# California Mental Health Planning Council
# Community Forum Report

## "We're Listening"

December, 2014

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Community Forum 2014 Report

Introduction: "We're Listening"

One of the mandates of the California Mental Health Planning Council (CMHPC) is to review and report on the public mental health system (WIC 5772, h. "To conduct public hearings on the state mental health plan, Substance Abuse and Mental Health Service Administration (SAMHSA) block grant, and other topics, as needed").

To accomplish this, in 2014 the Planning Council listened to three communities around the State to hear about the impact of recent legislative and budget changes which have affected mental health services. Topics of discussion included the Criminal Justice Realignment (AB 109), the Mental Health Services Act, the transition of Special Education funding to school districts (AB 114), the transition of the Healthy Families Program to Medi-Cal, and the Affordable Care Act and expansion of Medi-Cal, which increased access to mental health services. At each location we heard opening remarks by the Director of Mental /Behavioral Health Services and the Chair of the Local Mental Health Board, followed by a facilitated open discussion of a set of topics lasting two hours or more. Outreach was conducted to local consumers, family members, mental health providers, local elected officials, law enforcement agencies, and local chapters of United Advocates for Children and Families, and the National Alliance for the Mentally Ill, to attend and share their valuable perspectives. The Planning Council asked each community what is working well after all these changes? Are services more available, and is there better access by an expanded number of consumers? Are family members receiving the support they need? What are the challenges in this time of transition? What further changes would the community recommend that would make mental health services more effective, and why? Although the purpose of the Forums was to hear about successes as well as challenges resulting from system changes, generally the challenges seemed to generate more comments.

CMHPC staff organized the convenings in collaboration with local mental health stakeholders. Staff recorded observations, input and service recommendations obtained from the meeting participants. This report is based on these findings and will be shared with Planning Council members and the mental health community in January, 2015. It is anticipated that the Planning Council will make recommendations to the DHCS and/or Health and Human Services Agency as a result of this input.

## Brief Summary – attendance, partners, locations

| Dates: | Locations: | Attendance: |
|---|---|---|
| May 8, 2014 | Merced – host county<br>(Central CA, medium county) | 47 total – 19 consumers |
| July 29, 2014 | San Bernardino – host county<br>(Southern CA, large county) | 112 total – 20 consumers,<br>26 Family members |
| Sept. 10, 2014 | Colusa, Sutter/Yuba, Yolo – host county | 52 total – 13 consumers,<br>27 Family members |

| Dates: | Locations: | Attendance: |
|---|---|---|
| | (Northern CA, small/rural counties) | |

## Stakeholder comments: All locations

### *Issue: County responses to State mandates*

- Merced County has enthusiastically embraced the Mental Health Services Act (MHSA). Stakeholders are invested through the MHSA Planning Council which meets monthly. MHSA funds have provided an opportunity to re-design services and form new community-based partnerships for service delivery. Schools are leveraging MHSA Prevention and Early Intervention funds to provide assessment and brief treatment to students.

- San Bernardino County has a successful Crisis Intervention Training for law enforcement officers; the Sheriff's Department received a cultural competency award. However, there needs to be more funding for this training, not all officers have received it. CIT should be included in all law enforcement training academies. The CIT is a resource for schools as well as the community. "Schools feel more comfortable working with law enforcement for 5150 calls, because officers are now better able to handle mental health issues with students."

- Yolo County Alcohol, Drug and Mental Health (YCADMH) is being restructured to become a one-stop service provider: it is merging with employment services and social services. Continuous Quality Improvement has improved customer service and has increased access to services. YCADMH employs consumers, and works with community partners, and there is more staff satisfaction and more transparency. The County is piloting a Crisis Response team partnership with Law Enforcement agencies. The Affordable Care Act allows medical and mental health treatment integration, and promotes the development of a team approach and a continuum of services.

- Colusa County has established Crisis Services and is partnering with the Sheriff's and Probation Departments, providing them training about mental illness. Upon early release from jail, clients are assigned a therapist to assist them with discharge planning, mental health evaluation, and services funded through MHSA.

- Sutter/Yuba County has established family support groups that are culturally appropriate (for Hmong, Latinos, and different age groups). Groups are helpful for many issues besides mental health.

### *Issue: Women's mental health*

- The issue of women's mental health was raised at all the Forums. Concerns ranged from young women in crisis ("There are many young women, from 15 yrs and older that have domestic violence issues, self-cutting crisis issues") to post-partum and

other mental health issues related to pregnancy ("Doctors fear prescribing medication to pregnant and breastfeeding women and need education on this matter.")

- The Inland Empire Perinatal Mental Health Collaborative recommended including a reproductive psychiatrist to the County Mental Health system. "Someone needs to change the definition of criminally insane so psychotic women who kill their children have a chance to not be convicted of murder but be not guilty by reason of insanity."

- Yolo County has a Perinatal Collaborative which includes County Alcohol, Drug and Mental Health, health clinics, managed care plans, and First 5. "Counties should do an infant mortality review as a way to detect possible perinatal depression."

### *Issue: Children's mental health*

This issue covered two topics: the transition of Healthy Families insurance to Medi-Cal, which seems to have proceeded smoothly, and the transition of special-education mental health services from County Behavioral Health departments to school districts. Stakeholders at each Forum had comments, on these topics as well as early childhood mental health:

- Some participants noted that "The mental health services provided in schools for students with an Individualized Education Plan is a work in progress, but is a step in the right direction. This service is on site with students and the delivery is consistent. This program works for the students and teachers. It will only get better as time goes on." Others are concerned that families have less access to mental health services at schools than before.

- Desert Mountain Special Education Local Planning Area (San Bernardino County) is providing more access and referrals to mental health services. Under AB 3632 they had 400 students in mental health services, now they provide services to 3500 students under the AB114 system. They leverage MHSA funds and FFP (Medi-Cal) to meet the mental health needs of students. There are 6 SELPAs serving 33 school districts. There were 75 students in residential treatment under AB 3632, now there are none. All students are receiving services in school-based programs.

- There is a great need for mental health services for children ages 0 – 5 who have been removed from their home. There are some great programs in place but limited staff to provide service to all children in need. All children in foster placement should receive mental health/ relationship skills; these children are sometimes moved from home to home for behavior as young as 18 months of age. Many people in our community are unaware of the effects of trauma on a child's brain 0 – 5 years. Some of these children are not considered to have a severe need for services only because they are 2 years old and not strong enough to throw a chair across the room or seriously injure someone. We need to provide assistance for these children

before they are (at) the age when they are now considered severe and (it's) so much harder to change the behavior.

- Schools should provide Mental Health First Aid as in-service trainings to teachers and school staff. "I found this meeting outstanding and informative. Thank you for allowing us to attend."

- There are not enough hospital beds for children and youth in our County. Children have to be placed out of county and that is a hardship for families.

- How do we access counseling services for the families we serve (all at or below Federal Poverty guidelines) to get counseling for children who need it? Families struggle to know how to qualify and are most often denied. If a parent has used up services/funds, the child can't go. For our young ones, counseling can be crucial to healing.

### *Issue: Workforce Development*

- Concerns were expressed about the quality of vocational rehab services provided by the district office of the Department of Rehabilitation in two counties. Comments stated that for those consumers who are not interested in entering the mental health field, the services offered do not meet their needs. "There are many proven best practices that can advance the employment of consumers but DOR has not adopted these best practices. Why? I believe that Recovery for many includes employment."

- Other concerns were related to hiring Psychiatrists and lots of managers but no line staff workers. The comment asked the county to not create more programs without considering line staff that actually provide the services. "Without line staff, programs will not succeed. We need bilingual staff, we have over 67% Hispanic population coming in for services and at times they have to wait because we have limited Spanish speaking clinicians."

- Concerning Workforce education – can you help? The barriers at the state level for funding of nursing programs in the CSU is a problem to promoting diversity in RNs and thus additional psychiatric nurse practitioners to help with shortages in Mental Health care and in integrating physical and behavioral health care. This is pervasive for nursing and also other health care professionals at entry levels. There are also regulations with the Bachelor of Health in Nursing that are restricting learning placements. Mental Health regulations limit activities that can be done at various professional levels beyond licensure boundaries. (CSUSB Nursing Faculty)

- Another common issue is that there are not enough providers, including MFTs. Therapists need to be licensed so that reduces the available work force. There is a need for a more diverse work force. Mental health careers should be promoted in schools to develop more workers.

### *Issue: System Development*

- Involve law enforcement, the mental health system and health care in planning for distribution of AB 109 funds for maximum use. We are a broad based, wide circle of (Merced County) families and consumers. Consequently we see 1st hand some of the needs that are unmet or inadequate, such as: a mobile unit, and a Day Center for Consumers with private insurance.

- AB 109, ACA monies, MHSA, etc., really need to go to small, community-based and cultural groups with direct ties to the diverse communities in order to make real inroads into effective rehabilitative treatment, increased ACA enrollments, and effective language access. Too often the public agencies and the large facilities are funded for projects which exclude the CBOs. Integrated care needs to utilize professionally trained language and cultural specialists (interpreters) to ensure effective communication.

- A concern about the implementation of Laura's Law: there is a perception that only people who comply are accepted. "If they are too difficult or non-compliant they are deemed inappropriate for the program."

- Suggestion: Don't send people in mental health crisis to the Emergency Department. Daytime intake/5150 evaluation should occur in triage centers set up at the County Mental Health Department, where the mental health issues are understood and communication is better.

- Case management, advocacy, and access to comprehensive services and resources is needed by all consumers.

- "[This is a] good opportunity for the community at large to have a dialogue on Mental Health." Our County is very diverse and it will be crucial to have a more Culturally and Linguistically Appropriate Services (CLAS) approach utilizing MHSA funding. The mental health system is challenging for immigrants to navigate. "My suggestion – collaborate with other agencies out of county, profit or non-profit, and utilize their expertise." Explore successful Respite programs and opportunities for Early Intervention and Prevention and to reduce recidivism.

- There needs to be more focus on prevention by expanding grief and loss support for children/families – for regular grief experiences including death, incarceration, divorce, foster placement. Currently the focus continues to be directed more at the severe mental health issues and does not address grief/loss issues before they develop into more severe mental health conditions. Our agency (The Stephen Center, San Bernardino County)is interested in partnering to provide education, information and resources regarding grief processing for children, families and adults.

### *Issue: Ethnic / underserved community needs*

- 1) For the Southeast Asian community, integrated services are needed and are more effective for clients coming for treatment. 2) Engage with the community leaders so they can work with families to reduce stigma and introduce mental health. 3) For youth, being able to engage with family and school is effective. Have schools provide counseling space so that meetings and treatment can be provided there. 4) What to look for: grief, generational issues, and financial/job loss related issues.

- Rural communities continue to need educational presentations in languages such as Spanish and Punjabi. Continue to offer community programs to increase understanding of mental health problems and available services targeting multiple groups.

- More interpreting services are needed to increase involvement of consumers and family members at meetings. Trained interpreters are very necessary for consumers who express and use proverbs and metaphors.

- There is an unmet need to provide the Hmong community with basic mental health education, especially young children. Hmong do not believe that children have depression problems (mental illness) at a young age. Continue to fund efforts to provide Mental Health First Aid to the community in multiple languages. Need to trans-adapt curriculum such as NAMI Family to Family and Basics training for Hmong parents and families. There is a need for culturally appropriate and translated flyers, brochures and pamphlets in Hmong.

- We should allow families to care for adults over age 25, since this is accepted cultural practice in many societies. Encouraging independence for young people with mental illness is distressing for their families. [American] culture considers independence a sign of success – but it also condemns abandoning a disabled loved one. "Social workers who glorify a client's impoverished independence more than family <u>inter</u>-dependence are walking a trail blazed by stigma rather than by respect and love."

- Cultural competence should include spirituality. Church groups can collaborate with the Department of Mental Health to help with outreach, reduce stigma. LA County has a Clergy Academy that trains pastors in mental health issues.

- Promotoras can contract with Mental Health providers to expand outreach to underserved communities and work to reduce stigma. The program should be expanded to include (besides Latinos) Asians/Pacific Islanders, Native Americans, and LGBTQ communities, and should recruit peers from various cultural backgrounds to work with these communities.

### *Issue: Access to services*

- Do all counties have a complementary in-home program? Can it or will it be expanded to dependent adults under age 62? In-home behavioral health for bed-bound younger hospice patients would be helpful – Hospice MSW's are limited in scope. Can this be provided for Medi-Cal patients? Also, many consumers have no knowledge of the Mental Health Advanced Directive. Medical providers and legal/attorneys also need to know about this right/option.

- Daughter and caretaker of a mentally ill 79 yr old patient who suffered from mental illness her entire life. [She was] hospitalized 3 times for it, and was denied access to care from several avenues 20 months ago. Could not see Psych Dr. of choice, because she was not taking new patients. Denied psych consults in hospitals 4 times. Finally took her out of county, 5150 her, and they had her on the right meds and able to communicate with her kids in 5 days (St. Joseph's in Stockton). What we need:

  1. Access, access, access
  2. More professionals, especially someone who specializes in complicated geriatric psychiatry
  3. Hospitalists who have ability to get a contracted psychiatric evaluation
  4. Someone who listens to patient advocates.

- Merced County has a particular problem with transportation and assisting members of the community with meeting their mental health and medical needs.

### *Issue: Housing, residential care*

- My family member has a serious chronic mental disorder. Last year he was hospitalized for many weeks. He has Medicare/MediCal. We are concerned that there is a lifetime limit on hospital days. There are not enough psych beds in our County. Supported housing is needed – much more of it.

- There is increasing concern about the lack of quality residential treatment facilities in California. Many LPS [Lanterman/Petris/Short] conservatees are placed out of their home counties due to the lack of appropriate placement options. In addition, increased case management/individual counseling for the Conservatee population is needed. Out of county placements makes case management challenging, as well as visiting with family. This practice results in further isolation for the Conservatee, which increases their life stressors. Case management services are likely reduced to 1x/month (if that frequent). Also, individual counseling services in these locked residential programs are the exception - not the rule. Programming at these facilities is also implemented by non-professionals. "I believe there is much insight to be gained by looking closely at the quality of the services our counties have to offer one of the most vulnerable populations of our mental health consumers. Thank you for your consideration."

- Over the past three years (San Bernardino DBH) has utilized the MHSA Housing trust funds of approx. $20 million dollars to leverage over $120 million dollars in rehab, acquisition, and new construction in affordable housing throughout the county. The MHSA Housing Trust has created a partnership/collaboration with other housing agencies (including the local Housing Authority) and numerous city officials. The benefit of the MHSA Housing Trust has created affordable permanent supportive housing for the following populations: TAY, Older Adults-Seniors and individuals/families with mental illness. With the creation of the numerous MHSA Housing projects, the County of San Bernardino DBH has been recognized by the National Association of Counties (NACO) with the national award for Housing and Health (wrap-around mental health services). I would like to see DHCS and CalHFA to continue to fund this program (housing), since we have created many new partnerships with County and city gov't, but without addressing the needs of our clients seeking permanent supportive housing.

### *Issue: Family member concerns*

- My 15 yr old son and 61 yr old husband are mental health consumers. I have spent years caring for them and need additional respite care. I have my older children come home to care for them when possible but I hate to put that pressure on them, especially because my son has made multiple suicide attempts. Are there people or organizations that do this? My husband had a long term Disability policy before he got sick but that policy had a 2 year limitation for mental health. No parity with long term disability.

- Parent of 33 year old daughter, unstable dual diagnosis schizophrenia, treatment resistant, homeless – now in a trailer park with parent's help. Has been conserved 2 years, 2004 – 5. 5 months jail and Napa state hospital 2013. She was refused under Laura's Law because she refused to be compliant. Parents have written letters with timeline of her mental health issues and needs for conservatorship or Slow Release shots. She lost Section 8 while psychotic, lost housing. Finally less than a week ago she was given an ultimatum, while in psych hospital, to choose conservatorship or psychiatric SR shot. Finally. (We, society, wouldn't let a dog suffer like this)

- While I understand and respect privacy issues, it can be hazardous for family members to be left in the dark on what is happening with adults with mental illnesses. My mother wants to help and be involved with the progress of her husband but is not allowed since he prefers [that] she not. They have children in the home. He is very emotionally and mentally unstable. I am in constant fear for their safety. My mother has no idea about his diagnosis, prognosis, progress with medications, goals, etc. That seems unfair and dangerous to the entire family. On the contrary, she has a child with Autism and is very engaged with her daily living. Why can't she be given the same opportunity with her husband? It's what is best for everyone. Someone who doesn't speak for weeks at a time does not have the sound judgment to make the privacy decision. Where are the "rights" for my mom and her kids?

## Findings based on Community Input:

1. Counties are working hard on integrating mental health services with alcohol and drug services, with primary care and with early childhood programs. Formerly separate department are working across boundaries and collaborating more. Crisis Intervention Teams are connecting City and County law enforcement agencies with mental health professionals through training and cooperation, and this education is improving the relations between law enforcement and citizens living with mental illness.

2. Access to comprehensive services for mentally ill persons and their families remains very challenging. Not enough supportive housing, inadequate employment programs, lack of transportation to mental health services, and not enough programs that are linguistically and culturally competent are ongoing problems in every county visited.

3. Family members continue to struggle with adults (spouses, children) who are denied access to care or who are resistant to receiving mental health care. Caregivers need support in the form of respite, and resources that will provide comprehensive services to their mentally ill family members. Mental health programs and system design should include family member needs, not just the consumer's.

4. Planning for Mental Health Services Act programs has empowered consumers and family members to become engaged in their County's mental health system improvement efforts. There continues to be community support and interest in the MHSA and its potential for system transformation.

5. Workforce Development in the mental health professions is a major concern. Not enough trained and licensed staff are available to meet the needs of existing service recipients, and access to mental health services is growing through the expansion of Medi-Cal and parity laws. Some creative ways of expanding the mental health workforce have been suggested, such as using the Promotoras model and promoting the employment of persons with lived experience including a process for Peer Certification.