

County of Santa Clara

Employee Services Agency

Employee Benefits Department

400 Race St., Suite 201

San Jose, California 95126



DATE: May 9, 2022

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, County Executive

FROM: John P. Mills, Director, Employee Services Agency

DocuSigned by:
John P. Mills
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SUBJECT: Off-Agenda Report on Wait Times for Mental Health Care in Compliance with Senate Bill 221

At the March 22, 2022 meeting of the Board of Supervisors, under Agenda Item No. 61, Supervisor Chavez requested that Administration provide an off-agenda report regarding compliance of the County's healthcare service plan providers with wait times for mental health care pursuant to Senate Bill (SB) 221.

SB 221 requires healthcare service plans and health insurers, including a Medi-Cal Managed Care Plan, to ensure timely access for nonemergency healthcare services. Beginning July 1, 2022, these healthcare providers must ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to obtain a follow-up appointment with a nonphysician mental healthcare or substance use disorder provider within ten (10) business days of the prior appointment. A referral to a specialist by another provider must also meet the timely access standards.

Administration reached out to each of the County's healthcare service plan providers (Kaiser Permanente, Health Net, and Valley Health Plan) to obtain information regarding wait times for mental health care and expected compliance with SB 221. The healthcare service plans provided the following information:

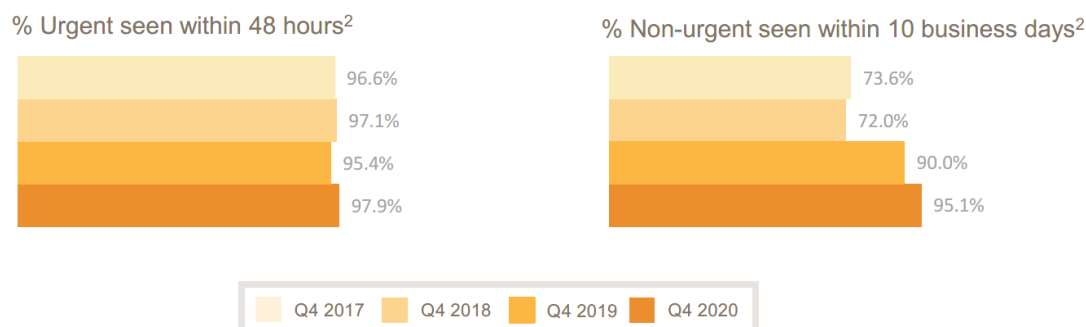
Kaiser Permanente

Kaiser Permanente (Kaiser) states that "implementation of SB 221 to Kaiser Permanente's model of mental health and addiction care services is well underway. Beyond our recruiting efforts, we are working with our clinicians to ensure that we are able to find appointments that support each patient's clinically defined care plan."

The chart below was provided by Kaiser in response to the County's request and shows the percentage of patients that were able to be seen within 48 hours for urgent mental health and substance abuse or chemical dependency services and within 10 business days for non-urgent mental health and substance abuse or chemical dependency services. The data shown in the chart includes Kaiser's California statewide region book of business and reflects services received within the last quarter of the year for the 2017, 2018, 2019, and 2020 calendar years.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian

County Executive: Jeffrey V. Smith



² Regional data is Commercial and Medicare.

Kaiser also submitted a presentation (see Attachment A) intended to provide more context about the national shortage of mental healthcare providers in the U.S., what Kaiser is doing to help create more access, and how they take an integrated approach and leverage their telehealth capabilities and tools to help support people in a variety of ways.

Health Net

Health Net states they “expect to fully comply [with SB 221] as required, and do not anticipate any obstacles.” Attachment B shows the results of Health Net’s Provider Appointment Availability Survey (PAAS) for behavioral health providers submitted to the Department of Managed Health Care (DMHC) for the 2020 Measurement Year (MY). The survey data represents Health Net’s California commercial book of business. Health Net informed Administration that the results from the 2021 MY are currently being compiled, and Health Net is unable to provide PAAS information externally until it is first submitted to the DMHC.

Attachment B also includes implementation plans for SB 221 compliance through Health Net’s contractor for behavioral health services, Managed Health Network (MHN). The list notes that communications have already been issued to their providers, and additional communications are planned before the July 1, 2022 compliance effective date. In addition, MHN will be adding one or more new questions to the PAAS to monitor compliance with the 10-day follow-up appointment standard for non-physician mental health providers.

Valley Health Plan

Valley Health Plan (VHP) provided PAAS data for MY 2020 and 2021, shown in the charts on the following page. This data reflects the rate of compliance for timely access to mental health services by categories (e.g., non-urgent vs. urgent, physicians vs. non-physicians). These charts represent all lines of business (LOB) for VHP, not solely the commercial plans available to County employees.

Psychiatry Specialty (All LOB)

Performance for Psychiatrists (N=101)	# of Psychiatrists Responded		# of Psychiatrists Responded w/ Compliance		MY2021 % of Compliance	MY2020 % of Compliance	2 Year Compare	Goal	Goal Met (Y/N)
	2021	2020	2021	2020					
Urgent Appointment w/ Prior Authorization w/in 96 Hours	101	44	23	21	23%	48%	↓25%	90%	N
Non-Urgent Appointment w/in 15 days	101	44	85	33	84%	75%	↑9%	90%	N

Non-Physician Mental Health Providers (NPMH) (All LOB)

Performance for NPMH Providers (N=193)	# of NPMH Responded		# of NPMH Responded w/ Compliance		MY 2021 % of Compliance	MY 2020 % of Compliance	2 Year Compare	Goal	Goal Met (Y/N)
	2021	2020	2021	2020					
Urgent Appointment w/ Prior Authorization w/in 96 Hours	190	106	72	62	38%	58%	↓20%	90%	N
Non-Urgent Appointment w/in 10 days	190	106	127	86	67%	81%	↓14%	90%	N

VHP states that “timely access to health care is an important element of a high-performing health plan, and VHP commits to working with its network providers to improve and achieve the standards on timely access to care for VHP’s members. Given the very strict survey methodology and the evolution of the methodology, VHP and our network providers have faced challenges related to data collection and reporting. The survey methodology places a significant burden on our providers who participate in multiple health plans, and who are consequently required to participate in multiple surveys. VHP’s follow-up with the providers indicates that they have survey fatigue resulting in an increase in the non-response rate from our providers. Collaboration across the health plans operating in Santa Clara County may improve survey capture. Meanwhile, VHP has identified a comprehensive strategy to both promote the importance of survey participation as well as the access standards.”

The following includes some of the improvement interventions that VHP plans to implement for the upcoming survey year:

- Increased efforts to promote the Timely Access survey, improve the efficiency of delivery and ease of response to eligible respondents, and reinforce contractual expectations related to survey participation and compliance with standards.
- Expanded communication to promote awareness and education on the Timely Access Standards (provider orientations, facility site reviews, joint operations committee meetings, website, provider bulletin, etc.).
- Ongoing engagement with providers related to Timely Access Standards and survey results by a designated VHP point person and/or provider relations staff.

VHP states they understand that a substantial amount of effort by both VHP and VHP's providers will be required to be compliant with the timely access to care standards. With the implementation of the interventions identified, VHP is confident that it will reduce the overall burden and challenges to the providers in the upcoming reporting year while concurrently seeing a better response rate to the survey (promoting a more statistically relevant and actionable response) and improvement in compliance with the access standards.

If you have any questions regarding this information, please contact Rhonda Schmidt, Employee Benefits Director, at (408) 970-2605 or rhonda.schmidt@esa.sccgov.org.

ATTACHMENTS: Attachment A - Kaiser Permanente Behavioral Health Services Presentation
 Attachment B - Health Net MY 2020 DMHC Timely Access

c: Chief Board Aides
 Miguel Marquez, Chief Operating Officer
 James R. Williams, County Counsel
 Tiffany Lennear, Clerk of the Board of Supervisors
 Thuy Pham, Office of Budget & Analysis
 Gina Donnelly, Deputy Director, Employee Services Agency
 Rhonda Schmidt, Employee Benefits Director, Employee Services Agency



Mental health care that does more for your employees



Expanding access to meet the growing demand

There's a shortage of mental health care providers in the United States. We're actively engaged in making our mental health care more accessible to our members.



**Hiring 1,100+ mental health
clinicians since 2016**



**\$700 million investment to expand
and enhance mental health care facilities**



**Contracting with other
trusted providers as needed**



**Increasing use of telephone
and video visits**



Investing in the future of mental health care

\$50M to help increase the number
of mental health clinicians

Launching the Mental Health Scholars Academy

to train hundreds of Kaiser Permanente employees
who want to enter the mental health field

Complete support in one holistic ecosystem

We offer a full spectrum of mental health and addiction care resources for adults, teenagers, and children. No matter where a member begins the journey, we can connect them to the right support.



Greater access and convenience with telehealth

Virtual mental health care is safe and effective — and outcomes are comparable to in-person care.¹ And at Kaiser Permanente, it's connected to your employees' electronic health record, so clinicians can access and update health information as needed.



Phone appointments

High-quality care over the phone — just like an in-person visit.



Email

A secure way for members to get follow-up care by messaging their doctor's office with nonurgent questions.



24/7 care advice

Members can speak to a licensed health professional who can help connect them to care.



Video visits

Care from a mental health professional on a phone or computer.



Before COVID-19, just 21% of psychologists were delivering care via telehealth.²

1. Greenbaum, *Monitor on Psychology*, American Psychological Association, July 1, 2020. 2. Bradford S. Pierce, et al., "The COVID-19 Telepsychology Revolution: A National Study of Pandemic-Based Changes in U.S. Mental Health Care Delivery," *American Psychologist*, 2021.

Industry-leading care — and satisfied members

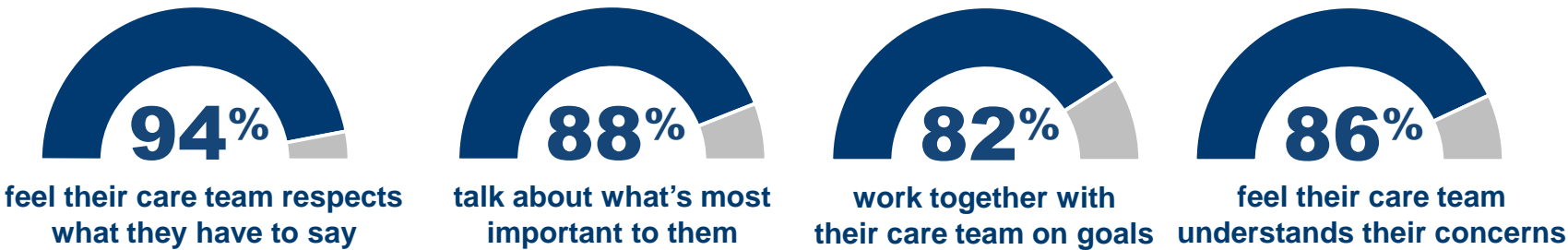


In 2020, Kaiser Permanente led the nation as the top performer in 34 HEDIS® (Healthcare Effectiveness Data and Information Set) effectiveness-of-care measures — including mental health.¹

**Top-rated behavioral
and mental health
care in California**

In the 2020–21 edition of the California Office of the Patient Advocate’s Health Care Quality Report Card, we were rated the best health plans in the state for behavioral and mental health care.²

**Patient feedback
shows members are
happy with their care**



1. Kaiser Permanente 2020 HEDIS® scores. 2. Health Care Quality Report Card, 2020–21, California Office of the Patient Advocate. 2020–21 edition results are based on 2019 performance data. View the complete report at reportcard.opa.ca.gov.

Addressing social determinants of mental health

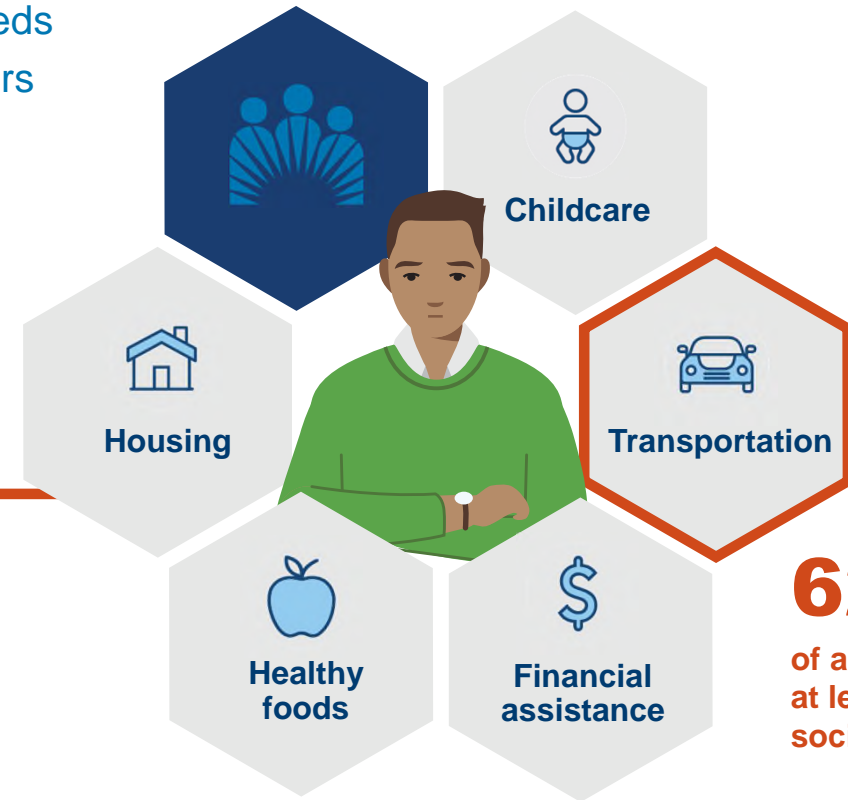
Good health requires more than just health care. When basic needs aren't met, mental health suffers. So we invest in helping members access essential resources and improving health equity for all.

Bridging the gap — Thrive Local

We've teamed up to make this robust support network available to help people access the social health services and resources they need. A network of community-based organizations will be available to all Kaiser Permanente members — and the 68 million people who live in the communities we serve.

Breaking the cycles of stress and trauma

Adverse childhood events (ACEs) — including experiencing racism and inequity — take a toll on mental health. Building on our pioneering research that originally proved the existence and impact of ACEs, Kaiser Permanente has designated \$25 million in grants to help address ACEs and trauma.



62%
of adults have
at least 1 unmet
social need¹

1. Social Needs in America Survey, Kaiser Permanente, June 4, 2019.



Santa Clara County
MY 2020 DMHC Timely Access Results

MY 2020 DMHC Provider Appointment Availability Survey (PAAS) Results – Commercial HMO/POS (Large)

			MY 2020		
Access Measure	Standard	Health Plan Performance Goal	Num	Den	Rate
<i>Access to Psychiatrists</i>					
Urgent Appointment with Psychiatrist	Within 96 hours of request	90%	63	108	58%
Non-Urgent Appointment Psychiatrist	Within 15 business days of request	90%	109	118	92%
<i>Access to Non-Physician Mental Health (NPMH) Providers</i>					
Urgent Appointment with NPMH Provider	Within 96 hours of request	90%	68	120	57%
Non-Urgent Appointment with NPMH provider	With 10 business days of request	90%	111	134	83%

Num = Compliant responses

Den = Total number providers surveyed

Blue shading: Metrics related to SB 221

NOTE: DMHC Proposed Performance Goal for all Measures = 70%

MHN Activities to achieve compliance with SB 221:

- MHN Provider Relations has already sent a communication to ALL outpatient providers in CA informing them about the new SB 221 standards
- MHN will be implementing additional provider communications later in spring, as the 7/1/2022 effective date draws nearer
- MHN Provider Relations actively recruits new providers into our network year-round
- MHN will be adding one or more new questions to the MY 2022 PAAS tool to monitor NPMH compliance with the 10-day follow-up appointment standard