The Los Angeles Department of Mental Health (DMH) is a mini world. Serving greater than 260,000 people annually, DMH’s more than 4,500 employees see clients from across the behavioral and mental health spectrum – those suffering from depression, schizophrenia, bipolar or co-occurring addiction. In addition to its directly operated service programs, LACDMH manages a large network of non-governmental contracted agencies.

**Challenge**

The five directly-operated programs that serve an area in downtown L.A. known as “Skid Row” work with the most severely and persistently mentally ill — people who hear voices, who are most often homeless. Lisa, a social worker for the county’s Downtown Full Service Partnership (FSP) program, tells of a young man who came in for treatment two years ago. He was crippled, homeless and excruciatingly angry at the world to the point that he lashed out and threatened the life of anyone who would try to talk with him.

“He wasn’t taking his meds and he had a lot of delusions,” Lisa recalls. “For a very long time we had to hospitalize him once a week.”

But somehow, Lisa built up rapport with the client. She was able to move him to be more medication compliant and his mood and psychosis leveled out so he could process his anger with her.

When you see that a child is reunited successfully with his parent, or he comes back four or five years later and he’s clean and on his way to living a productive life — what better job can you do?”

Lorraine Viade
Supervising Psychologist, DMH’s Metro North Facility
“He tells me now, ‘Lisa, I hated everybody and I couldn’t talk to anybody; something was blocking me and preventing me from doing that. Even when I yelled at you, I never hated you,’” says Lisa.

Lisa, like the other people who serve LACDMH, understands.

“There is so much pain that you have to deal with day to day. But when you see that a child is reunited successfully with his parent, or he comes back four or five years later and he’s clean and on his way to living a productive life – what better job can you do?” adds Lorraine Viade, supervising psychologist for DMH’s Metro North facility. “Is it hard? Yes. Worthwhile? Absolutely. I think I would do this even if I didn’t get paid.”

DMH’s downtown clinics recently went live on the Integrated Behavioral Health Information System (IBHIS), LACDMH’s comprehensive behavioral health clinical, administrative and financial information system powered by CareRecord. The CareRecord provides both an electronic medical record (combing all data within LACDMH) and an electronic health record (bringing in the information from the external care providers). The rollout was the seventh of 12, with more than 3,000 users already live on the system.

FSP program supervisor Tosha Sweet says her team already sees the benefit of an electronic, coordinated system. In her unit, many appointments happen on the fly, more like an emergency room. In the past, because their workflow was so unstructured, appointments would never get entered, billing would be delayed and charts would be challenging to navigate. Now, she says, IBHIS is “creating mindfulness for us… If we do it right from the onset, we won’t have to make it right later.”

Sweet laughs, picturing the “big old box my clinicians had to schlep around” with charts and forms and other papers, which are now largely replaced by their laptop. The computer can access IBHIS anywhere there is an Internet connection, and they can take notes during field consultations or after an outreach encounter from wherever they are.

“I have been surprised how well it has worked,” said Lupe Maldonado, an IBHIS analyst who has been with the project from its visionary stage in 2006.

What’s working is that the EHR captures data as part of each client visit, saving the time it would have taken a clinician to recap and document appointments at the end of their days in the past. Appointments are matched to services and progress notes, ensuring there is always clinical documentation for every client encounter and that these services can be billed or reported to the state. However, most importantly, a comprehensive assessment of the client is always available – to anyone who needs it. It isn’t in a big old box in the trunk of someone’s car, but rather in a secure, electronic record. Clinicians can check for adverse drug interactions, for allergies and suicide risk, so clients get better care and experience better health outcomes.

Continues Maldonado: “Every time a site goes live there’s a lot of anxiety and the people there are scared about whether or not they can do it. But it works – it really, really works.”