

Assembly Bill 470

Improving Outcomes and Reducing Disparities in Specialty Mental Health Services

Assemblymember Dr. Joaquin Arambula

ISSUE

There is currently no requirement in state law for statewide reporting on access to or quality of adult specialty mental health services.

Approximately 4% of adult Californians are diagnosed with serious mental illness.

However, Latino, African American, Native American, and multi-racial adults have rates of serious mental illness above the state average.

Current county-operated Mental Health Plans (MHPs) are required to meet state and federal requirements to provide medically necessary care to all beneficiaries. MHPs must provide oral interpreter services in threshold languages at key points of contact, maintain a 24/7 toll-free access line in all languages spoken by beneficiaries, and provide timely access to services. However, Asian/Pacific Islander and Latino adults consistently have lower mental health penetration rates, or less access to specialty mental health services, than the state average.

Due to the lack of a statewide reporting system, the state and MHPs do not have consistent data from which to do quality improvement and work to reduce disparities.

THIS BILL

This bill would facilitate the improvement of mental health outcomes and the reduction of disparities for adults receiving specialty mental health services by implementing a statewide performance and outcomes reporting system. This reporting system would include statewide and plan-specific reporting on utilization, timely access, language access, and quality.

CURRENT LAW

In 2013, California established a statutory requirement for a statewide performance and outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

mental health services for children. The state currently monitors access, outcomes, and quality for adult services through contract requirements for external quality review (EQRO) and triennial reviews of MHPs.

Timely Access

MHPs are required to meet state and federal requirements to provide medically necessary care to beneficiaries, as outlined in the MHP contracts. The Medicaid Managed Care Final Rule requires Prepaid Inpatient Health Plans (PIHPs), which includes MHPs, to meet network adequacy standards, including time and distance standards for mental health providers, by July 2018.

Language Access

MHPs are required to provide oral interpreter services in threshold languages at key points of contact and to maintain a 24/7 toll-free access line to provide specific information to beneficiaries, in all languages spoken by beneficiaries, including how to access services, services available for urgent conditions, and how to use the problem resolution process.

BACKGROUND

California currently operates a “carve-out” system of mental health care for Medi-Cal beneficiaries. Adults with serious mental illness and children are entitled to receive services from county-operated Mental Health Plans (MHPs). MHP services are authorized under a federal 1915(b) Specialty Mental Health Services (SMHS) Consolidation waiver.

SUPPORT

California Pan-Ethnic Health Network – CPEHN (Sponsor)

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