

2. *Monitor Medi-Cal redesign and provide input to workgroups/policymakers*

Medi-Cal is being redesigned to realize cost savings through changes in eligibility, benefits, and cost-sharing to be implemented via a federal waiver. Families, advocates and providers should monitor the discussions and provide input to the workgroups/policymakers to ensure their voices are heard. The preservation of California Children's Services (CCS) as a carve out from the efforts to roll it into Medi-Cal managed care should be promoted in order to ensure chronically/critically ill children have timely access to the pediatric specialty care they need. Protection and full implementation of EPSDT's full array of services, including mental health services, should be promoted.

3. *Raise state general fund revenues*

Proposals to redesign Medi-Cal to help close the budget gap may lead to a greater budget deficit due to the loss of matching federal dollars. Legislators should look at "rebalancing" the tax base through such approaches as closing tax loopholes and re-examining Proposition 13 as it applies to large commercial properties. Revenue increases could be realized by raising income taxes on those Californians who benefited the most from the recent federal tax cut, and by raising taxes on alcohol and cigarettes.

4. *Promote early testing/identification and early intervention*

Early identification and intervention lead to improved outcomes and save money over time. Treatable conditions should be tested for at birth so that services that impact development can begin early. Testing children at birth could offset \$2.5 million spent in care later on. EPSDT's array of services needs to be promoted, especially treatment. Managed care systems should be encouraged to provide better and earlier identification of children needing early mental health services to ensure access to services and improved outcomes.

5. *Promote services and systems that work*

Many services and systems have proven to help families and their children with special health care needs and should be continued. Models where families and providers work together and develop strategies to address the child's needs are more successful and save time and costs. Children's System of Care, a model for providing community-based, coordinated, and family centered care for children with mental health needs, should continue to be funded and expanded. In Home Support Services (IHSS) allow families to care for their children at home instead of costly institutionalization. IHSS also enables many families to continue to work and pay taxes.



“We Can Do It” III

Highlights of the March 2004 Conference

Background

On March 9, 2004 Family Voices held its third statewide Health Summit, bringing together families, advocates, state agency representatives, health policy advocates, legislative representatives, providers and insurers to reflect on the progress made in implementing the strategies developed at the previous Health Summits and to discuss new and continuing challenges/barriers facing families. This report summarizes the challenges identified and the strategies developed to address the challenges.

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Challenges

(Summit participants identified the following challenges.)

Access to Specialty Care/Services

- California is experiencing the biggest drop in revenue since WWII and a projected \$17 billion dollar budget deficit has resulted in massive budget cuts to health care services for a second year.
- Many families rely on services from multiple systems (In Home Support Services, Regional Centers, California Children's Services (CCS), Medi-Cal, and/or Healthy Families). Proposed cuts to these services will dramatically impact the ability of families to access services and provide care for their child.
- Lack of pediatric sub-specialists continues to be a problem in California, resulting in long waiting periods for children needing those services. Proposals to roll CCS into Medi-Cal managed care could lead to more specialists leaving California, creating a loss of expertise and of care coordination for critically/chronically ill children.
- To realize cost savings to Medi-Cal, the redesign will look at cuts to eligibility, benefits, provider rates and the institution of parental co-pays. This might reduce or eliminate access to services currently covered. Because of the burden of co-payments on families, there could be a decrease in the utilization of services by some children. Redesigning Medi-Cal to apply for a federal waiver will enable California to "waive" current provisions that could further impact services and access to care.
- Managed care may not be appropriate for catastrophic/chronically ill children who need to access appropriate pediatric care in a timely manner, and may lead to cost shifts. Families may go to emergency rooms for care for their seriously ill children if timely access to services is impaired.
- The time frame and structure for the Medi-Cal redesign makes it difficult for families to provide input into the process and proposals.
- Imposition of Purchase of Service Standards for families using Regional Centers means that necessary services and supports for individuals with developmental disabilities would be determined by Regional Centers rather than Individual Program Plans.

- Proposed enrollment fees and/or co-payments for Regional Center services may lead to children going without services such as physical, occupational and speech therapy if families cannot afford the added costs.

Access to Mental Health Services

- Children who need mental health services are not always able to access services and sometimes end up in group homes and in the juvenile justice system.
- It is becoming increasingly more difficult for families to find preventive mental health services for their children. Their children are often not being seen until an emergency arises.
- County Mental Health programs are not receiving enough funding to support the services needed to help children with mental health needs.
- Families are relying on AB3632 to provide mental health services through the educational system. However, funds to implement AB3632 continue to be inadequate.
- Low provider rates have hit families of children needing mental health services especially hard. Families are increasingly unable to find the mental health professionals their children need.
- Proposals in the Medi-Cal redesign and waiver will limit mental health services.

Strategies for Improvement

(Summit participants reached agreement on the following strategies.)

1. Families should provide education and information to policymakers

Families across the state should visit state legislators, write letters and provide testimony to educate and "put a face" on who proposed legislation will impact and how. Legislators should be reminded that California has not fully implemented the Olmstead decision and current proposals are impeding its implementation. Policymakers should fund SB1911 to analyze whether there would be an increase in federal funding for children's mental health services if California applied for a federal Medicaid waiver or adopted a state option to provide home and community-based services for children with mental health needs. Family Voices should create a simple message that promotes our patriotic duty to invest in a better future.

