Irregulars Meeting Summary

September 6, 2012

- Several of the bills that NAMI supported have been enrolled: AB 1453/SB951, AB 1569 Allen , (Involuntary Commitment), AB 1908 Lowenthal (Involuntary Medication – expands authority from state level to county level detentions) SB 9 Yee (sentencing) and SB 542 Price – Inmate welfare fund).
- The 2013 NAMI Conference will be held in Burlingame on August 16 & 17th at the Ariport Marriot.
- CMHDA has collaborated with the CWHC on Parity Language to be included in the Essential Health Benefit offered by CA under ACA.
- SB 393 Hernandez Patient Centered Health Home Pilot – CMHDA had requested language to modify it from addressing strictly Primary Care to include mental health services. It was originally included but then removed. The definition of Medical home was narrowed (excluded mental health) in order to pass it through the Legislature. ***This topic will be in the mix at the Legislature early next year and advocates should be working on a definition.***
- AB 2266 Mitchell - Medi-Cal: Enhanced Health Homes for Frequent Hospital Users with Chronic Conditions – inactive – sponsors are working on DHCS opposition.
- In the transition from Health Families to Medi-Cal, 40,000 children will impact EPSDT and other mental health services. CMHDA feels that the MOUs between the counties and DHCS need to updated and made more specific. It is felt that Health Family enrollees will most likely be moved into Medi-Cal Managed Care if it is offered in their area.
- CMHDA intends to step-up educating individual legislators to inform them on community mental health issues.
- Senator Steinberg requested that the Joint Legislative Audit committee (JLAC) conduct a performance review of the MHSA programs, primarily the PEI and Innovation. He is requesting that the Bureau of State Audits look at outcomes and not just account for where the money went. It is anticipated that it will take approximately 4,000 personnel hours over six to 7 months to publish the results. In the mean time, he is also meeting with small groups of press representatives and submitted editorials explaining the two programs.
- The OAC will hold a meeting on September 10th from 1:00 to 4:00 p.m. on the recent press the PEI and Innovation programs have received. Information on accessing the meeting is here: http://www.mhsoac.ca.gov/meetings/meetings.aspx
  The published report on their findings is posted here:
  http://www.mhsoac.ca.gov/meetings/docs/Meetings/2012/Sep/Comm_091012_Tab1_MHSA_PEI_INN_Report.pdf
- Cooperation between the different organizations, providing a united front and a common message is key to addressing divisive external actions.

- Need to prepare for the post-Steinberg era by developing relationships and identifying our supporters now.
- CMHDA is participating in the DHCS Medi-Cal expansion workgroup and that Medi-Cal expansion currently involves 28 counties. An important thing to do right now is to develop a relationship with health plans.
- In order to anticipate the mental health workforce expansion that 2014 will bring, the CMHPC should convene a workgroup to explore issues that currently inhibit employment or productivity in California's workforce – some issues to be considered are reciprocity between states in terms of California recognizing certifications from out of state, creating a means for people who are awaiting their certification and/or licensing to work at a legitimate wage, and examining whether certain classifications are working fully within their scope of work (or are licensing rules preventing that?).
- Other issues to think about in the upcoming year is HIPPA – confidentiality concerns are preventing valuable information from being shared. Providers need the law to be clarified. A self-compliance tool that providers can use to test their knowledge and understanding has been created by the DOL: http://www.dol.gov/ebsa/pdf/cagappa.pdf ; other information on Mental Health Parity is available here: http://www.dol.gov/ebsa/mentalhealthparity/index.html
- CHA will be sponsoring legislation to clean up the 5150 process. It met with consumer groups and representatives to get their input. A report on ongoing programs with the LPS process was compiled in order to inform the planned/proposed legislation. The report can be accessed at the CHA website: http://www.calhospital.org/overview/lanterman-petris-short-lps-act
- 1115 Waiver – the follow-up to the Behavioral Needs Assessment that was done earlier this year is due on October 1st, but the DHCS has requested an extension from CMS, and if granted, it will be due on April 1, 2013.
- The California Healthcare Foundation is working on a Mental Health Funding Almanac.
- The Dual Eligible project is proceeding as planned, but the mental health constituency is not as recognized as it could be. Other constituencies, such as IHHS recipients and workers are far more vocal and recognizable than those advocating for mental health services. This pertains to the "general information and education" events such as webinars and conference calls; not the mental health workgroup.
- The CMHDA workgroup (not sure if it is the 1115 waiver or Dual Eligible) is working on model MOUs between counties and the mental health community in which the existing MOU is amended and modified to account for mental health billing and services.

Respectfully submitted,

Andi Murphy