

Latinos & Mental Health:

A Look at the Mental Health Services Act

Thursday, June 5, 2008

1:30 to 3:30 p.m.

State Capitol, Rm. #127
Sacramento CA



Latinos in California often experience the highest prevalence rates with regards to many chronic conditions such as diabetes and heart disease. Living with chronic disease and managing a lifetime of illness can often have other effects on an individual's health, including immediate impact on a person's mental health, such as depression. In fact, depression is one of the most prevalent co-occurrence with other mental or physical illness and result in increased co-morbidity.

Lacking Access

Already prone to having lower rates of access to quality, affordable healthcare coverage, Latinos are the majority of those in California who are uninsured. It is estimated that there are more than 6 million uninsured Californians, the majority of which are Latinos. In fact, Latinos are the least likely, of their counterparts, to be insured all year (64%), making lack of coverage one of the primary obstacles to Latinos meeting their mental healthcare needs.

Latinos & Mental Health

Regrettably, little is known about Latinos and their mental health. For those Latinos who may be limited English proficient (LEP), access to a mental health professional face the additional obstacle of communicating in a culturally and linguistically appropriate manner. In fact, among Latinos, less than one in 11 contact a mental health specialist. Worse, more than 70% of Latinos who do access mental health services do not return after their first visit.

Please join us to find out better understand and receive further information about Latinos and their mental healthcare needs at a legislative briefing. The briefing will present an overview of Latinos and mental health, as well as further information on the state's Mental Health Services Act (MHSA). For more information, please visit www.lchc.org.

All are invited !

To RSVP, please email: lchc@lchc.org

LEGISLATIVE UPDATE

With April typically the first month to experience any legislative activity, there was no doubt that the state's ongoing budget deficit has cast a shadow over the state's legislative process. Early direction within the Legislature urged legislative members to be creative with respect to legislation. And no doubt, the urging has come with good cause. Over the past several months, Assembly and Senate budget sub-committees have reviewed many budgetary issues proposed in the Governor's January budget proposals. With the first of the state's revenues coming in on April 15th, due to the federal and state income tax date, early indications have proven correct – the state is in fact facing one of the worst budget deficits it has ever seen.

It is quite possible that the worst news is also not completely over. What we couldn't have known then is not only would we not be discussing further expansion of covering the uninsured, we would in fact end up reviewing significant reductions in the very programs we would have expanded. LCHC will be releasing a further in-depth analysis on the May Revise in the coming weeks. Please stay tuned at www.lchc.org. In the meanwhile, below are the 2008 health bills that pick up where healthcare reform left off:

2008 Health Issues

Changing California's Insurance Market:

Today, more than half of the state's beneficiaries in the Medi-Cal program rely on a managed care plan to provide their healthcare services. Thousands more opt to purchase coverage out of pocket. With oversight provided to managed care plans split into two different state agencies and countless differences between types of programs and coverage, managed care is indeed one of the most complicated components of our state's healthcare delivery system. Here are the issues impacting our state's insurance market:

SB 1522 (Steinberg) Market Standards **SUPPORT**

Authored by Senator Steinberg, SB 1522 would work to make managed care more consumer oriented by directing both the Department of Managed Health Care and the Department of Insurance to categorize health plan contracts and insurance policies both offered and sold to individuals into five coverage categories that would include also ceilings on out-of-pocket costs. The five coverage categories would work to standardize benefits, co-pays and deductibles.

STATUS: Passed Senate, now in the Assembly.

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California's Healthcare Workforce

Latinos in California's Healthcare Workforce



Since the late 1990s, California's nursing shortage has taken center stage and has become the hallmark for healthcare workforce shortages. In that time, the state has responded by setting priorities both in educational systems, including California's community colleges and local universities, at in recruitment and retention.

The sobering reality, however, is that all of California's healthcare professions are moving in a similar direction. With rapid increases in the state's elderly population as the nation's 'baby boomers' reach retirement age, it is projected that the demand to meet the needs of this population will be hardest hit in healthcare services. Additionally, California is projected to add approximately 25 million more Californians within the next 50 years. According to the California Department of Finance, California is due to be home to over 60 million Californians by 2050. The majority of this growth is within California's Latino community. In fact, one out of every two babies born today are Latino. It is no surprise that Latino children will be the majority of those in the state's K-12 system and stands to become more than half of the state's future workforce.

Unfortunately, Latinos have had a disproportionately low representation in healthcare professions across the board. It is estimated that Latinos make up less than 2% of all registered nurses, 3.4% of psychologist and less than 4% of all physicians.

The problems compounding the pending shortages are numerous. Arguably, preparation for our workforce begins early on, in the state's K-12 educational system, including preparation in math and sciences. Additionally, the state's higher education system is critical in training and educating the state's healthcare workforce. As a result, access to these institutions is critical in the terminal stages of our workforce development. Here are the 2008 policy issues affecting these components.

AB 2375 (Hernandez) Master Plan SUPPORT

The state currently lacks an overarching vision, action plan, and infrastructure to coordinate efforts to preparing for workforce shortages. AB 2375 would authorize the OSHPD to convene a task force to develop a 'Master Plan on California's Healthcare Workforce' and would charge the taskforce with developing such a plan by 2012 and implementing the plan by 2014.

STATUS: Recently passed the Assembly Appropriations Committee and must be heard and passed by entire state Assembly no later than May 30th.

AB 2543 (Berg) Geriatric Workforce SUPPORT

As mentioned, California's aging population is increasing the demand for geriatric care. AB 2543 would establish the 'Geriatric and Gerontology Workforce Expansion Act'. As part of this, AB 2543 also requires that a certain portion of the Stephen L. Thompson Loan Repayment program go towards those pursuing geriatric care.

STATUS: Recently passed the Assembly Appropriations Committee and will be heard on the Assembly floor.

SB 1301 (Cedillo) & AB 2083 (Núñez) SUPPORT The California DREAM Act

Access to higher education is critical for many considering a healthcare profession. The California DREAM Act enables all students the opportunity to apply for student financial aid, a critical first step in ensuring access to a higher education.

STATUS: SB 1301 will be reviewed by the Assembly Higher Ed Committee. AB 2083 must be reviewed and passed by the entire Assembly no later than May 30th.

UPDATE

Healthcare Workforce Diversity Advisory Council (HWDAC)

- Recommendations from the Council

As mentioned in the previous monthly policy update, the HWDAC was convened by the Governor and housed within the state's Office of Statewide of Statewide Health Planning and Development (OSHPD) in order to develop policy recommendations to address California's health professional shortages, particularly among California's under-represented groups, such as Latinos.

The Advisory Council has spent the last year developing these recommendations. To download or view the report, please visit: www.lchc.org.



Latino Coalition for a Healthy California

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2008 Health Policy

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SB 1440 (Kuehl) Profit Caps

SUPPORT

With healthcare costs continuing to rise, it is no wonder that many ask what their payments go towards. SB 1440 would require that full-service health care plan or health insurer spend no less than 85% of the total dues, fees and premiums it receives on health care benefits. This would apply to all plans or policies issued or renewed in California by January 1, 2009.

STATUS: SB 1440 passed the State Senate and is now in the Assembly pending assignment to a policy committee.

AB 1945 (De La Torre) Rescissions

SUPPORT

When consumers in California participate in or purchase insurance coverage through an insurance policy or managed care plan, it is presumably with the intent to have access to or use health services. Unfortunately, plans or insurance companies have the option of rescinding a person's plan or policy, denying consumers access to those services. AB 1945 would begin to set parameters around rescissions of plans and policies in California by requiring the appropriate state departments to contract with an independent external review organization to specifically review rescission cases.

STATUS: Passed the Assembly and is now in the Senate.

AB 2549 (Hayashi) Review Time Limit

SUPPORT

Similar to measures above, AB 2549 (Hayashi) would also work to make rescission of plans or policies more transparent by setting a time limit in which a rescission would occur. AB 2549 would prohibit a plan or insurer from rescinding coverage after six months after issuance of that policy or plan. Under this bill, consumers would also have the ability to submit a complaint and request a review by the appropriate state department if the person believes their health coverage was wrongfully rescinded.

STATUS: Passed the Assembly and is now in the Senate.

Increasing Access to Services

Equal critical to reducing the number of uninsured in California stems from access to healthcare services. Access to primary care services in the state is critical to ensuring that prevention. California's safety net – including access to community clinics – is critical. Here are the issues impacting clinics:

SB 564 (Ridley-Thomas)

SUPPORT

School Health Centers

Today, the 146 existing school health centers in California provide access to health services where they are most needed – in California's schools. SB 564 would augment the number of school health centers by creating a grant program that would support school health center expansion.

STATUS: SB 564 is being held in the Assembly.

AB 2010 (DeSaulnier) Provisional Licenses

SUPPORT

Primary care clinics in California today must be licensed and certified by the Department of Public Health. Many of these clinics, in order to provide services to as many parts of the community as possible, often operate 'affiliate' clinics. AB 2010 would eliminate burdensome requirements by exempting affiliate clinics from the provisional licenses requirement.

STATUS: Passed the Assembly, now in the Senate.

SB 1213 (Ducheny) Mobile Clinics

SUPPORT

In instances of natural disasters and or other emergencies, mobile clinics can often be the front line in providing immediate health services. SB 1213 would eliminate burdensome requirements that might otherwise prevent mobile clinics from providing these services.

STATUS: Passed the Assembly, now in the Assembly.

May 30, 2008 –

Up
Next:

May 30th is the last day for all bills to pass out of their house of origin. All bills must have successfully passed a policy committee review and a fiscal review through the appropriations committee as well as receive a favorable vote by the full membership of either the Assembly or Senate. All Senate bills must be sent to the Assembly and all Assembly bills must be sent to the Senate no later than May 30th.

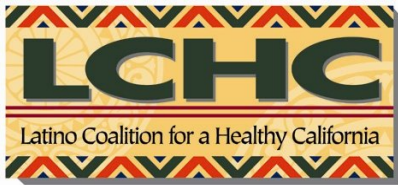
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JOIN THE LATINO COALITION FOR A HEALTHY CALIFORNIA

The Latino Coalition for a Healthy California, a non-profit, public policy and advocacy organization dedicated to improving the health of Latinos, invites you to become a member. As a member, you will become part of a larger movement of professionals, medical providers, legislative staff and others interested in advancing the health of Latinos.

LCHC Membership

Benefits of dues-paying members of the Latino Coalition include the following:

- Subscription to monthly LCHC newsletter
- Discounts on registration fees to all LCHC events, including the biennial conference
- Invitations to all LCHC events, including legislative and community briefings
- Monthly electronic updates on legislative and budget issues
- Inclusion in the Rapid Response Network, LCHC's email listserv regarding pressing legislative issues
- Advanced release of select LCHC policy briefs
- Technical assistance with questions regarding legislative and budget issues
- Opportunity to participate in local health forums, such as the LCHC Regional Networks
- Building a long-term relationship with companies and organizations that support Latino health
- Sharing information and collaborating in projects with other health professionals.

Affiliate Membership – Rapid Response Network

Affiliate members of LCHC do not pay dues and are included in the Rapid Response Network, LCHC's email list serve that provides up-to-date information regarding pressing health legislation and events. Affiliate members do not receive the other benefits of dues-paying members.

Check the following

I would like to become a dues-paying member of LCHC.

I would like to become an affiliate member and be added to the Rapid Response Network (free).

Membership Fees

\$35 Student

\$50 Individual

\$150 Non-Profit

\$1,500 Corporate

If you would like to become an LCHC member or an affiliate member, please email, fax or call with the following information:

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Name on Credit Card: _____ Credit Card Number: _____

Credit Card Type: _____ Security Code (3-4 digits on back of card): _____ Expiration Date: _____

OR SIGN-UP ONLINE AT WWW.LCHC.ORG

Please make all checks payable to the Tides Center/LCHC. The Latino Coalition for a Healthy California does not share its lists.

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