2023 CHCC Member Purchasers and Stakeholder Focus Groups

Summary Report on Behavioral Health Services

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Author

Sophia T. Gomez

Prepared for:

California Health Care Coalition (CHCC)

Prepared by:

Public Values Research
225 South Lake Ave. Suite 300
Pasadena, California 91101
www.publicvalues.com
626-795-4880

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Executive Summary

Overview

In an ongoing effort to educate and serve its membership, the California Health Care Coalition (CHCC) contracted with Public Values Research to conduct a series of focus groups with member purchasers and other industry leaders to discuss behavioral health services in California. The purpose of the research was to better understand how CHCC can support its member purchasers in delivering accessible, effective, and affordable behavioral health care. The study addressed the perceived strengths and weaknesses of the current system, priorities and concerns, and opportunities for education and advocacy. Results from the research will be used to help guide strategy and outreach for CHCC.

The following document reflects the content of two online focus groups conducted on February 14, and February 21, 2023 with CHCC members and other industry leaders involved in behavioral health care. More than half the participants were CHCC member purchasers, including individuals representing educational and healthcare organizations. A total of six member purchasers attended the first group and two member purchasers and two industry leaders attended the second group for a total of 10 study participants. Each discussion lasted approximately 90 minutes. Each participant received an honorarium of $100 in appreciation of their time. Key findings from the research are presented below and on the following pages.

Key Themes

Trends in Behavioral Health Care

- **The majority of purchasers reported increased demand and utilization of behavioral health services, particularly among health care workers, school employees, and children of employees.** The change was attributed to trauma from the pandemic, followed by reduced stigma around the need for mental health support.

- Although employees' reasons for seeking treatment remain largely confidential, participants agreed that there seems to be an increase in trauma/PTSD treatment and the need for drug and alcohol programs.

- **Participants also cited the rising adoption of telemental health services among providers and carriers**. Many purchasers reported that they offer carved-out telemental health services sponsored by the major carriers.

Perceived Gaps in Care Delivery and Patient Experience

- **The majority of focus group participants expressed deep concern and frustration with current resources and systems of behavioral health care.** Participants cited the shortage of mental health professionals, lack of diversity among existing professionals, limited services for acute conditions, inadequate systems for connecting patients to appropriate care, limited coverage, and complex reimbursement practices.

- **A shortage of mental health professionals was the single, most pressing concern raised by focus group participants, followed by a lack of diversity among existing professionals and long wait times before receiving services, often spanning months.**

- **Inadequate systems for assessing the mental health needs of employees and connecting them with the appropriate level of care was also cited as a serious gap in the health care delivery system.** "People know when they have heartburn, or their arm is bothering them, their back is bothering them," reported one participant. "Then they know which direction to go down. What does anybody really know about what's wrong with them, other than maybe they're just not feeling right?"

- Finding appropriate care for children and adolescents was a particular concern due to a lack of clinicians with specialized training in working with children.

- **Limited coverage, a complex reimbursement process, and restrictive networks were also cited as key barriers preventing employees from receiving the behavioral health services they need.** Participants explained that PPO patients often have to pay "out of pocket" for services before seeking reimbursement. HMOs, such as Kaiser Permanente, restrict out of network care even when they lack the professional staff in-house to handle demand.

- The majority of participants agreed that individuals with serious mental illness or substance abuse problems are the most impacted by the shortage, particularly if treatment requires in-patient services.

- A minority of participants offered a different perspective on the experience of their employees covered by HMOs in which they observed that care for high-acuity cases were more likely to be covered.

- **The lack of quality measures to evaluate behavioral health programs was also identified as a serious problem that undermines purchasers' efforts to provide the best care for their employees**. The lack of quality metrics to evaluate mental health services was contrasted with robust systems for evaluating other types of healthcare services. In behavioral health, "All you really know is who's got credentials," summarized one participant.

Feedback on Proposed Solutions

Participants were presented with different strategies for addressing the shortage of behavioral health professionals and the lack of cultural and linguistic diversity within the profession.

- **Overall, the majority of participants expressed skepticism that any of the strategies proposed would solve the problem of limited access to behavioral health services, particularly for those with serious mental illness and substance abuse problems.** Access was largely viewed as a systemic problem that requires fundamental changes to how patients are screened for behavioral health services, how patients are routed to appropriate care, and payment systems.

- Group therapy, intensive outpatient care, and expanded telemental health coverage were all viewed as valuable for individuals with lower acuity conditions who tend to be well served by existing telehealth and EAP options. Some participants also raised concerns that group therapy might compromise employee privacy and deter individuals from participating..

- **Most participants viewed primary care screening as a barrier rather than a conduit for increasing access to behavioral health services.** Primary care physicians were described as lacking the time and training to effectively screen for mental health problems and more likely to prescribe medication rather than help a patient access other forms of treatment.

- **Training and deploying peer counselors was seen as an effective strategy for diversifying the pool of available professionals**; however, it was not perceived as a solution for addressing the more pressing crisis—improving access for those with serious mental illness or substance abuse problems.

Opportunities for CHCC

- **Purchasers expressed frustration at having to make decisions about behavioral health services with limited information about which treatments are most effective and for which populations.** This finding suggests that education addressing the effectiveness of different treatment options and the questions purchasers should be asking when choosing behavioral health packages may be valuable.

- Some participants reported that they would also be interested in learning how other organizations are solving these problems through case studies.

- **Several participants suggested that there may be opportunities for CHCC to advocate for systemic changes to the care delivery system to improve access, affordability, and quality.** Possible areas to address include the lack of integrated care between physical and behavioral health, the lack of effective triage systems for determining the appropriate level of care needed, the lack of flexibility to go outside of narrow HMO networks, reimbursement procedures for PPO patients, and quality metrics.

Conclusions

Healthcare purchasers face enormous pressures trying to provide timely, affordable, high-quality behavioral health services for their employees. The limited number of healthcare professionals coupled with limits on coverage, complex reimbursement procedures, and barriers to seeking care outside limited HMO networks combine to create almost insurmountable obstacles for many employees. Purchasers field complaints from employees who cannot find a therapist who takes their insurance, are constrained by limited options beyond telemental health, and who must endure long waits to receive care. The situation is even more severe for employees seeking care for children or adolescents, who require mental health professionals with specialized training. While EAP programs and telehealth options have improved access for mild and episodic conditions, most study participants agreed that these services are insufficient to deal with serious mental illness and substance abuse. Moreover, aside from cost and utilization, health care purchasers have minimal information about which treatments actually work, placing them in the difficult position of making purchasing choices without knowing the value of what they are buying. Finally, results suggest that without effective systems for screening patients to determine the level of care needed, existing behavioral health resources are used inefficiently, contributing to the shortage of providers.

To address these challenges, findings suggest that healthcare purchasers would benefit from education regarding which treatments are most effective and the type of questions they should consider when reviewing provider options, including the value and limits of telemental health and EAP programs. For employees who are not well served by these existing resources, CHCC might

consider opportunities to advocate for systemic changes that would lead to a wider and more diverse pool of mental health professionals, among other benefits.

Healthcare purchasers and other industry leaders recognize that fragmented care is leading to poor care delivery and rising costs. The next steps are education to enable purchasers to be as effective as possible under the current constraints and ultimately to advocate for systemic changes that will improve behavioral health outcomes.

Introduction 1

Purpose

The need for behavioral health services in California is greater than ever. Trauma from the pandemic, social unrest, and rising inflation coupled with reduced stigma around the need for behavioral health services have combined to create unprecedented demand for therapists, clinical social workers, psychologists, psychiatrists and other mental health professionals. Even before the pandemic, the University of California San Francisco predicted that by 2028, demand for therapists in California would be 40% higher than supply.[1] Close to a third of California's 58 counties have no children and adolescent psychiatrists at all (American Academy of Child and Adolescent Psychiatry). Individuals seeking a clinician of color or one who speaks a language other than English face additional challenges trying to find the care they need. Moreover, fewer professionals accept insurance and those who do often require payment upfront, placing therapy out-of-reach for many lower- and middle-income earners.

California employers who purchase healthcare benefits for their employees are on the frontline of these problems—fielding complaints from employees who cannot find or afford the behavioral health services they need. To better understand the barriers and opportunities to improving the delivery of behavioral health services, the California Health Care Coalition (CHCC) contracted with Public Values Research to conduct a series of focus groups with member purchasers and industry leaders. The objectives of the research were to: (1) identify emerging trends in the field of behavioral health; (2) identify perceived gaps in existing systems of care; (3) solicit feedback on proposed solutions; and (4) identify opportunities for education and advocacy. Results from the research will be used to help inform CHCC strategy and programs.

Methodology

The following document reflects the content of two online focus groups conducted on February 14, and February 21, 2023 with members of the California Healthcare Coalition (CHCC) and other

[1] "California's Current and Future Behavioral Health Workforce." California Health Care Foundation, February 2018.

industry leaders involved in the delivery of behavioral health services. More than half the participants were CHCC member purchasers, including individuals representing educational and healthcare organizations. A total of six member purchasers attended the first group and two member purchasers and two industry leaders attended the second group for a total of 10 study participants.

Each discussion lasted approximately an hour and a half and was facilitated by the same moderator. Both discussions were conducted during business hours using Zoom. Discussions were recorded to ensure accuracy in preparing the analysis. Each participant received an honorarium of $125 in appreciation of their time. An email invitation to participate in the groups was sent to all CHCC member purchasers and those who were interested were provided additional information. The final determination as to which stakeholders were invited to participate in the discussion was left to the discretion of CHCC.

Limitations

As with all focus group research, data collected from these two focus groups does not represent a statistical sample and cannot be generalized with precision to all CHCC member purchasers and industry stakeholders. Results are reliable for identifying the general views, beliefs, and challenges healthcare purchasers and their employees face, but not for estimating the exact proportion of purchasers who share these views or engage in any particular practice.

Organization of Report

The remainder of this report is organized around the following topic areas:

- Trends that impact behavioral health purchasing;
- Perceived gaps in care delivery;
- Feedback on proposed solutions; and,
- Opportunities for CHCC.

Major and a minor trends are presented under each heading, accompanied by quotes from focus group participants.

Context and Background 2

Trends in Behavioral Health Care

Overview

To better understand the context in which healthcare purchasers make decisions about benefits and services, focus group participants were first asked to discuss trends they have observed in the healthcare industry and in behavioral health in particular. **Findings suggest that the majority of member purchasers face increased demand for behavioral health services from their employees, particularly among health care workers, school employees, and children of employees.** The rise in telemental health was also cited as an important change and both trends were attributed to the COVID-19 pandemic. Although employees' reasons for seeking treatment remain largely confidential, participants agreed that there seemed to be an increase in trauma/PTSD treatment and the need for drug and alcohol programs. Detailed findings are presented below.

Increased Demand

Participants described increased need for mental health services among their employees, ranging from mild conditions to acute mental illness and substance abuse; however, several purchasers conceded that they had not yet analyzed claims to confirm this impression. When asked why they thought demand had spiked, the majority of participants attributed the change to trauma from the pandemic, particularly for school employees and health care workers. "I think COVID, obviously has had a huge impact, particularly in the education market that we serve," explained one purchaser. Another participant agreed that many people are traumatized. "Social isolation during the pandemic clearly was a contributor. Fear, fear of the virus itself, trauma, both because of illness and death in families and what not. I think certainly social unrest. I do think we've leaned into mental health, which has been good, but it's also…contributed to more demand for treatment and services." Several participants commented specifically about the need for treatment for children and adolescents. "We've seen a big increase in our adolescent youth population," said one participant. "I think society in general is just feeling a little crazier."

Participants also described changing social attitudes about the need for mental health support. "There's more awareness in talking about it and acceptance… of mental health services, which is good. But I think it's taxing. We're seeing it tax the system even more."

Rise in Telehealth

Participants in both groups acknowledged the rising adoption of telemental health services among providers, carriers, and patients; even though some member organizations had only recently began these services. "I would agree in terms of trends for the next five years, more and more adoption (sic) of telehealth," explained one participant. "I think expanding telehealth and getting people more accustomed and willing to use it and think of it as a valuable resource, and not just a trend…Just think, you don't have to get in your car and go there." **Others thought telehealth was increasing access and might account for increased behavioral health claims**: "We are seeing more substance abuse, but it's just an uptick on everything, as we expanded access and made more deliberate efforts to make people aware. I think telehealth helps a lot with access."

Perceived Gaps in Care Delivery 3

Overview

Focus group participants were asked how satisfied they were with the behavioral health services their employees receive now and whether they have observed any important gaps in care delivery. Results are presented below. **The majority of participants expressed deep concern and frustration with current resources and systems of behavioral health care,** citing the shortage of mental health professionals, lack of diversity among existing professionals, limited services for acute conditions, inadequate systems for connecting patients to appropriate care, limited coverage, and complex reimbursement practices.

Study participants, some of whom themselves have sought mental health services for family members, voiced strong opinions about the lack of care coordination and other burdens on employees when seeking behavioral health services. "Unless you've actually experienced it in your family, you don't know what you don't know…When you're experiencing it, it's all-encompassing. You could be in the healthcare business, and you've never dealt with a situation like this before. The idea that you will know which provider to go to and what questions to ask and what's the difference between X, Y, Z and this. Are there medications? And what's the difference between all these various diseases…You can't [over]state the complexity of what you're dealing with," shared one participant. "The patient in this instance is not their best advocate… they're not themselves, they're struggling. If you are on your own, and I imagine this happens in the Medicaid population more times than not, you might be on your own trying to navigate this. If you are, it makes it really hard."

A participant from a different group shared a similar experience: "I'll just give you an example…I have a grandchild that is trying to access these services, and there's a process where the plan will reimburse these medical expenses, but when you go to the provider, they say, 'We don't accept insurance. We need you to pay after every session. You're going to get a bill and we're going to expect payment.' Sometimes they don't give you the bill very quickly, and then you don't have a bill to submit to your provider to get reimbursed. Then, the administrator with the provider will be

bureaucratic … and they'll make mistakes, and then you don't get reimbursed. Then your child is in the middle of this treatment where they can't get treated, and then you've got the attitudes that come up with not getting paid or getting paid late, or all of these things. You're trying to get some mental help, and you're just going crazier trying to get the mental help."

Shortage of Mental Health Professionals

A shortage of mental health professionals was the single, most pressing concern raised by focus group participants. "It's all a struggle all around," explained one healthcare purchaser, "but from our perspective… the number one problem is just a shortage of providers and solving that problem has to be done on a global level." In addition to problems of attrition among current behavioral health specialists, the industry is not attracting new talent, according to participants. "We've got to find that next generation of workers because right now, I've got to say, on the provider shortage side, it's a downward spiral. Folks are so burned out, and it's just putting so much more pressure on the people who are left." Behavioral health professionals, particularly lower-paid workers, have no incentive to select such a difficult path. "They're tough positions, and they're paying the same or less than you can get working at Target or Panda Express," explained one participant. "They're seeing a big migration out of those roles because if you can make the same amount of money and your biggest stress is stocking a shelf, that's a lot different than trying to help someone with mental illness."

Participants described their frustration with the excessively long waits for treatment, spanning months in some cases. "They're called shadow networks, where they say, 'Hey, we have Optum… then you start calling them, they're like, 'I do take Optum, but I don't have any appointments for eight weeks'…It becomes very challenging for a member to navigate because they get this list of eligible providers and they're in mental distress, they're trying to navigate through which of these individual providers can actually get them an appointment." Other participants described the wait extending months, particularly if the first practitioner is not a good match. "Mental health is very personal so that doesn't mean that person is going to jive with that first provider they see. That two month wait that they waited for, now becomes another two months because they don't get along with that provider, and there's definitely a shortage."

Finding appropriate care for children and adolescents was a particular concern. "I get calls all the time about children. That has really been the hardest, especially since COVID," said one participant. Others shared similar frustrations. "We can't find providers. It has definitely been difficult for children, whether it has been behavioral health or speech, those kinds of things. Then, even when you do find a provider… the waits are very long."

Lack of Diversity among Existing Professionals

The lack of diversity among behavioral health professionals was mentioned frequently by participants in both groups. "The other place we really do see a shortage in diversity of providers. This really hit our population during the Black Lives Matter movement, where we had a lot of ethnically diverse members who were looking for someone that they felt represented their identities, and had a really hard time. Giving a young, African-American woman, 'Here are five White guys in their 60s that you can see and talk about it.' Representing the communities we serve has been very, very challenging." Another participant agreed: "The shortage of providers, leads to the shortage of diversity, which means the less likely that [providers] are going to have that."

Limited Services for Acute Mental Illness and Substance Abuse

The majority of participants agreed that while limited behavioral health resources affect all employees, individuals with serious mental illness or substance abuse problems are the most impacted, particularly if treatment requires in-patient services. Participants reported that employees often express a preference for traditional, in-person therapy with trained professionals, but would likely benefit from more readily available services such as telehealth sessions, employers assistance programs (EAPs), and other support to address moderate, episodic events. "Frankly, that's where the biggest risk is, employees, spouses, and children who aren't getting adequate access and timely access for things that are potentially lethal," said one participant. "The issue of access is inverted with the seriousness of the illness," explained another participant. "If you have a relatively minor condition, very episodic, there are lots of programs that are being offered that are very responsive and timely for those types of services…If you have a serious mental illness, if you have a major depressive disorder, bipolar condition, schizophrenia. It's actually the onset of a new condition that is the biggest problem and often the most serious one that we're trying to deal with." Many purchasers agreed, describing the limits on EAPs and telehealth as no "substitute for a trained

behavioral health specialist doing one-on-one."

Some participants suggested that access is not a serious problem for the majority of employees who have mild symptoms, although others suggested that cost is still a barrier (see section on "Limited Coverage"). "The idea that if what you need is care that can be delivered quickly and relatively inexpensively, like a weekly phone call or something like that, that seems to be around, which is great for people whose problems can be solved at that level of care. If you need a week's detox with medical professionals 24/7, something like that. That is almost impossible to find…I think a range of availability depending on the level of care that folks need."

A few participants offered a different perspective on the experience of their employees covered by HMOs, where care for acute illness is more likely to be covered. "It varies a lot by acuity," said one purchaser. "We have a lot of HMO plans, we're mostly HMO, and it seems like when a person comes in calling for a very severe acute challenge, substance abuse, things like that, they seem to be a lot more responsive than the folks are calling about generalized anxiety, chronic depression. That's where you are on your own."

Lack of an Effective Referral System

Inadequate systems for assessing the mental health needs of employees and connecting them with the appropriate level of care was cited as a serious gap in the health care delivery system. "People know when they have heartburn, or their arm is bothering them, their back is bothering them," reported one participant. "Then they know which direction to go down. What does anybody really know about what's wrong with them, other than maybe they're just not feeling right?"

Participants described employees who have to navigate the system and often failing to get the help they need. "Where I think plans can make the biggest difference is in more effective triage to get people to the providers they need…the level of intervention they need. I think the traditional plan model is like, 'Okay, what do you need? Here are 10 providers that may be able to do that for you. Call them and figure it out.' We had one member once who was a police officer who was almost [involved] in the shooting of a student, very traumatic, suffering from PTSD, and he got the list. It took him six or eight weeks to get in, finally sees that person and they're like, 'I'm a sleep therapist.'"

Some participants suggested that the shortage of professionals is due, in part, to a fragmented system of care in which resources, including mental health specialists, are not used efficiently. "Do we have enough mental health professionals? I think the answer is maybe. We're certainly not using them particularly effectively…Some of what they're doing could be handled by somebody else. I've heard people say that if in any specialty, if you used a cardiologist every time you had a [concern]…we wouldn't have enough cardiologists either. Unfortunately, the way that we've organized this system, we're not best at using our specialists."

Limited Coverage and Complex Reimbursement Practices

Limited coverage and a complex reimbursement process were also cited as key barriers preventing employees from receiving the behavioral health services they need. Multiple participants reported that private therapists often do not take insurance. "I think the crux of the problem really is the provider shortage because it's creating an environment for the provider to not have to take insurance. They're not motivated to need to, which creates a problem…A lot of members who struggle to get the mental healthcare they need, let alone to get reimbursed for it, and they can't afford to pay it." Patients who can afford to pay out of pocket and then submit forms for reimbursement, a difficult process. "You've got to go through all kinds of bureaucratic forms, filling out paperwork with your plan to get reimbursed. That takes times. It's just a challenge after challenge, after challenge," said one participant. HMOs, such as Kaiser Permanente, restrict out of network care even when they lack the professional staff in-house to meet demand. "It's really difficult to go out-of-network. Kaiser throws up so many barriers…and they just don't have some of the behavioral health specialists." Specialists with experience working with children was specifically raised as a limitation of HMOs. **Several participants argued that access becomes an equity issue, where wealthier individuals can afford to pay for services directly when coverage is denied or difficult.**

Some participants shared their personal experience trying to get care for family members. "I have not found a therapist yet that accepts payment from the plan. They all want to be paid directly and then get reimbursed. Starting with that, and I'm not talking about Kaiser, I'm talking about a PPO plan where you can find an in-network provider. Finding that in-network provider is difficult, if not impossible, depending on where you live. Many times you'll go out-of-network because you need that

provider…then that provider is not going to accept [insurance]…then they might not give you the codes you're needing, you didn't ask when you were there, so then you have to go back… It's just one thing after the other that stacks up on a person when they're just trying to get help."

Lack of Quality Metrics to Evaluate Behavioral Health Services

The lack of quality measures to evaluate behavioral health programs was also identified as a serious problem that undermines purchasers efforts to provide the best care for their employees. Findings suggest that data are usually limited to cost and utilization—that is, the volume and type of services employees accessed rather than the effectiveness of those treatments. Feedback from employees was also described as limited not only because employees are reluctant to share their experiences due to privacy concerns, but because they tend to focus on whether they received the care they wanted in their preferred setting, rather than the effectiveness of treatment.

When asked if they were satisfied with the services their employees receive, purchasers found the question difficult because of the lack of outcome data. "This is a really difficult one to get much data on. I think that one of the things that my members have flagged as on that cusp between access and quality is, are they getting seen in the setting that they want to be seen in. Are they getting pushed into a group visit rather than an individual visit? Where are they perceiving lower quality because of an access issue." Some participants felt strongly that providers should measure and share outcome data on the effectiveness of behavioral health services. "It feels like the carriers, through their networks to really compete, they're going to need to really step up their measurable data game, so that we have something to know, is this really working….none of us really know."

The lack of quality metrics to evaluate mental health services was contrasted with systems for evaluating other types of healthcare. "One of the things that I think is a struggle in mental health is there is no consistent quality measure. When we look, for example, we have the Office of the Patient Advocate in California where you can go in and see how all the medical groups are performing against key metrics and what that looks like. In mental health, it's a black box. Not sort of, it is completely a black box in understanding. So I think when we start talking about durations of stays, quality of outcomes, things like that, you would need that data to understand. If you're cutting back, are you cutting back in a way that's producing a better outcome and not just so that the next

person can come in and get three-quarters treated," explained one participant. "If you look at other medical treatments, if you see the results for open heart surgery of C-sections versus normal delivery, there are all kinds of quality measure out there, mortality rates…In a way, you're lucky if you get a [mental health] provider," echoed a participant from the other group.

"We don't talk that much about the quality of behavioral healthcare…we're just hoping someone will see them [employee] before we have that interaction." Some participants reported that they look at the rate of screening for anxiety, depression, substance use, and other services among employees who are seeing their primary care provider and then whether those individuals received care as part of their disease management. "So, not specific to the quality of behavioral healthcare but behavioral healthcare being properly integrated with clinical physical care is a huge metric for us."

"All you really know is who's got credentials."

Feedback on Proposed Solutions

4

Overview

One objective of the research was to explore strategies for addressing the shortage of behavioral health professionals and the lack of cultural and linguistic diversity within the profession. Both groups were asked to discuss possible solutions for expanding the number of trained mental health professionals available to employees and how to use existing resources more effectively, including the role of primary care physicians in determining the level of care needed. In addition to this general discussion, participants in group two, which included industry leaders, were asked to discuss additional strategies including group therapy, training and deployment of peer support counselors, expanding of intensive outpatient care, and expanding telehealth options. **Overall, the majority of participants expressed skepticism that any of the strategies discussed would solve the problem of limited access, particularly for those with serious mental illness and substance abuse problems.** Access was largely viewed by participants as a systemic problem that would require fundamental changes to how patients are screened for behavioral health services, how patients are routed to appropriate care, and payment systems. Results are presented below.

Prior Authorization from Primary Care

Participants in both groups discussed the role of the primary physician in recognizing and referring patients to mental health services. Most participants, however, were more likely to view primary care as a barrier to behavioral health care rather than a conduit, whereby employees are required to take an additional step before they can access services. Primary care physicians were described as lacking the time and training to effectively screen for mental health problems and more likely to simply prescribe medication rather than help a patient access therapy. "I do think that most people are seeking treatment through primary care and many of them either get ignored or they don't get treated particularly well," commented one participant. "Ignored, in part, because primary care physicians weren't trained on this stuff. Secondly, they're actually quite concerned that they might find something and then have to deal with it… If somebody starts breaking down, what do they do for the rest of their …they don't necessarily have established relationships

[so] that they can triage effectively." Going through the primary care physician "just makes it harder for the [employee] already struggling," echoed another participant.

Group Therapy

Next, participants discussed the advantages and disadvantages of directing employees to group therapy, thereby lowering costs and allowing a greater number of people to be treated by a single therapist. Most participants agreed that group talk therapy is valuable for individuals with lower acuity conditions, who are already well served by telehealth and EAP options, but does not address the more pressing shortage--finding care for the seriously ill. "Unless you are in stable condition, I don't know if the group therapy addresses that particular issue." A few participants saw value in the approach as addressing the problem of limited diversity among clinicians. "The reality is that the community of therapists and psychiatrists are not that diverse in general, not as diverse as the population at hand. Group therapy actually gives us the opportunity to be responsive, more responsive to more tailored communities."

Some participants raised concerns that group therapy might compromise employee privacy and deter individuals from participating. "I don't know that communities are ready for a teacher coming out and saying, 'I'm bipolar or I have schizophrenia.' It's like, 'Wait a minute, I don't want my kid in that class,'" suggested one participant. "Drugs and alcohol is another big issue. In our population, there might be some hesitancy to say, "I don't want my district to know…I'm around kids and this could mean my job if someone else sees me here."

Training and Deployment of Peer Support Counselors

Training and deploying peer support counselors to help support employees needing mental health services was also discussed as a strategy for easing the shortage of behavioral health professionals and for quickly diversifying the pool of clinicians. Training a new generation of counselors to supplement current clinical resources was a popular idea and several participants mentioned Kaiser Permanente's recent efforts to launch a similar training program. **While training counselors was seen as an effective strategy for diversifying the pool of available professionals, it was not perceived as a solution for addressing the more pressing crisis—treatment for those with serious mental illness or substance abuse problems.** One participant suggested that trained counselors could also

provide triage services, screening and evaluating the level of mental health care needed. "That's a good start. I could be the ombudsman for my community. I have this base level of knowledge of how to spot certain conditions, and I know that I need to send you to this type of practitioner, and you to this psychiatrist…"

Expanding Intensive Outpatient Care

Reactions to the proposal that patients might be directed to intensive outpatient therapy and/or shorter in-patient care was not met with enthusiasm. Participants agreed that outpatient care is generally preferred but believed that outpatient care can rarely be substituted for in-patient services. "Yes, we should always have a bias to do things outpatient rather than inpatient if it works. There is such a spectrum you're dealing with here and some of these are very serious," explained one participant.

Expanding Telemental Health Coverage and Options

Most healthcare purchasers who participated in the study reported that they were offering telehealth services. While these services were viewed as valuable for employees with mild behavioral health conditions, most participants agreed that these services do not address the real shortage; namely, treatment for the seriously ill.

5 Opportunities for CHCC

Overview

An important objective of the research was to identify educational and advocacy opportunities in which CHCC could better support its member purchasers as they make decisions about behavioral health benefits. Results are presented below.

Education

Initially, member purchasers had difficulty identifying specific educational topics or speakers they would like CHCC to provide. Some purchasers expressed frustration over employees' strong preference for specific types of behavioral health support, such as group verses individual therapy, or in-person opposed to online sessions. One purchaser reported that she did not believe that there was a shortage of therapists but rather that some employees think they need traditional, one-on-one, in person sessions with a psychologist or similarly credentialled professional and are not interested in the telemental health options that are available. What emerged out of this discussion, was an acknowledgement of the lack of effective triage services to determine what level of care an employee actually needs. This finding suggests, along with comments from other participants, that **CHCC member purchasers would likely benefit from a speaker series that addresses the value and limitations of widely available behavioral health services (such as EAPs and on-demand telehealth), the type of programs that are more effective for high-acuity conditions, and the questions purchasers might ask when evaluating different behavioral health packages.**

Advocacy

In addition to education, several participants suggested that there may be opportunities for CHCC to advocate for systemic changes to the care delivery system to improve access, affordability, and quality. **The study found that many purchasers and industry leaders are frustrated by the limitations of the current structure, including the lack of integrated care between physical and behavioral health, the lack of effective triage systems for**

determining the appropriate level of care needed, the lack of flexibility to go outside of narrow HMO networks when clinicians lack expertise in areas such as child psychology, and simpler reimbursement procedures for PPO patients.

Conclusions 6

Healthcare purchasers face enormous pressures trying to provide timely, affordable, high-quality behavioral health services for their employees. The limited number of healthcare professionals coupled with limits on coverage, complex reimbursement procedures, and barriers to seeking care outside limited HMO networks combine to create almost insurmountable obstacles for many employees. Purchasers field complaints from employees who cannot find a therapist who takes their insurance, are constrained by limited options beyond telemental health, and who must endure long waits to receive care. The situation is even more severe for employees seeking care for children or adolescents, who require mental health professionals with specialized training. While EAP programs and telehealth options have improved access for mild and episodic conditions, most study participants agreed that these services are insufficient to deal with serious mental illness and substance abuse. Moreover, aside from cost and utilization, health care purchasers have minimal information about which treatments actually work, placing them in the difficult position of making purchasing choices without knowing the value of what they are buying. Finally, results suggest that without effective systems for screening patients to determine the level of care needed, existing behavioral health resources are used inefficiently, contributing to the shortage of providers.

To address these challenges, findings suggest that healthcare purchasers would benefit from education regarding which treatments are most effective and the type of questions they should consider when reviewing provider options, including the value and limits of telemental health and EAP programs. For employees who are not well served by these existing resources, CHCC might consider opportunities to advocate for systemic changes that would lead to a wider and more diverse pool of mental health professionals, among other benefits.

Healthcare purchasers and other industry leaders recognize that fragmented care is leading to poor care delivery and rising costs. The next steps are education to enable purchasers to be as effective as possible under the current constraints and ultimately to advocate for systemic changes that will improve behavioral health outcomes.

Appendix A
Discussion Guides

CHCC Focus Groups Members Only (Group One)
Facilitator Guide Final (2-10-23)

INTRODUCTION

Good Morning. Thank you for coming. My name is ______________. I'm with Public Values, an independent research firm hired by the California Healthcare Coalition (CHCC) to talk with you about your successes and challenges providing behavioral health benefits to your employees. **The purpose of today's focus group is to help CHCC better understand how it can support members in purchasing accessible and effective behavioral health services for their employees.**

GROUND RULES

Before we start the discussion, I want to go over a few things.

- First, everything said here is confidential. In the final report, we will not identify the name of individuals who participated in these discussions or the names of the companies they represent.
- We have colleagues from CHCC listening to this conversation and taking notes. We are also making a recording of the discussion so that we do not miss anything that you have to say.
- The discussion will last about 90 minutes.
- Do you have any questions before we begin?

PARTICIPANT INTRODUCTIONS/WARM UP

1. Let's start with a quick introduction. I know you are all acquainted, but I'm new to this group. So, can we quickly go around and tell me your name, the organization you work for, and how many employees you represent.

ACCESS TO SERVICES (Addressed in both groups)

Objective: Determine whether participants believe there is increased demand for behavioral health services and, if so, whether people can access the services they need.

2. Have you noticed a higher demand for behavioral health services in the last few years or has it remained fairly constant? (What types of services are most frequently requested?)
3. Some CHCC members provide coverage to what were called "essential workers" during the height of the pandemic. Are you aware of any programs designed specifically for these populations to address the trauma they experienced during the pandemic?
4. Walk me through the steps an employee goes through to access behavioral health services under your plan?
5. Thinking about the process your employees go through, do you consider it easy or difficult for people to access these services? [MOD: save comments about the quality of care for later in the discussion]
    - What are the road blocks that interfere with receiving treatment? (delays, costs?)
    - Is it harder to find care for adults or children?

- Have you engaged in outreach to help employees access behavioral health benefits? (What have you provided and was it helpful?)

6. Do you provide a telehealth option for behavioral health services? [GET specifics: What is provided? What lead to the decision? What are the benefits/challenges to telehealth?]

QUALITY OF CARE (Addressed in both groups)

Objective: Document whether member purchasers are satisfied with the behavioral health services provided to their employees and how they evaluate the quality/efficacy of treatment.

7. How satisfied are you with the quality of behavioral care your employees are receiving?

8. How do you evaluate the quality of treatment, including whether the treatment is appropriate and effective?

9. Prior authorization is one tool used to avoid inappropriate care in advance. It's also a real point of friction for patients and clinicians. Any thoughts on the role of prior authorization in general and alternatives to it?

10. What additional information or oversight would be helpful?

CURRENT NEEDS AND PRIORITIES (Asked of members only)

Objective: Identify unmet needs of member purchasers and opportunities for CHCC to provide more support.

11. What is your greatest frustration around purchasing and providing behavioral health benefits?

12. What resources would you like CHCC to provide using its grant from PCORI to support member purchasers with regard to behavioral health?

13. What additional support or resources would you like CHCC to provide? [2]

TRENDS AND OPPORTUNITIES FOR CHCC (Addressed in both groups)

Objective: Identify emerging trends and opportunities for CHCC to serve members in the future.

14. Many of you have worked for in healthcare purchasing for many years. How has your industry changed over the last few years? What new trends are you seeing in the area of behavioral health?
    - How do you think these trends will affect costs over time?
    - Do you think these trends will improve access? What about quality?

[2] We could also test the appeal/value of specific services that CHCC might be considering.

15. Many people are turning to alternative therapies some as meditation, yoga, and cannabis. Do you think some of these alternative therapies should be covered by health insurance. Do you have any concerns?

16. What can CHCC do to support its member purchasers now and in the future?

17. CHCC is planning to use some of the grant money to host a series of meetings with behavioral health clinical leaders from California health plans and provider organizations to learn about strategies they are using to expand access and incorporate new evidence about what works for different conditions and populations. Would that activity be of interest to you? (Probe: Why/why not? What would you hope to learn?)

CLOSING

18. I have one last question: If you could wave a magic wand, what would you want California's behavioral health delivery and coverage system to look like?

19. Those are all the questions I have. Does anyone have something they would like to add? That concludes our discussion. Thank you all very much for your participation.

CHCC Focus Groups Members and Non-Members (Group Two)
Facilitator Guide Final (2-10-23)

INTRODUCTION

Good Morning. Thank you for coming. My name is ______________. I'm with Public Values, an independent research firm hired by the California Healthcare Coalition (CHCC) to talk with you about behavioral health services in California. Everyone here interfaces with the health care system from different vantage points and roles. **The purpose of today's focus group is to leverage your perspectives to help CHCC better understand how it can support its members who are responsible for purchasing behavioral health coverage for their employees.**

GROUND RULES

Before we start the discussion, I want to go over a few things.

- First, everything said here is confidential. In the final report, we will not identify the name of individuals who participated in these discussions.
- We have colleagues from CHCC listening to this conversation and taking notes. We are also making a recording of the discussion so that we do not miss anything that you have to say.
- The discussion will last about 90 minutes.
- Do you have any questions before we begin?

PARTICIPANT INTRODUCTIONS/WARM UP

1. Let's start with a quick introduction. Please introduce yourself by your first name and tell us the organization you work for and the kind of work you do.

ACCESS TO SERVICES

Objective: Determine whether participants believe there is increased demand for behavioral health services and, if so, whether people can access the services they need. (SAME AS GROUP #1)

2. Do you think the demand for behavioral health services has increased or remained fairly constant? (Probe: What do you attribute that to?)
3. Do you think most people who need behavioral health services are able to access those services? What are the road blocks that prevent people from getting treatment?
4. Do you think California—its health plans, providers, and state and local governments—are equipped to address this demand? Why or why not? [**If needed:** "President Biden has said we are in an unprecedented national mental health crisis and he has secured new funding for services and for strengthening the mental health workforce in many of the bills passed in the last two years. A fact sheet issued by the White House in March of last year noted that 2 of 5 adults report symptoms of anxiety and depression, and the grief, trauma, and physical isolation of the last two years have driven Americans to a breaking point."]

5. What do you think plans, providers, or government could do in the short term to increase access to behavioral health services?
6. I'd like to get your feedback on some strategies currently being considered to improve access to behavioral health services in California. Here's the first one… [MOD: Address one at a time asking, "Do you think that would increase the number of people who could be seen?"]
   - a. Supporting more talk therapy through group visits and sessions.
   - b. Short trainings and deployment of peer support counselors who might be able to provide more culturally appropriate support to certain communities.
   - c. More intensive outpatient therapy options or shorter inpatient stays.
   - d. Expanding tele-behavioral health coverage and options.
7. Is there anything you've heard recently that you think might help expand access to therapy?

QUALITY OF CARE

Objective: Document whether participants believe the behavioral health services provided to most residents are appropriate and effective and how they evaluate quality. (SIMILAR TO GROUP #1 but about residents rather than employees)

8. I'd like to turn the discussion to the quality of behavioral health services being provided to California residents. In general, do you think people who are able to access behavioral health services are receiving high-quality care?

9. What factors do you think are important in evaluating the quality of care, including whether the treatment is appropriate and effective

10. Prior authorization is one tool used to avoid inappropriate care in advance. It's also a real point of friction for patients and clinicians. Any thoughts on the role of prior authorization in general and alternatives to it?

TRENDS AND OPPORTUNITIES FOR CHCC (Similar to Group #1 but going beyond what CHCC can do for members to include what CHCC can do to improve the delivery of health services for all residents.)

Objective: Identify emerging trends and opportunities for CHCC to improve the delivery of services for all California residents.

11. As you know, CHCC has received a grant to enable it to provide programming to learn more about what actually works in the behavioral health space. It's a big topic. How would you advise CHCC to narrow the scope and focus on a topic or two that might be most beneficial to the most members?

12. CHCC is planning to use some of the grant money to host a series of meetings with behavioral health clinical leaders from California health plans and provider organizations to learn about strategies they are using to expand access and incorporate new evidence about

what works for different conditions and populations. Do you think that is a worthwhile activity?

13. Are you aware of any programs designed by or for specific occupations or industries to address the trauma they experienced during the pandemic? Do you think it's needed?
14. Many people are turning to alternative therapies such as meditation, yoga and Cannabis. Do you think some of these alternative therapies be covered by health insurance? Do you have any concerns?
15. There seems to be a link between chronic pain and depression, and sometimes a link between chronic pain and substance dependencies like opioids. Does this seem like a topic that would be worthwhile for CHCC to dig deeper on?
16. Are there other activities or experts that you think would be valuable as CHCC tries to advance an understanding of behavioral health care and identify what works, who it works for, and how we might encourage more providers and plan to deliver and offer such services?
17. How would you like to be involved with CHCC?

CLOSING

18. I have one last question: If you could wave a magic wand, what would you want California's behavioral health delivery and coverage system to look like?
19. Those are all the questions I have. Does anyone have something they would like to add? That concludes our discussion. Thank you all very much for your participation.