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TO: William Lightbourne, Director, California Department of Health Care Services

FROM: Jessica Cruz, Chief Executive Officer

DATE: March 22, 2021

SUBJECT: California Advancing and Innovating Medi-Cal (CalAIM) – Mental Health

On behalf of the National Alliance on Mental Illness - California (NAMI-CA), I am writing to express support of the goals of the California Department of Health Care Services' (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) and provide comments on specific components for Medi-Cal mental health services.

NAMI-CA is the statewide affiliate of the country's largest mental health advocacy organization, the National Alliance on Mental Illness. Our over 110,000 active advocates and 62 affiliates include many people living with serious mental illnesses, their families, and supporters. NAMI-CA advocates on their behalf, providing education and support to its members and the broader community.

First, we want to express our genuine appreciation that your Department is actively seeking to improve the delivery and outcomes of Medi-Cal Specialty Mental Health Services for people living with serious, disabling mental health conditions. NAMI-CA is hopeful that, if implemented, CalAIM can result in better access to care with a more robust benefit that supports recovery in the community.

In particular, NAMI-CA strongly supports the CalAIM proposal to pursue participating in the **federal Institutions for Mental Disease (IMD) Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) demonstration program**. The federal demonstration project would enable California to receive federal Medicaid matching funds for short-term stays in psychiatric hospitals or residential treatment settings that are currently considered IMDs and ineligible for Medicaid match. Considering the demonstration requires states to ensure people with mental illness have access to a robust continuum of community-based alternatives to hospitalization, we believe participating in this demonstration does not put individuals at a higher risk of receiving IMD levels of care.

Substantial qualitative and quantitative evidence shows that people in crisis in our state simply do not have equitable access to mental health interventions or hospitalization. NAMI-CA regularly hears from distressed family members desperate to find available mental health treatment in their communities. Without adequate federal and state investments over many years, our mental health treatment capacity for crisis levels of care has failed to meet individuals' needs. The Newsom Administration's FY 2021-22 Behavioral Health Continuum Infrastructure Funding proposal substantiates this with multiple points of data, including that more than half of California counties have no capacity at all of the following types of crisis services:

- 31 counties have no local licensed psychiatric inpatient beds. Per capita, California has 21.1 beds per 100,000 residents, but the Treatment Advocacy Center's expert consensus panel identifies a national standard of 50 beds per 100,00.
- 37 counties have no local psychiatric health facilities, a cost-effective alternative to hospitals.

- 38 counties have no mental health rehabilitation centers, which provide 24-hour intensive support and are also a cost-effective alternative to hospitals.

NAMI-CA is pleased to support the following additional components of the CalAIM proposal:

- **Changes to Behavioral Health Medical Necessity Criteria:** NAMI-CA supports ensuring individuals are able to receive mental health services even before they have received a diagnosis. People of all ages currently experience serious delays in treatment access even after signs occur, and we must approach mental health in the same way as primary care: Identify symptoms and intervene early before a condition becomes more disabling and difficult from which to fully recover.
- **Standardized Screening and Transition Tools:** Currently, it can be significantly confusing for even the most sophisticated people and their loved ones to navigate the multiple public systems offering mental health care. Standardizing the use of evidence-based screening and transition tools across counties, health plans, and the fee-for-service system should help reduce the confusion for people needing care, as well as providers that currently dispute which system has responsibility. While diagnosing mental illness and its severity does not as easily lend itself to quantitative cut-off points as physical illnesses, effective tools do exist that reduce subjectivity and would reduce consumers' and family members' confusion and the variability they experience across providers and systems.
- **Service Linkage Prior to Release from County Jail:** Unfortunately, people with mental illness are disproportionately represented among incarcerated individuals. Upon release, many individuals are left to find housing, health care, and social supports without proper linkages and assistance *prior* to their release dates. NAMI-CA supports requiring all individuals leaving jail to be considered in advance of release for Medi-Cal eligibility. Further, NAMI-CA supports requiring jails to actively refer, link, and ensure access for people with mental illness to services in the community upon release.
- **Payment that Prioritizing Outcomes and Quality:** The current cost-based reimbursement methodology for counties' Medi-Cal specialty mental health services does help assure counties are fully reimbursed for the cost to deliver care. However, it does not contain proper mechanisms or requirements to incentivize the measurement and achievement of good outcomes for beneficiaries. NAMI-CA supports any new effort to improve the collection and public reporting of public mental health service outcomes. To the extent new payment methodologies can result in heightened attention to quality of care and improved client outcomes, NAMI-CA is in full support.

I appreciate your consideration of our perspective and I would welcome the opportunity to discuss the experiences of family members and people living with serious mental illness on which NAMI-CA advocates. I may be reached at jessica@namica.org or (916) 567-0163 with any questions you may have. Thank you.