

OUR POLICY GOAL

- Work with policy makers, consumers and stakeholders to resolve policy issues that are barriers to integrating care

CPCA

- Include CCHCs in local MHSA policy, planning and program development
- Allow same day visits and adopt CPT codes to pay for care management
- Amend State Medi-Cal Plan to add MFTs as eligible providers in primary care setting
- Share training programs across systems

NACHC

- Increase funding for behavioral health at CHCs
- Address parity in behavioral health coverage to insure access
- Increase research on behavioral health and health disparities

NATIONAL ORGANIZATIONS' RECOMMENDATIONS

- Federal and state agencies work together to create uniform policy, plans and financing to support care model
 - Mandate that primary care and behavioral health be provided in all systems
 - Create state integration teams
 - Use waivers to assist with integration
 - Blend funding

COMMUNITY MENTAL HEALTH CENTERS

- Expand their role and integrate primary care
- Create new HRSA funded grant program
- Authorize Medicaid billing authority
- In California this model could support MHSA funded Full Service Partnerships

ISSUES FACING CLINICS IN POLICY ARENA

- Have not been part of the mental health community and are viewed as interlopers in MHSA process
- Conflict between the medical and mental health model hinders clinics' acceptance by mental health system
 - Illness versus wellness concepts

CLINIC ISSUES– Cont'd

- Definition of the population to be served
- Role of consumers in mental health system has been hard fought and has been elevated through the MHSA process
- We need the mental health community's support to change legislation and regulations

RECOMMENDATIONS FOR CLINICS—Build Bridges

- Develop working relationships w/Co DMH—Ex Dir, Med Dir, SW Dir, consumers
- Develop cultural competency with consumers of mental health services
- Focus on value added

COMMUNITY CLINICS BRING RESOURCES TO MH

- Mission driven model and commitment to the underserved and uninsured
- Primary care services desperately needed by the chronically mentally ill
- Expertise and cultural competence in serving ethnic populations as well as homeless and substance abusing
- Access to 340 B drugs