

# California Coalition for Mental Health

Wednesday May 29, 2019  
10:00am – 3:00pm  
California Primary Care Association  
1231 I Street, Suite 400, Sacramento, CA 95814

## MINUTES

### **Welcome, Introductions, Announcements**

Meeting was called to order at 10:08 am.

President Heidi Strunk took care of housekeeping specific to the venue. She also acknowledged Curtis Paulins for his commitment and excellent support of the Coalition. All present applauded Curtis for his work.

Members introduced themselves. New member, Megan Wheelehan is replacing Samuel Jain in representation of the CA Association of Patients' Rights Advocates.

### **March 2019 Meeting Minutes**

Janlee Wong moves and Anne MacRae seconds to approve the March 2019 meeting minutes. Motion passed with Theresa Comstock abstaining.

### **Treasurer's Report**

Report was provided in the meeting packet. President Strunk distributed and reviewed additional supplemental budget documents and asked for any questions. Question asked whether CCMH is using past year revenue to cover expenses this year? Answer, yes. President Strunk also stated that during the September meeting, we will again review the revenue/expenditures and discuss other ideas for use of funds for advocacy.

### **CCMH De-Criminalization Workgroup Discussion**

Stephanie Welch, Executive Director, Council on Criminal Justice and Behavioral Health, provided a brief update that the workgroup has interest in Housing 1<sup>st</sup> policy as it relates to individuals with SMI/SUD who step down from institutions including prison. The policy may preclude such individuals from participating in housing resources. Many need, or want, sober living as an option. Plan to address this issue at the next Homeless Coordinating and Financing Council meeting on July 17 in Oakland.

The Council is embarking on 1-year statewide process to engage stakeholders to inform the development of contracts to advocate for the decreased involvement of

persons with serious mental illness in the criminal justice system. The CCJBH received \$670k and 1.0 FTE staff to administer the stakeholder contract.

The CCJBH has contracted with CSU Sacramento to hold 5 targeted listening sessions, conduct online survey, perform key informant interviews/focus groups and compile into report. The kick-off event will be held on June 20, 2019 at the DHCS auditorium. They are seeking input regarding critical needs for services, advocacy, and best practices including using lived experience. It is anticipated the Request for Proposals will be developed over the summer and since they are rolling over \$450k from current year, there is \$1m available for contract in FY 2020-20.

CCMH member suggested exploring possibility of consistent entry and access to service systems and supports.

### **The Role of Occupational Therapy in Behavioral Health Service**

Because there is little discussion or understanding, Anne MacRae presented about the role of occupational therapists (OT) in behavioral health services. Anne provided history and background for OT profession along with a description of the scope of practice for OT which supports their role in community behavioral health as part of a multi-disciplinary team. In other countries, up to 50% of the OTs work in mental health services. In U.S., less than 3%.

Several barriers contribute to the lack of use of OTs in U.S. including lack of knowledge regarding the potential role, perception that OTs are too expensive and in CA, only 2 of 6 schools for OT are public so many graduate with big debt which can preclude their working in non-profit.

Suggested solutions include training on the benefits of adding OT to existing staff teams, adapting job descriptions to hire OT and modify job requirements to allow part-time or shared positions with a hospital or multiple agencies. Innovation is needed to create a pilot program for an OT internship site in mental health, offer housing and relocation stipend and/or student loan repayment as incentive to work in rural or remote areas, and to diversify job descriptions to include OT in program development, consultation and mentoring.

### **Agenda for Fairness**

Anne MacRae presented the adaptation of the current 5-page Agenda for Fairness which was adopted in 2014. We are seeking to keep it to 1 page for ease of use by policy makers, stakeholders and legislators. A request to emphasize reducing disparities was made.

The group agreed to commit to finalize the Agenda before end of 2019. Final comments by CCMH members will be submitted through Google docs and first round are due June 18<sup>th</sup>. Second round of comments due July 18<sup>th</sup> and comments for the final draft will be submitted by August 18<sup>th</sup>. The Coalition will vote to adopt the new Agenda for Fairness at the September 18 meeting.

The group resoundingly thanked Anne for her work to pare down the long document to capture the essential elements.

### **Mental Health Parity – What’s working, what’s not and how can we Partner?**

Thomas Hart, Disability Policy Engagement Director at Anthem joined the CCMH meeting to discuss parity and what his organization has been doing to respond to needs of its members. Prior to coming to Anthem, I was a pro-bono attorney who often sued health plans.

Anthem serves approximately 80 million people across U.S. In California, Anthem is a Medi-Cal provider in 12 large counties including LA Cares Collaborative in Los Angeles. He mentioned that CA is commencing the re-bid of its health plans. He is interested in gaining input, who is doing a good job, where are the challenges. Seeking to be innovative.

CCMH Member inquired regarding reimbursement rates in Anthem for mental health. Wages in MH care have not risen as they have in other health sectors, and Medicaid reimbursement rates are so low that many clinicians on a health plan’s panel will not accept Medicaid. Mr. Hart indicated that the issue of pay equity is complex and impacts access. He related a story of searching a provider for a family member and asking why is it so hard. If not paying providers enough then always going to have issues with access. Anthem’s rates are basically in the middle. Mr. Hart explained that Anthem is supportive of parity in pay. He noted that in other sectors, a workforce shortage usually results in increased wages but not so in mental health arena. Because each health plan operates as its own silo, the rates are negotiated locally within each silo. Consistently, a mental health provider is paid less than an equally educated physical health provider. Most individuals will not do private pay for neurology or cardiology but will self-pay for mental health. This impacts the pay dynamic and workforce shortage in publicly-funded services.

Anthem is interested in holistic integrated approaches to care which includes addressing whole person and social determinants of health.

Mr. Hart provided example of specific project called Blue Triangle. It included City of Indianapolis, Anthem, peer support organization and 2 mental health providers. The railroad company sought to clear persons who were homeless living in an encampment on railroad tracks but did not want to arrest the individuals. So they worked with a housing provider to secure a building for residential use. They were able to move the homeless individuals into the building for 6 months during which they provided services including securing eligibility to Medicaid and identifying other permanent housing. Two year data analysis showed there was not a big cost savings but there was a huge increase in preventive care and corresponding decrease in Emergency Room usage. The individuals served had not received medical care for years resulting in multiple chronic untreated health conditions. Thus, initial care was intensive but in the end, the community benefits were decreased homelessness and decreased congestion in ERs. The cost curve is bending slightly on down side two years into program.

Another area reviewed was Anthem's response to increased need for mental health services especially among the youth population. In reviewing the statistics, Mr. Hart found that death by suicide is a bigger issue for the health plan than addiction to, or death from, Opioid use in all ages. Expecting a big push for increasing the use of depression screenings and looking at apps for screening which has built in automatic check-ins every 30 days when an individual has a documented mental illness.

CCMH member inquired regarding Value-Based Payment for mental health. Mr. Hart responded that VBP is based on year after year improvement and mental health doesn't necessarily work that way. An individual can be doing well and then experience a severe episode which can be the result of a number of factors which may not relate to, nor be indicative of, the quality of care received. The year after year model of testing/evaluation won't track well for mental health care. CCMH member stated that the questions arising here are: Where is the authority and who carries the responsibility/risk? Is it the health plan? Is it the mental health provider? Both authority and responsibility are needed otherwise control in decision making is off but having a health plan, driven by costs, isn't necessarily the best decision maker for length of time for care nor whether hospitalization is needed. Mr. Hart stated he has not found any state where this financing system is used that could be held as a model.

CCMH member inquired and Mr. Hart shared that Anthem is committed to universal health coverage.

### **Member Announcements**

*NUHW* – 3,500+ clinicians at Kaiser have authorized an open-ended strike until KP is responsive at the bargaining table. This is a last resort action on behalf of their patients. May have an event in Sacramento on June 12<sup>th</sup>.

*CalBHBC* – Shared principles for support and advocacy for upcoming legislative advocacy. Also, presented a listing of legislative bills they are taking positions. Actively engaged in AB 1352 which impacts the authority of local boards.

*REMHDCO* – June MHSA Partners Forum will have part 2 of MHSOAC Transparency Tool demonstration.

*CA Psychological Assoc* – Working on legislation, tracking bills, many stalled in Approps.

*NASW* – Working on HR 1309 regarding violence and worker safety planning. Call to contact Representative Doris Matsui to co-sponsor.

*CBHA* – BH Conference October 2-3 in Redondo Beach. More details soon.

*MHAC* – Successful Mental Health Matters Day!

*CBHPC* – Upcoming meeting on June 19-21 in Santa Ana. Round table discussion of SAMHSA Block Grant application due September 3, 2019. Additionally, the October Council meeting will include a stakeholder meeting to discuss the opportunity for redesign under the expiration of 1115 and 1915b waivers in 2020 and to identify recommendations for the system.

**New Business – Old Business**

Should this group consider having discussion with new Mental Health Czar? Also, Mark Ghaly, new Secretary for Health and Human Services Agency?

**Wrap-Up and Next Meeting**

Send any meeting follow-up materials to Curtis by tomorrow.

Please review and comment on revised Agenda for Fairness, we plan to wrap it up before end of the year.

Next meeting: Wednesday, September 18, 2019 10:00am – 3:00pm  
Joan Croc Center (JKC) 1501 Imperial Avenue, San Diego, CA 92101

Meeting adjourned at 2:01pm