Whole Person Care - Los Angeles Policy Brief

January 2021

Whole Person Care-Los Angeles Kin Through Peer Program Decreases Acute Care Use for Individuals with Serious Mental Illness

SUMMARY: Through the Los Angeles County Department of Mental Health (LAC-DMH), Whole Person Care-Los Angeles (WPC-LA) administers the Kin Through Peer (KTP) program. The KTP program connects patients with serious mental illness to long-term social support from a peer community health worker who serves as a surrogate "kin." Since the KTP program began, there has been a 17% percent reduction in psychiatric inpatient admissions, an 11% reduction in medical inpatient admissions, and a 16% reduction in emergency department visits.

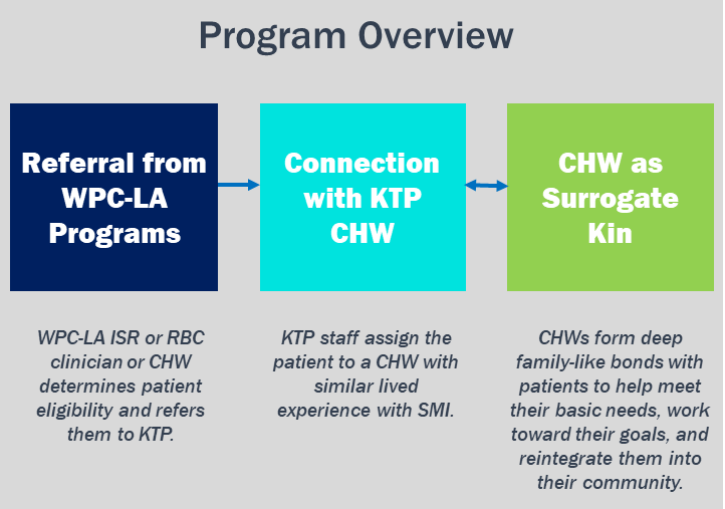
PROBLEM: High Burden of Serious Mental Illness and Lack of Mental Health Treatment

With more than four million people living in California needing mental health services, over 25% (1.4 million) of those needing mental health services live in Los Angeles County.[1] Within Los Angeles County, 5.35% of adults struggle with serious mental illness (SMI), defined as a "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities[2]." Among adults with mental health needs in Los Angeles County, 57% of adults receive no mental health treatment[3]. Social disparities, including race, ethnicity, income level, and homeless status, further compound the effects of SMI. Of the population experiencing homelessness in Los Angeles, 77% of those with severe and chronic major mental disorders also chronically used substances.[4]

In Los Angeles, only 20 percent of unhoused individuals with chronic mental illness receive treatment for their disorders.[4] Non-traditional service providers who work outside of the formal mental health treatment system play a key part in linking individuals with SMI to mental health treatment, increasing the likelihood of treatment fivefold for those with substance dependence and twelvefold for those with serious mental illness. [4]

SOLUTION: The Kin Through Peer (KTP) Program

Administered by Whole Person Care- Los Angeles (WPC-LA) through the Los Angeles County Department of Mental Health, the Kin Through Peer (KTP) program connects patients with SMI to peer community health workers (CHWs) who provide intensive psychosocial support for up to one year. Many patients with SMI are socially isolated and lack family support, and other mental health programs may not have the capacity to address these issues. KTP improves health equity for these patients by meeting patients' basic needs and supporting their reintegration into their communities.



Program Services

The KTP program provides long-term social support from a CHW who serves as a surrogate family, kin, or peer. The CHWs focus on intense relationship-building and long-term sustainable community reintegration to preserve healthy wellbeing. KTP staff do not provide clinical or case management services but rather work closely with mental health services providers to address the client's needs and promote recovery, facilitate and/or participate in case conferencing with other service providers, conduct home visits, and serve as the client's support system. KTP CHWs typically

[1] Holzer, C. (2009), "California mental health prevalence estimates", Department of Healthcare Services, Sacramento, CA, available at: www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf

[2] National Institute of Mental Health (NIMH) (2017), "Mental illness", National Institute of Health, available at: www.nimh.nih.gov/health/statistics/mental-illness.shtml

[3] Grant, D., Padilla-Frausto, I., Aydin, M., Streja, L., Aguilar-Gaxiola, S., Patel, B. and Caldwell, J. (2011), "Adult mental health needs and treatment in California", UCLA Center for Health Policy Research, available at: http:// healthpolicy.ucla.edu/publications/Documents/PDF/mentalhealthfsnov2011.pdf

[4] Koegel, Paul PhD*; Sullivan, Greer MD, MSPH†; Burnam, Audrey PhD*; Morton, Sally C. PhD*; Wenzel, Suzanne PhD*Utilization of Mental Health and Substance Abuse Services Among Homeless Adults in Los Angeles, Medical Care: March 1999 - Volume 37 - Issue 3 - p 306-317

have lived experience and shared adversity reflective of the program's patients, providing powerful means of establishing a trusting and enduring relationships. CHWs help patients identify and work towards their personal goals, help meet basic needs (such as food, clothes, housing, and employment), accompany patients to appointments, and provide social support for transitioning from medical and psychiatric settings to the community. Since CHWs are meant to fulfill a kin role, social support can range from building patient trust by participating in recreational activities together to assisting patients with college applications. CHWs work directly in their patients' communities and regularly check in on them, creating family-like bonds that support patients' recovery. The maximum duration of the KTP Program is 12 months, with case-to-case ability to extend involvement.

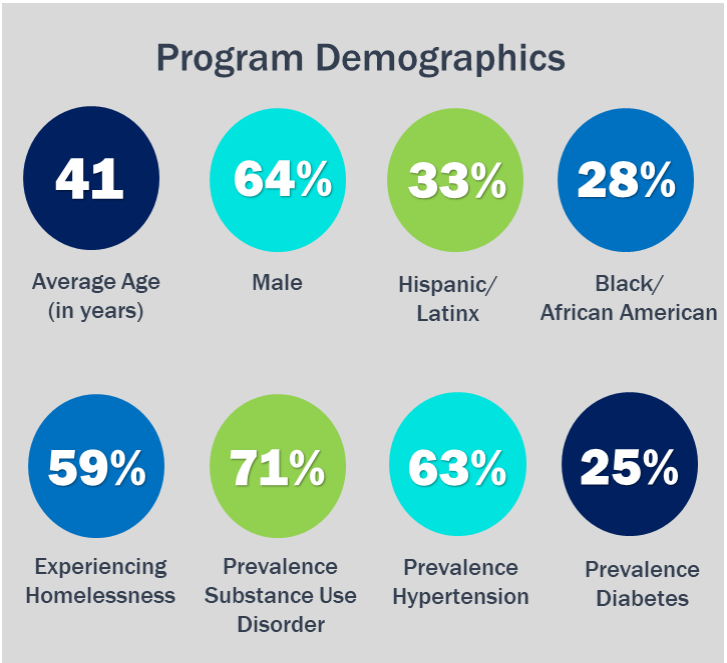
Program Eligibility

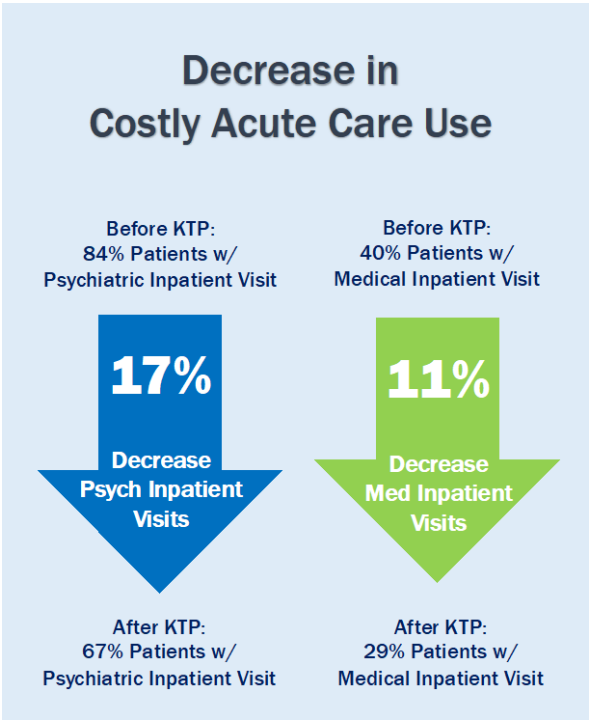
KTP targets adults who suffer from an SMI, lack family and/or social support, and have a history of extended stays in residential facilities or repeated emergency department visits or inpatient admissions. KTP patients may experience many psychosocial stressors, including substance use disorders, chronic medical conditions, and homelessness.

Most KTP referrals come from the Intensive Service Recipient (ISR) program, an umbrella WPC-LA mental health program serving patients for approximately 90 days post-discharge from an inpatient psychiatric hospital. However, some referrals come from the WPC-LA Residential and Bridging Care (RBC) program. Both ISR and RBC provide comprehensive health services to patients with high utilization of acute mental health care services due to SMI.

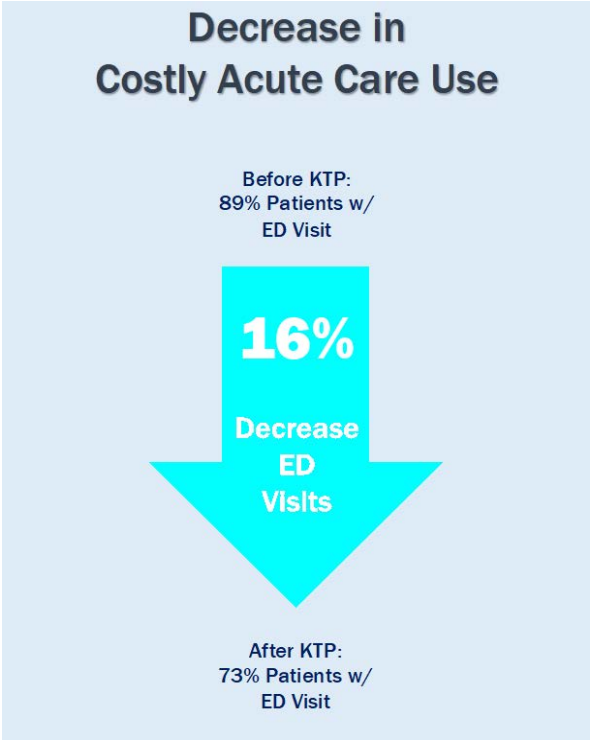
OUTCOMES: Reduction in High-Cost Care and Increase in Primary Care

From November 2017 to December 2018, 511 patients were enrolled in the KTP program, with an average age of 41. Additionally, 64% were male, 33% were Hispanic/Latinx, and 28% were Black/African American. Patients had various psychosocial and medical stressors, including 59% experiencing homelessness, 71% with substance use disorders, 63% with hypertension, and 25% with diabetes.





Kin Through Peer achieved its goal of reducing the utilization of costly acute care. In the year after KTP enrollment, compared to the year before enrollment, KTP patients had lower psychiatric and medical inpatient admissions and lowered ED visits.



Program Strengths

- *The length of the program promotes patient stability in healthcare for socially isolated patients*: CHWs work closely with mental health service providers to address the client's needs, promote recovery, facilitate and/or participate in case conferencing with other service providers, conduct home visits, and serve as the client's support system. The year-length enrollment in the KTP program facilitates continuity for patients, thus cementing their bond with their CHW and fostering independence. CHW lived/shared experience provides a critical bond to create trust and facilitate relationship building.

- *CHWs help solve basic needs to facilitate patient reintegration in the community:* KTP CHWs help patients reintegrate into society by ensuring basic needs are met. Examples include obtaining an ID, supplying toiletries and food, supporting educational or career development goals in life, obtaining public benefits, stabilize mental health and medical care, and much more. Meeting these basic needs builds trust with the patient, allowing the CHW to broach more sensitive topics such as substance use and other behavioral health problems.

- *CHWs work within the patient's environment to provide regular social support for everyday challenges:* KTP CHWs work with patients within their contexts (e.g., in patient homes and communities), allowing CHWs the unique ability to address problems as they arise over the length of the program. CHWs comprehensively support patients in every area, including housing, substance use, mental health, accompaniment to appointments, and more.

Program Challenges

- *Sustained funding for program continuation*: The innovative WPC-LA Kin Through Peer program has demonstrated enormous success in improving patient outcomes and reducing costly acute care utilization. Despite this success, the program faces budget cuts that threaten its sustainability.

- *Warm hand-offs are critical for mental health programs:* Hand-off of patients from the various WPC-LA mental health programs, ISR and RBC, to KTP can disrupt the continuity of care. The transitioning between programs is a vulnerable time for patients to lose contact, support, or care continuity. Infrastructure for integration among WPC umbrella programs like ISR, psychiatric hospitals, community-based programs, and KTP is critical to smooth program transitions.

- *CHWs can require support when facing trauma from severely ill patients:* CHWs can experience burnout or vicarious emotional trauma from their work with complex SMI patients. Staff development, wellbeing programming, and supervisor support should be put in place for CHWs who face a double burden from previous lived experience and workplace trauma. Currently, KTP works to support CHWs through challenging cases by providing training, case discussion, and mediation.

- *Limited Affordable Housing May Stifle Patient Stabilization:* Reliable, long-term housing is foundational to patient medical and behavioral stabilization. Lack of housing stability only compounds the challenges faced by patients and their CHW peers.

Policy Recommendations

- *Support sustainable funding for the Kin Through Peer program*: KTP fills a critical gap in mental health interventions by providing yearlong psychosocial support that comprehensively addresses patient concerns, from supplying them with basic needs to connecting them to behavioral health care. It is also unique in its focus on community reintegration. Public health crises like the COVID-19 pandemic destabilize communities by increasing homelessness and unemployment, which in turn spur a spike in mental health conditions. During times like these, more—not less—funding is critical for the longevity of programs like KTP, so they can meet the needs of affected communities.

- *Support hiring from communities with lived experience:* Due to the high volume and complexity of patients served, as well as the significance of relationships established, KTP needs staff with lived experience that deeply resonates with patients. For this position, lived experience is just as valuable as a formal degree and should be compensated as such. The KTP program should receive full financial support for hiring staff with lived experience necessary for delivering this multifaceted, peer intervention.

- *Offer continuous training and emotional support for CHWs who work with SMI patients:* CHWs require workplace career support and training to develop career skills and promote emotional wellbeing. CHWs work on an individual-level with SMI patients and require tools and training to respond to patients appropriately. Continuing education for CHWs currently provided through WPC-LA is a helpful tool for CHW staff development.

- *Invest in permanent affordable housing and housing with onsite behavioral health care:* Los Angeles County is suffering from a severe dearth of affordable housing in general, as well as housing specifically designed to support those with serious mental illnesses. While KTP strives to connect patients to housing, there are not nearly enough available units to house all patients. Advocating for housing programs or investing Medicaid money in increasing the housing stock will help prevent the conditions that contribute to serious mental illness and to stabilize patients already experiencing it.

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Data and Methodology

Demographic data for patients enrolled from November 2017 to December 2018 are pulled from CHAMP, the database used to document demographic information on WPC Kin Through Peer (KTP) patients. Outcomes for patients with any psychiatric inpatient, medical inpatient, and ED visits for patients enrolled from November 2017 to December 2018 are preliminary. Data are pulled from enrollment, utilization, and diagnosis files from Los Angeles County Department of Health Services, Department of Mental Health, LA Care, and Health Net.

Perspectives from KTP Community Health Workers

"A lot of our clients are, at least in my experience, kind of blown away. Like, 'Really? You can meet with me weekly or I can call you when I need to talk to you on the phone?' So, yeah, I think that really gives those clients a lot of hope that they do have someone at least in the interim. For the length of the program, they have someone in their life that's consistent."

"They feel ashamed, so I try to reduce that by just treating them like a human being, normalizing the experience and letting them know that they're not alone. Letting them know that there's help available and support, but bringing it to a level and asking them what they're interested in, what their interests are, how we can best support them in any way possible. If that's simply by listening or going for a walk, that's something that we're able to do that the clinician can't do. So to be able to be in the community, meet them where they're at and actually engage with them on different activities, it makes it a lot more enjoyable for them and for us in building that rapport, in helping them to trust us, and then in turn, saying, "Well, all of these treatment options are available and all of them can benefit you. One is not necessarily better than the other. But if we work together, we can best support you."