



CHILDREN NOW



Sent via email to: governor@governor.ca.gov & gavin.newsom@gov.ca.gov

January 30, 2019

The Honorable Gavin Newsom
California Governor
State Capitol, Suite 1173
Sacramento, CA 95814

Dear Governor Newsom:

We are advocates writing to express our interest in working with you to ensure that Californians enrolled in Medi-Cal as well as those participating in local Mental Health Services Act-funded programs have access to the mental health services they need throughout the state. We commend the Governor's recent budget commitments to improving access to Mental Health Services including preventive services, supporting people with mental health conditions through supportive housing, and expanding the mental health care workforce in our state. In particular, the Governor's proposal to

expand the Whole Person Care Initiative demonstrates a commitment to ensuring California uses effective and holistic approaches to serving people who need mental health services in our state. [Governor Newsom has recognized the great inequities](#) in our state that impact Californians dealing with mental health conditions, including the high incidence of co-occurring substance use disorders among those with a mental health condition. We are excited that the Governor has already demonstrated his commitment to providing leadership in California to make sure our mental health system delivers services effectively by appointing the state's first Mental Health Czar. We are advocates who work locally and statewide to ensure that Californians enrolled in Medi-Cal can obtain the mental health services they need, when and where they need them. We look forward to working with you and your Mental Health Czar to implement a bold and strategic agenda to transform the delivery of mental health services to low-income people in our state.

You are aware that Medi-Cal plays a crucial role in providing mental health services in California. Nationally, Medicaid is the single largest payer of mental health services. A [recent study by the California Health Care Foundation](#) estimates that one in six California adults has a mental illness, and approximately one in 24 of California adults has a serious mental illness that impacts major life activities. Similarly, an estimated one in 13 children in California has a serious emotional disturbance. Low-income children and adults, and people of color are more likely to experience mental illness. Yet despite the prevalence of mental illness in California, access to mental health treatment lags. Statewide, less than 40% of adults with a mental illness reported accessing treatment between 2011 to 2015, and even among those who sought treatment, over 17% were not able to obtain it. According to [DHCS's own data](#), only 259,870 children received specialty mental health services from Medi-Cal last year, which is only 4% of children in Medi-Cal. Moreover, a recent report by the Department of Public Health found that [one in five](#) Californians who recently gave birth experienced symptoms of depression during or after [pregnancy](#); the rates were higher for those enrolled in Medi-Cal, and for Black and Latinx parents.

While Medi-Cal plays an important role in delivering necessary mental health services to Californians, many children, youth and adults go without the treatment they need. They are hampered by a fragmented system in which two unrelated entities are responsible for delivering mental health services to enrollees: a Medi-Cal Health Plan is responsible for providing non-specialty mental health services, and a County Mental Health Plan is responsible for providing specialty mental health services. This is further complicated by multiple funding streams and differing performance measures and standards. This bifurcated mental health delivery system too often leads to enrollee confusion and delays, especially for those who are homeless, pregnant or new parents, speak a language other than English, or have other chronic conditions or disabilities in addition

to their mental health condition. Until California implements a more integrated approach to delivering mental health services, these problems will certainly continue.

The opportunity to move towards a more integrated mental health delivery system is fast approaching. In 2020, two key Medicaid waivers in California will both end or need to be renewed by the federal administration. These are the 1115 Waiver, which addresses elements of California's Medi-Cal managed care health plan and Drug Medi-Cal programs, including important pilot programs like the Health Homes pilot and Whole Person Care initiative, and the 1915(b) Waiver that governs California's Specialty Mental Health delivery system for Medi-Cal. The State needs to begin planning now for the 2020 waiver deadlines through a transparent stakeholder process that seeks to achieve the goals of an integrated and coordinated delivery system for all mental health recipients throughout the state. That delivery system must ensure that people get mental health services as soon as they need them, and ensures better coordination with programs that deliver physical health, substance use disorder, and social services.

To accomplish this goal, we have identified four key priorities:

1. Increase accountability and oversight over delivery of mental health services statewide.

The state Medicaid agency – the Department of Health Care Services – is ultimately responsible for overseeing the delivery of mental health services in Medi-Cal, and for holding the plans and providers that deliver those services accountable. It also has, along with the Mental Health Oversight Commission, the responsibility for ensuring local mental health plans spend Mental Health Services Act funds appropriately. But within the Department, oversight is fragmented and the lines of accountability are often blurred. Moreover, counties and health plans often exercise broad flexibility at the local level, resulting in a patchwork of services and standards across the state. As a result, even where Medi-Cal beneficiaries have a clear need for mental health services, they often experience barriers to access. We appreciate that you are calling on your administration to focus on making these oversight functions more frequent and consistent to ensure that all Californians have the same access to mental health services regardless of where they live in the state, how those services are funded, or which plan is responsible to provide these services.

2. Invest in robust, data-informed care coordination.

Emerging evidence from health plans and county mental health plans around the state support what common sense has long suggested: strong care coordination services for people with mental health conditions improve health outcomes. Successful care coordination requires both health plans and mental health plans

to work together and also partner with Drug Medi-Cal programs to implement coordination practices that ensure beneficiaries are referred to the appropriate entity. Plans should also actively track and monitor cross-system referrals to ensure individuals are getting the care they need. Additionally, as the State Auditor recently noted, DHCS and MHSOC must both ensure that mental health plans effectively use MHSAs funds they receive. Your administration should commit to ensuring that all plans use appropriate, data-informed care coordination practices that ensure that Medi-Cal beneficiaries with mental health conditions are accessing the full range of services – including physical health, mental health, substance use disorder, and social services – across different plans and programs. It should also ensure that all funds sources are being utilized and deployed toward that same goal.

3. Provide high-quality and easy-to-understand information to Medi-Cal beneficiaries about their rights.

People often cannot access mental health services because they do not know about them. Beneficiaries and families also encounter obstacles in accessing services they need due to the complicated structures and rules that apply. Their requests may be denied by their Medi-Cal health or mental health plan, and plans often fail to provide beneficiaries with appropriate information about how to contest the denial. California must ensure plans and counties throughout the state provide uniform and correct information about mental health services in Medi-Cal. The state should also leverage local resources to ensure that individuals, especially those in hard-to-reach populations, receive that information in ways that they understand.

4. Provide Californians with community-based mental health treatment rather than institutional care.

County plans deliver mental health services within a service delivery system that has blurred lines of accountability and broad discretion. As they serve populations such as those involved the criminal justice or child welfare systems or who are homeless, institutional and involuntary care often becomes a default. Likewise, counties' failure to fully integrate physical and mental health services and housing into a coordinated delivery systems results in the same defaults. Federal and state laws require Medi-Cal to deliver treatment in the least restrictive setting and within communities. Your leadership is critical to securing these fundamental rights throughout all mental health service delivery models. Your administration should work to expand home and community based services and supports for people with mental health conditions, and limit the use of institutional care.

We are eager to meet with you to discuss these priorities, and strategies for making them real. We look forward to collaborating with you and your administration including the Mental Health Czar when appointed to transform the Medi-Cal mental health services delivery system.

Sincerely,

A handwritten signature in black ink that reads "Kim Lewis". The signature is written in a cursive, flowing style.

Kim Lewis,
Managing Attorney
National Health Law Program

On behalf of:
National Health Law Program
Asian Americans Advancing Justice - Los Angeles
California Pan-Ethnic Health Network
Children Now
Disability Rights California
Maternal and Child Health Access
The Children's Partnership
Western Center on Law & Poverty

CC:

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Ana Matosantos, Cabinet Secretary
Richard Figueroa, Deputy Cabinet Secretary
Keely Martin Bosler, Department of Finance Director
Anthony Williams, Legislative Secretary
Michael Wilkening, Health & Human Services Secretary
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