

Dr. Ross,

I was taken with your comment at the HBEX meeting held in Fresno to the effect that California should aim to do better than other states have in terms of expanded insurance coverage. I agree with this objective and believe that a few facts from experience can shed some light on how to do this. The facts of relevance are:

1. In Massachusetts, “universal coverage” did not result in an increase in the percentage of individuals covered by insurance presenting for behavioral health treatment for several years. There is a real chance that this is because high-cost behavioral health clients are often homeless or incarcerated. If they are lucky enough to have a stable residence, they lack capacity to make good self-care decisions. Hence, outreach designed to overcome cultural and linguistic barriers may not successfully reach those ostracized from society or those incapacitated by their illnesses. Reaching these individuals would be enhanced by a robust implementation of Parity. I believe that AB 154 (Beall) meets the full requirements of the MHPAEA of 2008, and is simple to implement.
2. It is commonly accepted that, nationally, 5% of the population account for 50% of healthcare costs.
3. In California only 8% of Medi-Cal clients have behavioral health diagnoses, and these individuals account for 46% of Medi-Cal expenses. This does not include those individuals who are homeless to the point of being off the grid. It also does not (historically) include those who are incarcerated. Presumably these latter groups are on average more expensive than the currently enrolled Medi-Cal population.

There is obviously an overlap between the second and third points.

All of these factors argue for outreach specifically designed for homeless and incarcerated individuals. This would both help to raise coverage, improve health, and lower total healthcare costs. A robust Parity clause would facilitate achieving all of these objectives.

Thank you for your attention,

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Mental Health Systems is a non-profit agency founded in 1978 to improve the lives of individuals, families and communities facing substance abuse and behavioral health challenges.