

Good afternoon members,

I am Le Ondra Clark Harvey, the Director of Policy and Legislative Affairs at the California Council of Community Behavioral Health Agencies. We represent mental health and substance use disorder non-profit community-based organizations who contract with counties.

Thank you for the opportunity to share a summary of our members feedback about what is working well and areas for improvement for children's Medi-Cal services.

What works well?

Generally, our providers appreciate that when all things work well, they can work within a comprehensive system of care that is:

- Tailored to the population served, and
- includes access to care elements such as
 - no co-pay, wide ranges of services, and reimburses providers for their total clinical and case management time.

What is not working well?

They see opportunities for improvement as follows:

- The current cost reimbursement system is restrictive
 - Minute by minute billing does not incentivize providers to focus on value based care and outcomes.
 - For example, it is difficult to get seriously mental ill children the residential care when needed as this population requires multiple services and resources- burdensome on provider
- When it comes to school based mental health, we must look for ways to break down the funding silos so that all students get services for their behavior and education needs regardless of insurance or Medi-Cal eligibility.
- Overwhelmingly, members shared concerns about burdensome clinical charting standards and the need for paperwork reduction and uniformity in paperwork standards across counties

- The transition from children's Medi-Cal to adult services after the age of 21 can be abrupt and warrants better continuity of care.

What can the state do better to expand the mental health plan benefit?

When we examine the mental health plans, providers desire:

- Better coordination between the county mental health plans
 - When clients move between counties services are dropped or delayed.
- They are also concerned about the current system's inability to assist clients with finding a provider when they need a lower level of care.
 - Managed care organizations typically have fewer locations that do not always provide robust community-based services.

What should the state do better integrate mental health care and physical health care (administration, financing, clinical integration)?

It is clear to all of us that the integration of behavioral health and physical health is essential.

The California Health Care Foundation released a report last month that focused on this goal.

To this end, we believe the state must:

- Fund pilot programs that test the integration of behavioral health and physical health in community-based settings.
- The state and counties should invest in Health Information Exchanges, and provide these to community based organizations, so that an individual's collective Electronic Medical Record platform can share information.
- Broaden the definition of medical necessity for children.
 - If the state viewed children's access to mental health services similar to access to physical health vaccinations, more kids would get services regardless of whether they meet medical necessity criteria.

I'll end with a quote from one of our member agencies: *"County agencies are staffed by dedicated professionals, especially the program officials and staff. However, by the very nature of large government entities, there will be inevitable inefficiencies. Providers have the ability to be more responsive to the needs of the clients by scaling and adjusting services in a nimble fashion. County agencies and provider agencies are natural partners that can enrich our communities, yet we cry out for the ability and the permission to be more efficient."*