiencing it – until the person is in total crisis.
- National studies show that there is an average of a six year delay from onset to diagnosis and treatment- both for children and adults
- Nearly all people who enter the public mental health system for outpatient care do so as a step down from inpatient or a referral from another system of failure- such as criminal justice, special education, or child welfare
- There are virtually no referrals from primary care

Changing the paradigm will save lives and dollars

- Not only is this costly for mental health care but also for physical health care
- Studies show that people with severe mental illnesses in Medicaid have five times the average Medicaid rate of cardiovascular disease, hypertension, diabetes, asthma and obesity.
- Studies also show that making sure that everyone who has a mental health problem gets timely treatment for it will save enough in physical health care to fully offset the added costs in mental health care for treatment and primary care for the efforts to screen and ensure successful referral and mental healthcare

Universal screening plus a warm hand off and integrated network is the key

- Screening for behavioral health is done through a simple questionnaire completed by the patient (or parent of younger children) and scored by computer
- It should be a universal screen that identifies all mental health problems plus alcohol and drug dependence – co-occurrence of mental health and chemical dependence should be viewed as the expectation not the exception

Representing Non-Profit Community Mental Health Agencies Throughout California



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- Everyone who enters the health care system is at a higher risk than the general public
- While CHIS (California Health Information Survey) data shows that only 9% of people are suffering from a mental disorder at any point in time, the rate rises to between 20% annually and between 25 and 50% for those who need to see a doctor or the ER – for any reason
- So everyone must get screened on a regular basis
- For those who score positive an evaluation there needs to be an immediate interview with a behavioral health professional which is billable as a behavioral health unit of service
- Simply referring someone to a behavioral health provider results in a very low rate of actual treatment – due to stigma and other factors
- The best model is a co-located behavioral health professional- could be employed by separate behavioral health organization
- Telephone or telehealth consultations also work
- The key is that it happens “then and there”
- Seamless network with ALL behavioral health through county network of providers ensures continuity of care and linkages to all necessary levels of care
 - Requires solving problems of rates and billable clinicians
 - Creates opportunity for bi-directional integration with primary care clinicians providing physical health care at community mental health centers – leads to even bigger physical health savings
 - Can use primary care staff to address simpler medication management issues – helps mitigate shortage of psychiatrists

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