

# California Mental Health Planning Council

## 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 (Central CA, medium county)	47 total - 19 consumers
July 29, 2014	San Bernardino - host county (Southern CA, large county)	112 total - 20 consumers, 26 Family members
Sept. 10, 2014	Colusa, Sutter/Yuba, Yolo - host county (Northern CA, small/rural counties)	52 total - 13 consumers, 27 Family members

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 IEP 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 SELPA (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

## *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 1<sup>st</sup> 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: 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."

### 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 departments 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 MHSAs and their 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.