



FACT SHEET | ACCESS TO CARE

Overview: Access to psychiatric care, medical services, and mental health support is driven by a wide range of factors including location of services, availability of providers, adequacy of insurance reimbursement and cultural understanding between the providers and the patient. Mental health services are further impacted by long standing societal stigma and frank discrimination by insurers, both from the standpoint of reimbursement for and utilization review of services.

These factors often interact in ways that reduce access to mental health services in rural areas, inner cities, jails and prisons, public sector clinics, among diverse communities and, and even in insured populations of patients because of managed care practices.

Yet, California has made great strides to provide better access to services and those gains deserve to be protected against threats even as we continue to improve access.

Parity: California's Mental Health Parity Statute prevents discrimination and ensures that mental illness is treated on the same terms and condition as other health conditions. California also enforces the federal Mental Health Parity and Addiction Equity Act which provides additional protections in California. MHPAEA parity rules also apply to California's public community mental health system.

Essential Benefits: Affordable Care Act Essential Benefits apply to all Californian's:

Mental Health: All mental illnesses are covered, the full range of treatment options are required, and virtually all psychotropic medications must be accessible to all patients.

Substance Use Disorders are covered, the full range of treatment options and settings are required, and medication assisted treatments must be accessible to all patients.

Medicare Part D: For both older and disabled populations who qualify for Medicare, Part D Drug plans are required to provide virtually all antidepressants and antipsychotics as well as most bipolar medications.

Mental Health Service Act: Proposition 63's 1% tax on income over \$1 million provides counties with nearly \$2 billion annually to use on mental health programs, particularly early intervention and prevention programs and a number of innovative practices.

Medi-Cal Formulary: the state has carved out (i.e. pays for) all antipsychotic medications and substance use treatments used by counties for the Medi-Cal population. This arrangement is designed so that counties do not have to make choices about which drugs to make available based on cost considerations.

Facing Forward: a new psychiatric training program at UC Riverside, a potential future program at UC Merced; expansion of psychiatric training for primary care physicians, physician assistants and nurse practitioners all hold the promise of increasing access to psychiatric care. As well, expanding technology like tele-psychiatry, eConsults and ePrescribing can help ease barriers in access to care. Parity in reimbursement would ensure that many more private practitioners will accept insured patients. Expanding availability and capacity of early intervention in psychosis programs can significantly reduce the burden of this disease. Further, advocates are pushing hard for statewide peer certification so that mental health peers (people with lived experience of mental illness) and cultural brokers (people who come from and represent the communities they serve) are able provide mental health support and fill gaps in the mental health services system.