

# PAYERS & PROVIDERS

## CALIFORNIA EDITION

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### Mental Health Services Top Concern Of Residents, Poll Says

*People of Color Are Also Regularly Shortchanged*

By Claudia Boyd-Barrett

California's top health priority should be making sure that people who need mental health treatment can get it, more than 90% of respondents said in a recent poll.

More than half of those [surveyed](#) by the **California Health Care Foundation** said their communities do not have enough mental health providers to meet the need. People of color often feel the lack of access more acutely, researchers found, with 75% of black and 57% of Latino respondents noting that their communities don't have enough mental health providers, compared to 49% of white participants. Women were also more likely than men to say that access to treatment was limited (57% vs. 47%).

Among respondents who had sought mental healthcare in the last year, 42% of those with the government health plan Medi-Cal and 21% with employer-sponsored health plans said they had to wait longer than they thought was reasonable to get an appointment.

It's the second year in a row that mental healthcare has ranked as a top priority for Californians in the annual survey, regardless of political affiliation. In recent months, California Gov. **Gavin Newsom**, lawmakers and state health officials, have made various proposals to improve mental health access.

During his state of the state address earlier this month, Newsom called for changing how the state spends money for mental health services gleaned through a 1% tax on millionaires. The funds, authorized by the Mental Health Services Act, should be focused on helping those who are homeless, at-risk youth and people involved in the criminal justice system, he said.

Meanwhile, the **Department of Health Care Services** is leading a major effort to reform California's healthcare program for people with limited incomes, known as Medi-Cal.

Proposals include making it easier for counties to claim federal funding for mental health and allowing people to seek mental health services even if they haven't been diagnosed with a mental health condition.

Additionally, earlier this month, California Assemblyman **Marc Levine** (D-Marina County) [introduced a bill](#) that would require prompt mental health follow-up appointments for Californians who are hospitalized because of a severe psychiatric crisis.

These proposals "pull in the right direction," said **Catherine Teare**, a policy analyst at the **California Health Care Foundation**. Changes to mental health funding under Medi-Cal, for example, could make the system more efficient and facilitate the integration of mental and physical healthcare, she said.

However, homelessness should not be reduced to a mental health issue, when the real driver of the problem is a lack of affordable housing, she said. And some challenges with the state's mental healthcare system, such as a severe shortage of mental health providers, must still be addressed, Teare said.

Children's mental health needs are also being overlooked by state officials' proposals, said **Alex Briscoe**, a former Alameda County health department director, and principal of the **California Children's Trust**, a broad coalition of organizations calling for mental health system reform. Statistics show a rising need for mental health services among children and young people, yet the Department of Healthcare Services isn't focusing specifically on reforming children's mental healthcare, Briscoe said.

Addressing and preventing mental health concerns in childhood and young adulthood—when most mental illnesses first appear—could reduce the chances of people developing debilitating conditions that can push them into homelessness, Briscoe argued.

*(continued on next page)*

## In Brief

### First Case Of Community-Transmitted Coronavirus Reported In California

The first case of an apparently community-transmitted case of COVID-19, better known as the coronavirus, was reported in California on Wednesday by the **Centers for Disease Control and Prevention**.

The **California Department of Public Health** said the individual is a resident of Solano County and is receiving treatment at an undisclosed location in Sacramento County. It also issued a statement intended to downplay the severity of the virus, which has infected more than 82,000 globally, with most cases in China. However, recent cases have been reported in Italy and Austria, as well as Japan, Iran and South Korea. Although cases in the U.S. currently number fewer than 60, more than 80 people on Long Island outside of New York City agreed to a voluntary quarantine on Wednesday out fears they were exposed. On Tuesday, a high-ranking CDC official said it was inevitable there would be an outbreak in the U.S.

The CDPH's statement noted that the health risk from coronavirus remains "low at this time," and added that 80% of those infected do not exhibit symptoms serious enough to require hospitalization. However, with the mortality rate from the coronavirus running about 3% – many multiples higher than the flu – even if a very small portion of the U.S. were infected, tens of thousands could die.

"Keeping Californians safe and healthy is our number one priority," said CDPH Director **Sonia Angell**. "This has been an evolving situation, which California has been monitoring and responding to since COVID-19 cases first emerged in China last year. This is a new virus, and while we are still learning about it, there is a lot we

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### Mental Health Services Top Concern Of Residents, Poll Says...continued

"The state's refusal to independently and specifically address reforms to the children's mental health system is deeply frustrating and doesn't reflect what we believe is an epidemiological crisis of despair," he said. "We continue to see striking increases in utilization and acuity for children: 104% increase in emergency visits for self-injury over 10 years, a 70% increase in suicidality for 10-to-17-year-olds. I could go on."

Teare believes the survey results reflect two main concerns: the growing visibility of people experiencing homelessness and mental illness; and personal frustrations with trying to get mental health services.

At the same time, Californians are more aware of their right to obtain mental healthcare as part of their health plans, Teare said. The Affordable Healthcare Act, enacted under

President **Barack Obama**, expanded access to mental health and addiction services by requiring health plans to cover treatment.

Reduced stigma around mental illness may also be encouraging more people to demand services, Teare said. Almost nine out of 10 poll respondents said they favored increasing the number of mental healthcare providers in parts of the state where they're in short supply, and enforcing rules that require health insurance companies to provide mental healthcare at the same level as physical healthcare.

"People seem to have higher expectations of the sort of mental healthcare that they should get, and the sort of access they should have," Teare said.

*A version of this article was originally published by [California Health Report](#). © 2020 The Tides Foundation.*

### As Coronavirus Spreads, State's Schools Part Of Public Health Response

*Districts With Large Asian-American Enrollments Caught in Middle*

By **Anna Almendrala**

In one school district, families are pulling their kids out of school. In others, students show up in face masks.

Educators in one Southern California community agreed to suspend an exchange program to keep visiting Chinese students out of quarantine.

School districts across the U.S., particularly those with large Asian-American populations, have scrambled to respond to the outbreak of the novel coronavirus, which has killed more than 1,800 people and sickened tens of thousands more, almost all in China.

So far, 15 cases have been confirmed in the U.S., mostly in California, home to about one-third of the nation's Chinese immigrants. However, the **Centers for Disease Control and Prevention** announced this week it was inevitable that the number of cases in the U.S. would grow.

The districts find themselves in uncharted territory as they apply new federal travel rules to their student bodies. And, in some cases, administrators are making decisions to address parental fears — not actual disease — with no official guidance. They're weighing whether to allow students to work from home, even if they haven't traveled abroad recently, or let them wear face masks in class.

Balancing these requests against broader public health needs often leads to different conclusions.

"We're just doing our best to comply" as the rules and outbreak evolve, said **Jenny Owen**, spokesperson for the **Duarte Unified School District**, about 20 miles northeast of downtown Los Angeles and where about 6% of students identify as Asian.

Symptoms of the coronavirus disease, dubbed COVID-19, range from a mild cough or a runny nose to severe pneumonia and difficulty breathing. Scientists estimate the incubation period spans up to 14 days and are still investigating whether the illness can spread when people have no obvious symptoms.

To prevent the virus's spread in the U.S., the federal government has issued rules for returning travelers: U.S. citizens and legal permanent residents who visited the epicenter of the outbreak in China, Hubei province, in the previous 14 days must undergo a mandatory two-week quarantine at a government-run facility. Those who visited other parts of China must stay home and "self-quarantine" for two weeks.

The policies began Feb. 2, and as a result, an exchange program that brought children from China to Duarte schools has been temporarily halted to prevent the students from being quarantined, Owen said.

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## In Brief

### First Case Of Community-Transmitted Coronavirus Reported (continued)

already know. We have been anticipating the potential for such a case in the U.S., and given our close familial, social and business relationships with China, it is not unexpected that the first case in the U.S. would be in California. That's why California has been working closely with federal and local partners, including health care providers and hospitals, since the outbreak was first reported in China -- and we are already responding."

California's providers say they were preparing for a potential severe outbreak. A **Kaiser Permanente** spokesperson said the Oakland-based hospital operator and health plan had opened up a command center and was carefully monitoring the supply chain to ensure there were no shortages.

### DMHC Fines Kaiser \$58,000

The **Department of Managed Health Care** fined **Kaiser Permanente** \$58,000 for failing to adequately consider enrollee grievances and respond to them in a timely fashion.

The DMHC fined Kaiser for 10 separate incidents, most of which took place in 2016. The fines ranged from \$5,000 to \$7,500 per incident. The administrative penalty was issued in late December but not disclosed until this week. No specifics about the enrollee grievances were enclosed.

No corrective action plan was required, as Kaiser had already had one in place to deal with prior issues responding to enrollee grievances.

The DMHC had previously fined Kaiser \$145,000 in 2018 for 20 such violations. In 2017, the DMHC fined Kaiser a total of \$327,500 for 45 separate incidents that were contained in two separate administrative actions.

### As Coronavirus Spreads, State's Schools Part Of Public Health Response...continued from page 2

State public health departments are using the federal rules to draft guidelines for school districts.

The policies made a "night and day" difference in clearing up confusion, especially for families who had recently traveled from China and were wondering whether or not to send their kids to school, said **Don Austin**, superintendent of the nearly 12,000-student **Palo Alto Unified School District** in the Bay Area, where about 36% of students identify as Asian.

"When I first heard of the concept of self-quarantine, my first instinct was, this could be problematic if we're alone on that and trying to create some of these policies and practices on the fly," he said.

But school districts and local health departments still have to make quick decisions in cases that fall outside federal guidelines.

Health officials in Ohio County, W.Va., asked a family to retrieve a child from school on Feb. 3 to undergo a 14-day self-quarantine, even though federal guidelines did not apply to the student's travel history, said **Howard Gamble**, a spokesperson for the **Wheeling-Ohio County Health Department**. The child had just returned from Hong Kong, which is not part of mainland China. But a family member who made the trip reported flu-like symptoms upon return.

The CDC supported the district's decision, Gamble said. The CDC did not respond to a request for comment.

Federal guidance is lacking on other questions school districts are weighing.

At the **San Ramon Valley Unified School District** in the Bay Area, nearly 40% of 32,000 students identify as Asian. A few families have pulled their kids out of school and asked the district to excuse their absences while they complete schoolwork from home, even though they have not traveled to China recently or come in close contact with travelers from China, said **Christopher George**, spokesperson for the district.

The district said yes.

"We want our families to have the option, even for the families who are afraid to send their kid to school," he said.

Palo Alto Unified School District has received similar requests, and superintendent Austin said he's allowing individual schools to decide — for now.

Unlike the quarantines that end after 14 days, staying home from school to avoid coronavirus exposure has no end date, he said.

"If this virus continues to spread around the world for X number of months, at what point would we say that you have to come back to school?" he said. "The intent is not for every student who has no exposure to stay home as a precaution."

Another gray area for school districts is the use of face masks.

The CDC doesn't recommend the use of masks for the general public because they aren't an effective way to prevent infections. But in some Asian countries, wearing a face mask to protect against air pollution or germs is considered normal.

Some school districts, including the **Arcadia Unified School District** in Los Angeles County, allow students and staff members to come to school with face masks if they wish — provided they're wearing them for preventive reasons and aren't sick.

"It was a pretty easy decision for us," said **Ryan Foran**, spokesperson for the district, where about 66% of the 9,400 students identify as Asian. "Wearing masks is nothing new in our community."

At nearby **Garvey School District**, teachers and staff "respectfully and gently" ask masked students if they are feeling well but don't exclude them from school activities, said **Anita Chu**, superintendent of the district, where about 60% of students are of Asian descent.

In the **Alhambra Unified School District**, where about half of the students identify as Asian, administrators discourage the use of face masks and try to explain to families that they don't protect from disease, said **Toby Gilbert**, a spokesperson for the district.

That is sound scientific advice. Yet the district's efforts have been met with an online change.org petition asking administrators to allow students to wear face masks and cancel classes over fears of the virus. The petition has more than 14,000 electronic signatures, but it's not clear how many of those are from within the district.

Los Angeles County public health officials "advised us that masks give a false sense of protection and add to a climate of alarm without being of help," Gilbert said. "We have always allowed masks but wanted parents to know they weren't providing protection."

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## Medicare-For-All May Not Be A Losing Issue After All

*It Will Likely Depend on How The Democratic Nominee Frames It*

Since Saturday's Nevada primaries, confusion seems to be reigning about how Sen. **Bernie Sanders** seems to be winning. Time (and not a lot more of it) will tell who actually ends up as the Democratic nominee. But the progressive side (Bernie + Warren) is doing much better than the moderate side (Biden/Butt-edge-edge/Klobuchar) expected, while we wait to see how the Republican side of the Democratic primary (Bloomberg) does in an actual vote. The key here is the main policy differential between the two sides, Medicare For All.

Don't get too hung up in the details of the individual plans, especially as revealing said details may have hurt Sen. **Elizabeth Warren**. But do remember that there is one big difference between Sanders/Warren and the moderates. It comes down to whether everyone is in the same state-run single payer system (a modified and expanded version of Medicare) or whether the private employer system is left as it is, with expanded access to something that looks like Medicare (the public option) for everyone else. Note that no Democrat wants to stand pat on Obamacare "as is." Everyone is way to the left of what Obama ran on in 2008 (or at least what he settled for in early 2009).

Why has this changed? Well there's been a decade of horror stories. I'm not talking about the BS anti-Obamacare stories from people forced to give up their junk insurance, I'm talking about people with insurance being bankrupted or put through horrendous experiences, like [this mother who was put through the wringer by various insurers when her 1-year-old son was killed and husband injured in a road accident](#). Or this health tech CEO, who was an M.D. & J.D. and had to put [\\$62,000 on his American Express card to get surgery](#).

About three years ago as the dust was clearing from the Obamacare implementation, the impact of this started showing up in the polls. In 2017 for the Health 2.0 conference, **Indu Subaiya** and **Hiliary Critchley** ran [a poll on health policy with Zogby](#). To me by far the most remarkable feature was that even though Obamacare was by then more popular than not among the public, the support for single payer had gone up dramatically since 2009—in the depths of the recession.

In 2019, 44% said they were utterly opposed to single payer (and 50% opposed overall). But by 2017 while the number strongly

in favor had just edged up, 48% were in favor overall, with another 30% neutral or not sure. Now only 19% were strongly opposed.

Meanwhile, just a year later (October 2018) a lot of fuss was made about [a poll from The Hill](#) that had 70% of Americans supporting Medicare For All. This was the poll that had 52% of *Republicans* saying they were in favor of it. ([Full data here](#)). (Don't forget that only about 30% of Americans identify as Democrats, while about 35% identify as Republicans and 40% say they're independent). So, if we are to believe that somewhere between 45% and 70% of Americans say they are in favor of single payer, almost all Democrats are. And in fact, that is true. *The Hill* found 92% were and the [Kaiser Family Foundation](#) (KFF) shows 75%.

The issue, of course, is what "Medicare For All" means in reality. The KFF poll is very up to date and I can't decide if it shows that the electorate is very confused or if the poll itself is a mess. (I highly recommend [clicking though it](#)). It basically says that Democrats want

Medicare For All and want a public option while wanting to keep their own insurance (presumably many of them now have employer-based private insurance).

But luckily there was [another recent poll](#) done by **Bob Blendon** at **Harvard University**, and this poll was *not* a mess. In fact, it was crystal clear in herding its respondents into one of three camps and thus very instructive for the Democratic primaries. ([Details here](#)) The poll gave people a straight choice between single payer, or extending the ACA, or the Republican "alternative".

Basically, when you tell Americans that Medicare For All means "Medicare for You too" (i.e. all Americans would get insurance from Medicare), but offer them a choice of an ACA expansion, roughly a third choose either alternative.

Somewhat more remarkably this split is not just along party lines. Democrats in the poll were also evenly split between Plan A (Medicare for All) and Plan B (expanding Obamacare) although few of them wanted the Republican alternative and, if you include independents who lean Republican, a third of *them* want single payer or extended Obamacare!

The inference is relatively clear.

*(continued on page 5)*



By Matthew Holt

## Kaiser Foundation Health Plan, Inc. Enrollment and Utilization Table as of 12/31/2019

QUARTERLY STATEMENT AS OF 12/31/2019 - Kaiser Foundation Health Plan, Inc.

ENROLLMENT AND UTILIZATION TABLE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Source of Enrollment	Total Enrollees At End of Previous Period	Additions During Period	Terminations During Period	Total Enrollees at End of Period	Grandfathered Enrollees (also included in Column 5)	Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period - Physicians	Total Member Ambulatory Encounters for Period - Non-Physicians	Total Member Ambulatory Encounters for Period - Non-Physicians	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay	
1. Large Group Contract	5,323,977	203,204	187,678	5,339,503	1,071,865	16,015,956	4,312,702	3,011,546	7,324,248	193,658	145	4.03	
2. Medicare Risk	1,210,727	28,851	16,713	1,222,865	0	3,656,336	1,814,714	1,695,112	3,509,826	181,047	594	4.41	
3. Medicare Supplement	0	0	0	0	0	0	0	0	0	0	0	0.00	
4. Medi-Cal Risk	136,066	8,144	9,907	134,303	0	426,951	130,114	88,544	218,658	6,483	182	3.78	
5. Individual	704,606	27,987	57,562	675,031	50,898	2,058,269	516,494	359,989	876,483	23,020	134	4.09	
6. Point of Service	0	0	0	0	0	0	0	0	0	0	0	0.00	
7. Point of Service	0	0	0	0	0	0	0	0	0	0	0	0.00	
8. Point of Service	0	0	0	0	0	0	0	0	0	0	0	0.00	
9. Small Group Contract	891,054	83,466	65,751	908,769	171,184	2,694,921	597,807	420,847	1,018,654	25,630	114	3.67	
10. Healthy Families	0	0	0	0	0	0	0	0	0	0	0	0.00	
11. AIM	0	0	0	0	0	0	0	0	0	0	0	0.00	
12. Medicare Cost	0	0	0	0	0	0	0	0	0	0	0	0.00	
13. ASO	0	0	0	0	0	N/A	N/A	N/A	0	N/A	N/A	N/A	
14. PPO Individual	0	0	0	0	0	0	0	0	0	0	0	0.00	
15. PPO Small Group	0	0	0	0	0	0	0	0	0	0	0	0.00	
16. PPO Large Group	0	0	0	0	0	0	0	0	0	0	0	0.00	
17. Aggregate Contracted from Other Plans	517,001	32,183	36,599	512,585	0	1,639,248	485,803	313,011	798,814	19,939	N/A	N/A	
18. Aggregate Other Source of Enrollment	313,109	11,945	11,077	313,977	26,363	821,850	309,990	303,497	613,487	37,078	N/A	N/A	
19. Total Members	9,096,540	395,780	385,287	9,107,033	1,320,310	27,313,531	8,167,624	6,192,546	14,360,170	486,855	N/A	N/A	

Source: Quarterly Statement 12/31/2019 Kaiser Foundation Health Plan, Inc., Enrollment and Utilization Table

### Medicare-For-All May Not Be A Losing Issue After All ...continued from page 4

Almost all Democrats want Medicare (or something like it) “available” for All and about half of them (and about 1/3 of independents) are prepared to “mandate” Medicare For All.

How will that translate into the primaries? It’s relatively obvious that the most passionate and most progressive Democratic voters are a little more likely to vote in the primaries. I’ve cut some data from [another poll from The Hill](#) (Jan 15, 2020) that suggests that 58% of Democrats say they are certain to vote in the primary but 67% of liberals will, while only 50% of those who “lean liberal” will.

Which gets us back to the voting. Everything thus far is weird. Caucuses are stupid and unrepresentative, although they have elements of a good idea (2nd choice votes in multiple candidate fields). New Hampshire doesn’t look like America and neither does South Carolina. But with Sanders/Warren coming in at between 35% & 55% so far, and most more liberal and more activist Democratic primary voters favoring single payer, I suspect that we will see a

majority of votes/delegates for Sanders/Warren by mid-March assuming that healthcare stays the dominant and dividing issue.

That likely means that even if all but one of the “BBBKS” moderates drop out, there won’t be enough moderate delegates to stop the progressives at the convention. (Worth noting here that Warren has been saying “Medicare For All after we fix Obamacare” which gives her a little slack).

If that’s right and Sanders is the nominee, then the Democrats face an interesting problem. If like 2018, they can run on how evil **Donald Trump** and the Republicans are on health care, but not say too much about their own plan, then they’ll likely win. If Trump succeeds in making it all about single payer socialism making people fear the devil they don’t know, it’s likely to be a losing issue.

*Matthew Holt is the publisher of [The Health Care Blog](#), where a version of this article originally appeared.*