

MEDI-CAL MEMBER ADVISORY COMMITTEE (MMAC)

MEETING SUMMARY

Date: Wednesday, September 11, 2024

Time: 5:30 p.m. – 7:30 p.m.

Type of Meeting: Virtual

Number of Members Present: 16 of 16 members were present. Also, one former member was present for their last meeting.

DHCS Staff Present: Michelle Baass, Director; Sarah Brooks, Chief Deputy Director, Health Care Programs; Tyler Sadwith, State Medicaid Director; Lindy Harrington, Assistant State Medicaid Director; Tracy Arnold, Assistant Director; Paula Wilhelm, Deputy Director, Behavioral Health; Autumn Boylan, Deputy Director, Office of Strategic Partnerships; Susan Philip, Deputy Director, Health Care Delivery Systems; Anastasia Dodson, Deputy Director, Office of Medicare Innovation and Integration; Yingjia Huang, Assistant Deputy Director, Health Care Benefits and Eligibility; Hatzune Aguilar, Stakeholder and Community Engagement Manager; Maria Romero-Mora, Community Engagement; Kiran Poonia, Stakeholder Outreach; Brian Hansen, Policy Advisor to the Directorate

Meeting Materials: [Meeting Presentation](#)

Introduction and Summary of Content

- » Members received an overview of Medi-Cal mental health services and an introduction to mental health virtual support apps ([BrightLife Kids](#), ages 0-12, and Soluna, ages 13-25).
- » Meeting participants were divided into three breakout rooms, where they discussed: (1) what they think about mental health, (2) how they access information, and (3) member support and engagement.

Topics Discussed

Updates: DHCS Director Michelle Baass discussed the importance and impact of mental health, navigating the mental health system, and the purpose of the September MMAC meeting—to dive deeper into specific ways to improve mental

health. Additionally, Director Baass acknowledged and expressed gratitude to outgoing MMAC members for their service.

Refresher: Medi-Cal Benefits and Specialty Mental Health Services: Paula Wilhelm, Deputy Director of Behavioral Health, provided a refresher and overview of Medi-Cal's mental health services. She explained the term "mental health," the services covered by Medi-Cal, how to navigate the mental health system, and how to access services via a Medi-Cal managed health plan (also known as Managed Care Plans or MCPs), county, or fee-for-service Medi-Cal. She also facilitated a brief discussion at the end of her presentation.

Discussion:

- » A member said the reality is that many members access mental health through their primary care doctor, who must write a referral, and then members undergo psychiatric evaluations to be referred to services. There are many hoops to jump through before they receive needed care and services.
- » Questions were raised about how to hold providers accountable for long wait times and the lack of provider capacity to handle the volume of member requests for care/services.
- » A member shared an experience that they received a 55-page mental health packet from their Managed Care Plan. They were concerned about the cost of spending Medi-Cal dollars on large packets that members may not thoroughly read.
- » A member asked if there is a mental health helpline to support members.
- » A member asked if a mobile crisis unit is available in every county and whether these services can be accessed by calling each county's specific helpline to be connected to mobile crisis units.
- » A member mentioned there is confusion in their county (San Diego) related to when to use PERT (Psychiatric Emergency Response Treatment) services. They explained that PERT services should only be deployed when violence is involved in crisis situations.
- » A member said provider directories should be updated every six months and asked DHCS if this is possible.
- » A member said a lack of transportation is a barrier for low-income communities, especially related to accessing mental health services.

- » The member said Medi-Cal provides non-emergency transportation through providers like Kaiser. They asked if there are other transportation services or external partners available for providers like Kaiser to work with to transport members to non-Kaiser mental health services, resources, and providers when the patient is being referred by a provider. Bridging this gap could help solve many transportation challenges for low-income communities to access external mental health services.

Mental Health Resources for Kids and Parents, BrightLife and Soluna: Autumn Boylan, Deputy Director of DHCS' Office of Strategic Partnerships, shared mental health resources available for children, youth, and families, including the BrightLife Kids and Soluna apps launched in January 2024. The apps are one service being highlighted for members as part of DHCS' work in the mental health space. She shared the challenges for children and youth in accessing mental health services and the importance of creating more access points in communities where children and youth are spending their time. Youth want a space where they have more autonomy and anonymity, are able to share their stories and experiences with other peers, and are able to access supports that are not necessarily therapeutic interventions. Therefore, DHCS developed both the BrightLife Kids and Soluna apps to address mental health access challenges identified among children, youth, and families.

Mental Health Breakout Room Discussions:

Room 1: General Perceptions of Mental Health

- » **Key questions discussed:**

- Did you grow up thinking and talking about mental health?
- Do you talk about mental health openly with friends and family?
- In your community, how was/is mental health talked about?
- Who would you talk to if you needed mental health support?

- » **Discussion Themes and Insights:**

- Cultural and generational differences in mental health awareness: Members grew up in households where mental health was not openly discussed. There was often a stigma or lack of understanding about mental health issues.
- Evolving perceptions: Members noted a generational shift toward more openness about mental health. Some reported feeling more comfortable

discussing mental health as adults compared to their childhood experiences.

- Community perceptions: Mental health discussions varied widely among different communities. Some communities still hold stigmas, while others are becoming more accepting and supportive.
- Support systems: Members mentioned various sources for mental health support, including peer support groups, community health workers, community-based organizations, health care providers, promotoras, family, and friends (for some, but not all), highlighting the importance of speaking to people they trust.

Room 2: General Perceptions of Mental Health

» Key questions discussed:

- What information do you need about mental health services?
- Have you considered accessing mental health benefits from your health plan or provider?
- Where do you get your information?

» Discussion Themes and Insights:

- In regard to mental health, many private practices do not accept Medi-Cal, which makes it hard for primary care physicians to make referrals as needed.
- Mental health services should be advertised better instead of just word of mouth to break the stigma of mental health in many communities, specifically on college campuses.
- Consistency in mental health providers and services is preferred instead of meeting with new providers each time there is a need. Members expressed frustration with having to explain again to new providers their mental health challenges and circumstances.
- Non-specialty and specialty mental health services: Across the state, there is confusion about specialty mental health services related to mild, moderate, and serious mental illness (SMI). There is a constant bouncing back and forth between non-specialty and specialty mental health services without enough providers. There should be more clarification on the

services available and providers members can access, including being able to keep a preferred provider.

- In many communities of color across the state, there continues to be a growing stigma of mental health, which keeps community members from initiating the first step to accessing mental health services. A member shared that in the Asian American community, even picking up a brochure about mental health can be looked upon badly. Can be labeled as crazy. Shared that the slang term for mental health in Chinese means crazy. Would recommend considering rephrasing “mental health” in broader health terms for the Asian American community. Suggested mindfulness, or well-being. When it is framed in that way it can encourage a conversation about the entirety of what is going on around a person.
- A member shared their desire for an acknowledgement of the time it can take time to address mental health needs. It is okay to experience ups and downs. Important to validate feelings.
- A member shared they will seek help from their provider for mental health resources depending on the situation. Another member shared that often a person may go to their primary physician for somatic symptoms such as headaches or not sleeping well. That can begin the initial conversation around mental health.
- Information needs: Members need clear, concise information about available services/providers and how to access information, up-to-date/accurate provider directories, and information on provider specialties and their cultural competencies. For instance, it would be helpful to know which providers might serve the LGBTQIA+ community well or speak other languages. A member shared that it is difficult to find a therapist who speaks another language. If they use an interpreter, it is harder to convey nuance and it adds time to a session.
- Information sources: Members mentioned various sources, including online searches and social media, health care providers and health plan materials, and community-based organizations and schools.
- Members reported seeing mental health-related public service announcements or campaigns and suggested improvements, including having more diverse representation and, access to specific, actionable information.

- A member shared their recommendation to post informational flyers in places where people interact with that information. They suggested that hospitals could help. Another member shared their recommendation to share information with churches, telenovelas, or school resource centers to bring information to people where they are.

Room 3: Member Support and Engagement

» Key questions discussed:

- What information do you need to navigate getting mental health support? In what form?
- What outreach efforts have you seen work in the past in your communities?
- What information would be most helpful to include in a future mental health brochure?
- A description of specialty mental health services is included in the My Medi-Cal Booklet. Members were asked if this information was helpful and, if not, what would make it better.

» Discussion Themes and Insights:

- Navigating mental health support: Members expressed a need for clear, step-by-step guidance on how to access mental health services and suggested the need for a curated list of providers and a comprehensive online directory of mental health resources. Members expressed frustration with outdated website directories and suggested including support lines, mobile apps, and easy-to-navigate online resources. Members shared that digital information is best and should be 3-4 pages; otherwise, people would not read the material. Additionally, members emphasized the importance of transparency regarding potential wait times and noted that providing accurate information about the process of receiving services would manage expectations and avoid false hope.
- Cultural humility and lack of representation: Members shared the importance of providers having cultural humility because it is very difficult when people do not look or speak like you. There is a lack of representation that creates cultural barriers to mental health care. There should be more outreach and training on cultural barriers to accessing care and awareness of negative stigmas for mental health providers.



- Brochure content: Members recommended separate information for different age groups (children/youth and adults) and roles (provider, caregiver, member). They highlighted the importance of including basic mental health awareness information to help reduce stigma. Members emphasized the need to provide clear explanations of available services and how to access them, and to include information on available cultural and linguistic resources. Mental health sources should be listed by categories, such as psychologists, neurologists, etc. DHCS should develop a one-pager that shares exactly what members should expect and include testimonials from community members about the quality of care and services they received.
 - Frequency of information: Members suggested providing information both at enrollment and annually, and other members emphasized the importance of having information readily available whenever needed.
- Member feedback: Several members expressed interest in participating in opportunities to review draft DHCS brochures.
- Additional suggestions for DHCS:
 - Improve provider directories, possibly limiting providers' ability to "check every box" for specialties. Limit providers to check only 3-5 boxes to accurately capture their specialized expertise/services.
 - Offer more targeted lists of providers specializing in specific mental health needs (i.e. LGBTQIA+).
 - Ensure information and mental health providers are available in multiple languages and culturally appropriate formats.
 - Create accessible and inclusive mental health resources. Incorporate member testimonials and diverse representations in informational materials to address stigma and reach more members.
 - Social media is a valuable tool for reaching youth population, but it is important to be sensitive.

Large Group Discussion Highlights Shared: Following the breakout room discussions, members shared common themes and discussion highlights.

Discussion Themes and Insights:



- » Cultural Competency: Across all discussions, members emphasized the need for culturally competent mental health services and information.
- » Accessibility: Improving access to clear, updated information about mental health services was a consistent theme.
- » Stigma Reduction: Members in all groups touched upon the ongoing need to reduce mental health stigma through education and awareness.
- » Diverse Needs: Discussions highlighted the importance of addressing mental health needs across different age groups, cultural backgrounds, and lived experiences.
- » Community-Based Approaches: Suggestions involved leveraging community resources and trusted local organizations to improve mental health awareness and access to services.