



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting April 22, 2021 PowerPoint Presentations and Handouts

- Agenda Item 1:**
- PowerPoint: Being Part of the Solution: Working with Latinx Immigrant Families with Young Children
 - PowerPoint: Helping Children, Adolescents, and Schools following COVID-19
 - PowerPoint: Focus on Workplace Mental Health
 - PowerPoint: Impact of the COVID-19 Pandemic on Older Adult Mental Health: Challenges and Opportunities
- Agenda Item 3:**
- PowerPoint: Fresno County – California Reducing Disparities Project - Evolutions
 - PowerPoint: Fresno County – Suicide Prevention Follow-Up Program
- Miscellaneous:**
- Handout: 2021 Committee Meeting Calendar
 - Handout: Committee Meeting Summaries
 - Handout: MHSOAC Sponsored and Supported Legislation

Being part of the solution:
Working with Latinx immigrant families with
young children
Presentation to MHSOAC

Vilma Reyes, Psy.D.

UCSF: Child Trauma Research Program



Agenda

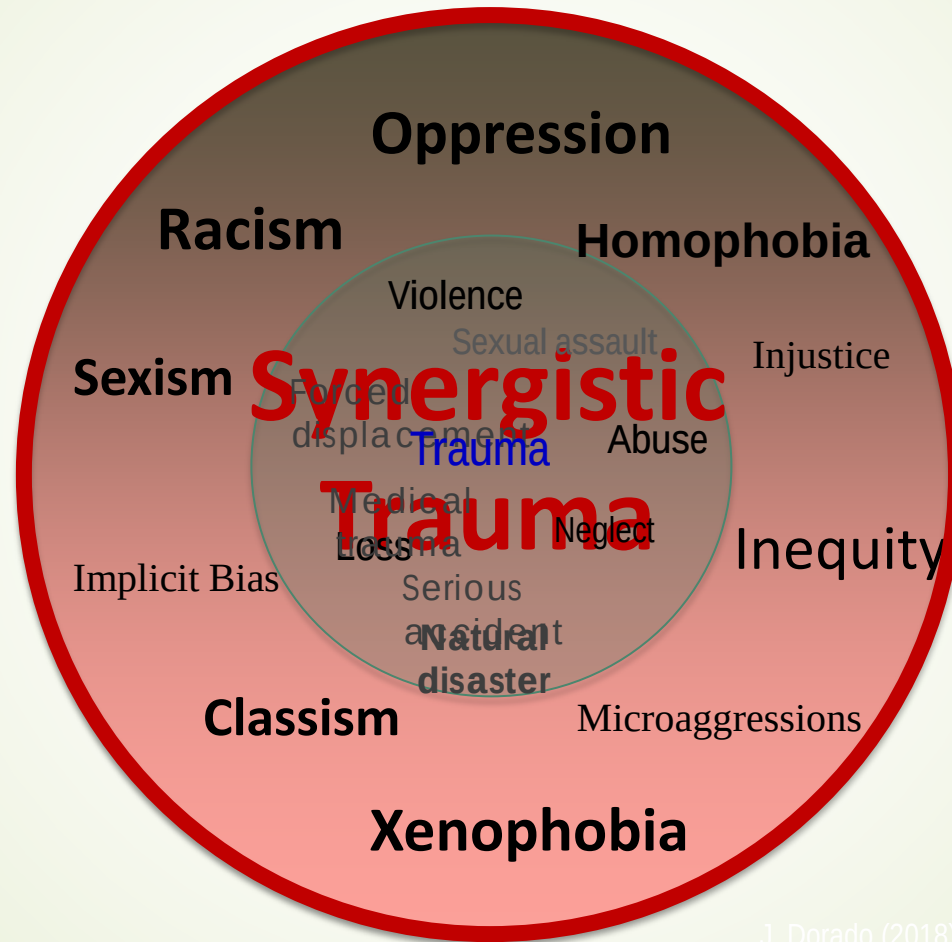


- Challenges to the wellbeing of parents and young children, including those resulting from the COVID-19 pandemic and impacts on existing or new mental health inequities
- Opportunities to address mental health disparities during early childhood, including addressing risk factors and promoting protective factors experienced by members of diverse communities
- Policies and practices that should be prioritized by the State to promote wellbeing among parents and their children up to age five

*Trauma is historical, structural,
political, intergenerational,
interpersonal, and embodied.
So, then, must be our healing.*



Context Matters



J. Dorado (2018), UCSF HEARTS



The impact of trauma

- ▶ The protective system of an acute stress response (changes in our biology to activate fight, flight or freeze) is meant to be temporary with a return to a calm state baseline. It's not meant to be a chronic, pervasive way of being
- ▶ If it's chronic, there is a breakdown in the body's stress response system and the person's capacity to regulate internal states over time
- ▶ Traumatic events overwhelm the system that gives people a *sense of control, connection and meaning*

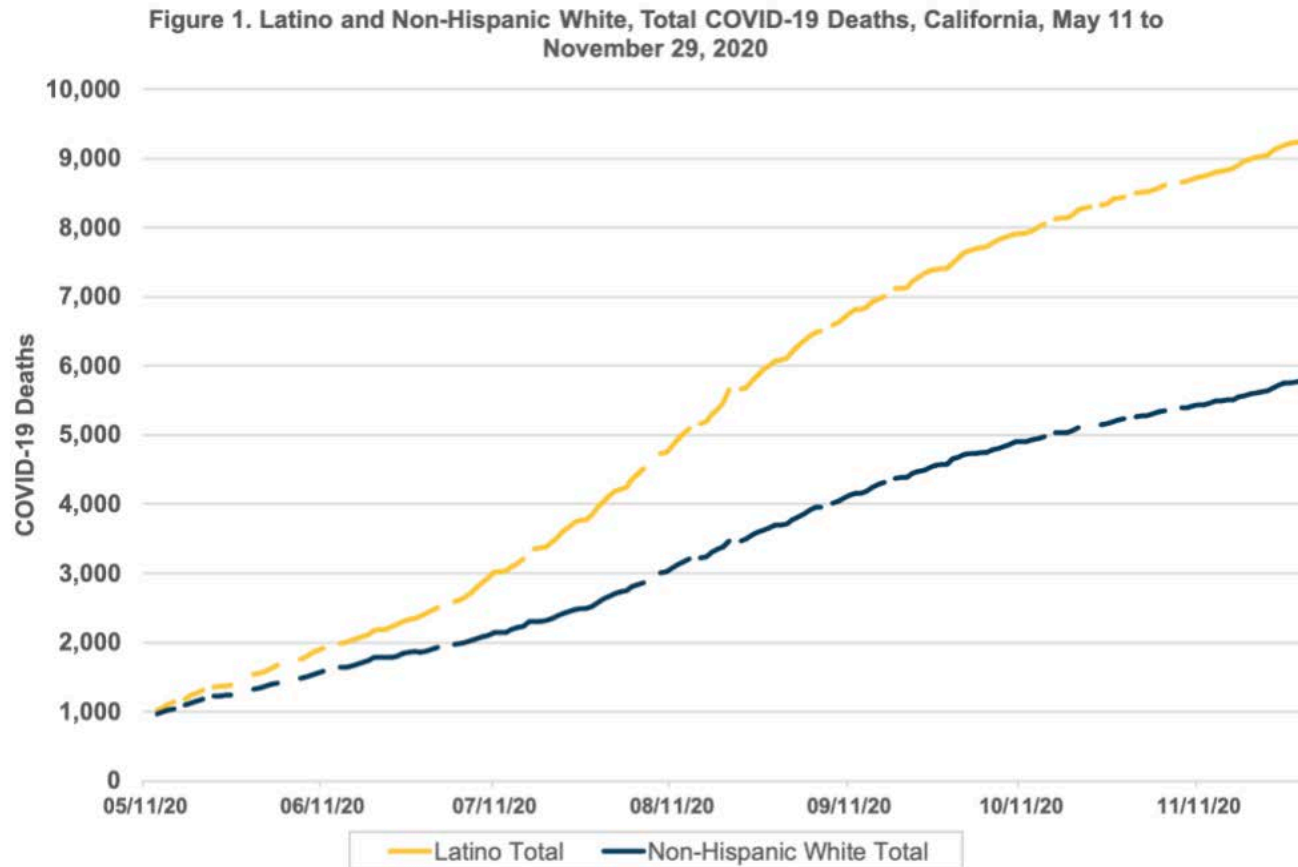


Impact of trauma on the parent-child relationship

- ▶ Child losing trust in their caregiver as their strong protector due to systemic racism
- ▶ Parent losing sense of confidence or agency in self
- ▶ Forced separations at the border
 - ▶ “You told me we would be ok. You lied to me.”

System failure causing ruptures of trust

The racial disparities in COVID-19 impact



Source: California Department of Public Health, May 11, 2020 to November 29, 2020.



Factors that
contribute to
increased
COVID-19 risk
in the Latinx
community

Discrimination (systemic racism and xenophobia)

Healthcare access (no access or fear of access)

Occupation (high risk jobs, no paid sick time)

Income/wealth gap (less buffer to financially weather difficult times)

Housing (inadequate, overcrowded)

Post traumatic strength and resilience





Immigration: Optimism and Bravery

- The immigrant story is not only of the trauma one has lived through or the often horrific journey getting here... it's also a story of hope.
- It's a story of believing that something better is possible for you and your children. There, you will find the protective narrative.
- Restoring the parent-child protective shield



Make a commitment to not talk about a person's manifestation of pain and suffering without also talking about the **context** that shaped it or without talking about the **strengths** they developed to overcome it.



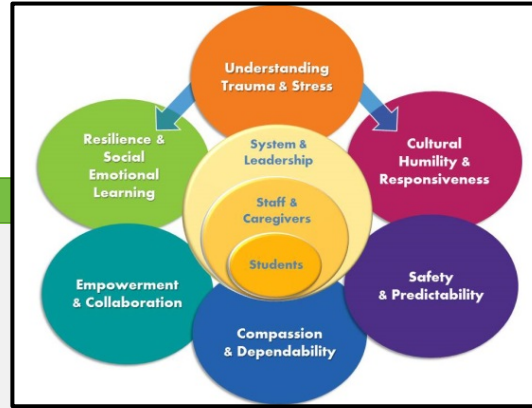
Creating healing organizations



TRAUMA-REACTIVE

- Fragmented
- No felt safety
- Overwhelmed
- Fear-driven
- Reactive
- Rigid
- Numb

TRAUMA
INDUCING



TRAUMA-INFORMED

- Realizes widespread impact, including sociocultural trauma
- Recognizes effects
- Responds by shifting practice
- Resists re-traumatizing

TO



SAFE, SUPPORTIVE, HEALING

- Integrated
- Reflective
- Relationship-centered
- Collaborative
- Growth & prevention oriented
- Flexible & adaptable
- Equitable & inclusive

TRAUMA
REDUCING



Creating healing systems

- Community voice and choice
 - Are community members asked for input on policy, what interventions are needed and offered, new hires?
 - Avoiding an exclusive expert to learner model. Explore opportunities for community expertise to be highlighted. Lift their voices. Mentorship models? Example: Promotoras programs
- Community representation
 - Who is not being represented? Ex. Indigenous communities and dialects



Systemic Recommendations

Risk factors

- Isolation
- Stigma of mental health services
- Fear of accessing services
- Limited resources for undocumented immigrants
- Discrimination

Recommendations

- Encourage support among families
- Provide access to education
- Exploration of their fears
- Be informed about immigration policies
- Have Spanish, Kiche, Mam and other dialect speaking staff



Infant and Early Childhood Mental Health Consultation

- Has been shown to improve:
 - children's social skills and emotional functioning
 - promote healthy relationships
 - reduce challenging behaviors
 - reduce the number of suspensions and expulsions
 - improve classroom quality
 - reduce provider stress, burnout, and turnover.



Advocacy and community organizing

- 
- ▶ Lupe, a 38 year old Guatemalan mother of 3 young children tells you that her studio apartment in Richmond (by the refinery) has severe mold and there is a broken window (without glass) that lets cold air in at night. Her 2 year old has developed asthma and has had bad colds and pneumonia in the past month. Lupe is looking for help for her 7 year old who is falling behind at school and is showing significant anxiety. She feels badly she can not help him with his homework and it's hard to communicate with his teacher due to the language barrier.
 - ▶ They are undocumented and she is afraid to ask the landlord to fix the window or mold. She has heard from her neighbors that he evicted an undocumented family once for “causing problems and complaining.” She works 2 jobs to pay the \$2,100 rent and is worried she would not find another place for the same rate.

A photograph of a woman with dark hair pulled back, wearing a white shirt, smiling slightly. A young girl with dark hair, wearing a black dress with white polka dots, is leaning against her. The background is blurred, showing green foliage and a blue structure.

Can you identify all the places of context-induced, preventable harm to this family?

- Injustice in unfair pay
- Housing injustice
- Health disparities (higher rates of asthma)
- Environmental injustice



Outcomes of acculturation

- Among Latinx community, higher levels of adoption of the American host culture has been associated with negative effects on health behaviors
- *The Immigrant Paradox*: the finding that first generation immigrants tend to have better health outcomes than members of the host culture, and that these differences decrease over generations.
- This pattern was also found in psychological, behavioral and educational outcomes

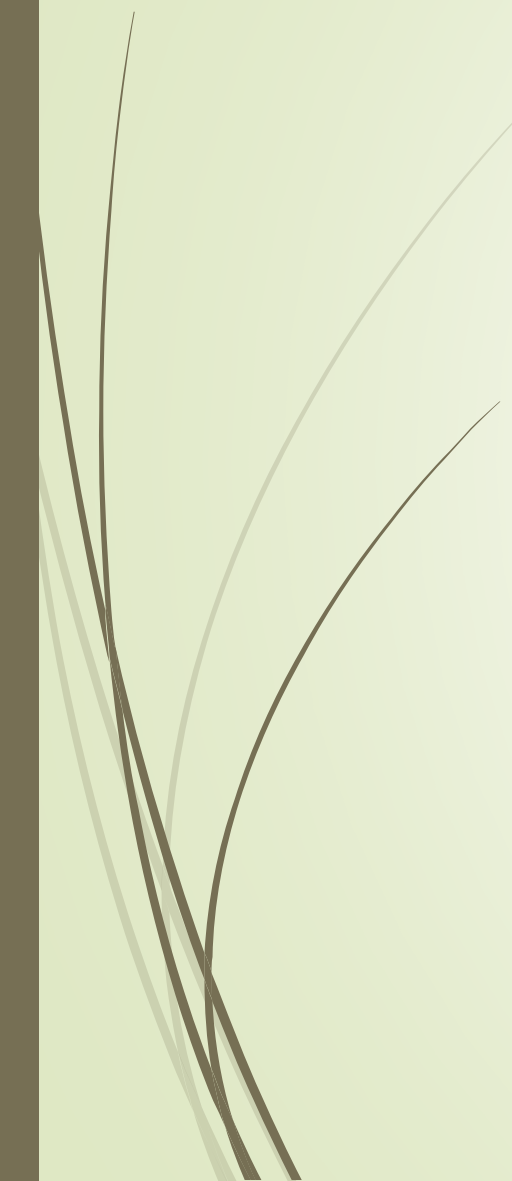
Espiritu de lucha (*a spirit that keeps on fighting*)

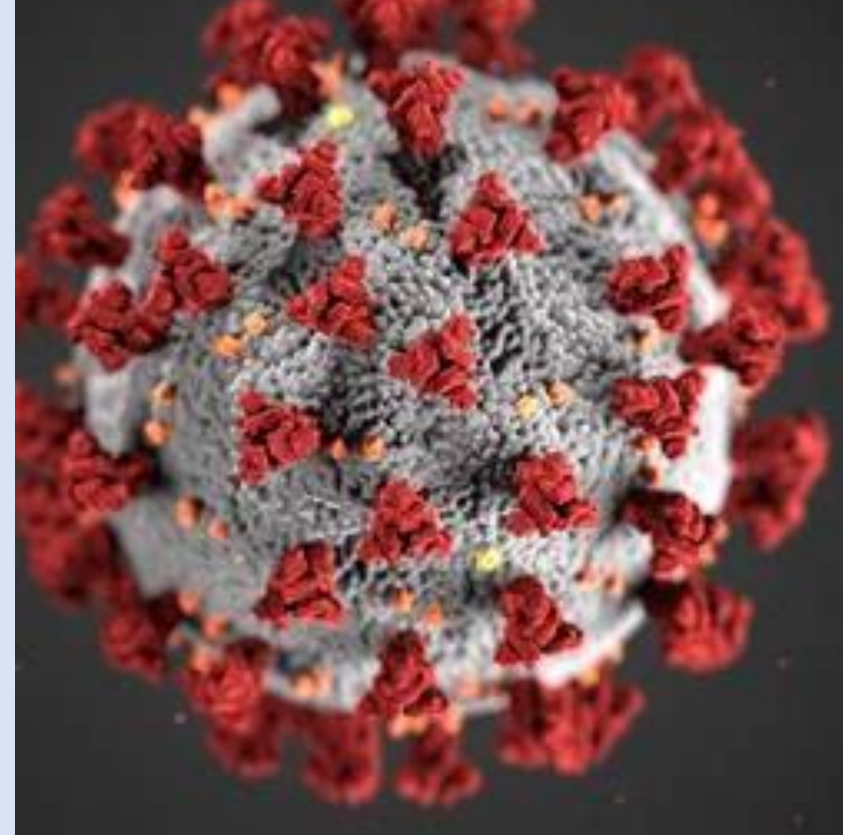
How can we support (and help preserve) the protective factors new immigrants bring?





Policies to support young children and their caregivers

- ▶ Fund trauma informed, culturally sensitive, relationship centered programs (Mental health intervention and consultation)
 - ▶ Fund programs that help families with concrete basic needs
- 



Helping Children, Adolescents, and Schools following COVID-19

California Mental Health Services Oversight and Accountability Commission, April 22, 2021

Joy D. Osofsky, Ph.D

Ramsay Chair of Psychiatry & Lemann Professor of Child Welfare

Louisiana State University Health Sciences Center, New Orleans, jsofs@lsuhsc.edu

How Does COVID-19 DIFFER From Other Disasters?

- INDEFINITE UNCERTAINTY!
 - About duration – when will it end or be controlled
 - Anxiety and Worry - about getting COVID-19 – and for family and friends; worry about death
 - Social Distancing - Isolated more than with other disasters
 - It should be described as physical distancing and social and emotional bonds
 - Lack of support from extended family & friends
 - Very broad economic impact – even more than other disasters
 - FEAR – of something we can't see or control

Disaster related Risk Factors are Similar and Different from COVID-19 Risk Factors

Disasters

- Loss of homes and community - Displacement
- Separation from Caregivers
- Death of friends and family members
- Lack of social support
- Disruptions to infrastructure, including schools and community agencies
- Family stress – abuse, neglect, domestic violence
- Economic issues

COVID-19

- Social Isolation
- Missing friends and family
- Virtual Schooling
- Parents working at home
- Economic Issues - Loss of jobs and income
- Illness and death from COVID-19
- Loss of traditional transitions
- Family stress – abuse, neglect, domestic violence, increase alcohol use

Inequities with COVID-19

Data released from the CDC indicate that the COVID-19 pandemic is amplifying preexisting social inequities tied to race, class and access to health care.

Preliminary nationwide data reveal that 30 percent of COVID-19 patients are African American even though African Americans make up around 13 percent of the population of the United States.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

-

Increase in Mental Health Symptoms – anxiety and depression- during COVID-19

<https://www.brookings.edu/blog/brown-center-chalkboard/2021/02/24/educators-are-key-in-protecting-student-mental-health-during-the-covid-19-pandemic>

- Through the Terrorism and Disaster Coalition for Child and Family Resilience (National Child Traumatic Stress Network Center), the concerns of a broad range of teachers during the pandemic were similar to those of local school systems
 - How to make distance learning work for students' individual needs, concerns for students left behind
 - Emotional and mental health needs among staff, their own families, and for students

Focus on Supporting Student Resilience

- Following the COVID-19 pandemic, it is crucial to concentrate on things that we can control – and identify short and long-term goals
 - Helping students maintain a sense of perspective is important to figure out how to manage new and uncomfortable situations
- It is important to incorporate in the school setting ways to stay healthy and to relate to other students safely. Students can learn to manage adversity and be supported through physical activity, social interactions, and team sports whenever possible
 - Provide support when things may not go well – many students may be behind coming back
 - Celebrate successes, even when small
 - If possible, find ways for older students to contribute to school activities, help younger students
- Social support is crucial – help support students making and maintaining good relationships with friends, teachers, family – to help deal with their setbacks

Steps to Support Child and Youth Mental Health with the COVID-19 Pandemic

- Routines and structure are very important
- With schools opening, parents/caregivers and teachers should create new schedules - Recognizing the new normal
 - Daily routine at home – waking in the morning for breakfast, how to get to school – and how to get home (who picks child up), meal, homework, and bedtime routines, ensuring enough sleep, limit media exposure
- Schools should also plan schedules for the student's day – week - in school so that the days are predictable
- Living with so much “indefinite uncertainties,” structure and predictability is now important to support resilience in children

There is now “Hope” that Uncertainty May Soon End

We can help ourselves and students become more resilient, emotionally stable, and as physically protected as possible through careful planning with schools, parents, and caregivers.



What you can do to support children and youth

- **Listen** to their concerns
- **Inform** them what is happening and changes in school including schedules
- **Explain** why they have to keep social distance in cafeteria
- **Include positive things** they can do to be in control- sanitizing stations, doing “elbow bumps”, wearing masks when required, keeping physical distance
- **Talk about positive connections now** with friends, making new friends

Ways to Build Resilience

- Focus on maintaining and strengthening important relationships- for children and youth
- “The biggest protective factors for facing adversity and building resilience are social support and remaining connected to people”(Masten,2020)
- Look for activities in school - old and new ones - that make you feel better
- Helping others even when we feel depleted ourselves – very important for teenagers

Factors that Enhance Resilience



Focus on workplace mental health

Paula Allen
Global Leader and SVP, Research and
Total Wellbeing, Morneau Shepell
April 22, 2021

Mental health is a critical issue for business and the workplace experience is critical to mental health

- Different workplaces have different experiences in mental health disability and costs
- The employment relationship requires “do no harm”
- The workplace also has influence on several determinants of mental health



The business imperative to focus on workplace mental health is clear

\$16 trillion in lost output - the projected Global impact of mental illness

The costliest medical condition in the U.S.

59% of the economic costs deriving from injury or illness for illness related productivity loss in the United States, followed by alcohol abuse at 34%.

4.2 times higher costs including medical, pharmaceutical and disability costs, for employees with depression may be than those incurred by a typical beneficiary.



The determinants of mental health which the workplace can influence is clear

- Access to health care
- Social norms
- Income equity
- Job security
- Chronic or traumatic stress
- Education
- Discrimination/social exclusion

Wellbeing solutions

mental, physical, social and financial wellbeing
continuum of care; scalable on demand programming

Problem-solving support

solution focused counselling, work life services,
multiple modalities and access points

Chronic needs

health benefits, behavioural health programs, removal
of financial and access barriers

Crisis needs

crisis line, trauma intervention, substance use, suicidal
risk response

Optimization and growth

education and development, influence, visible
leadership focus on wellbeing

Problem-solving capability

manager training and competency, disability and
return to work programs, workload management,
involvement

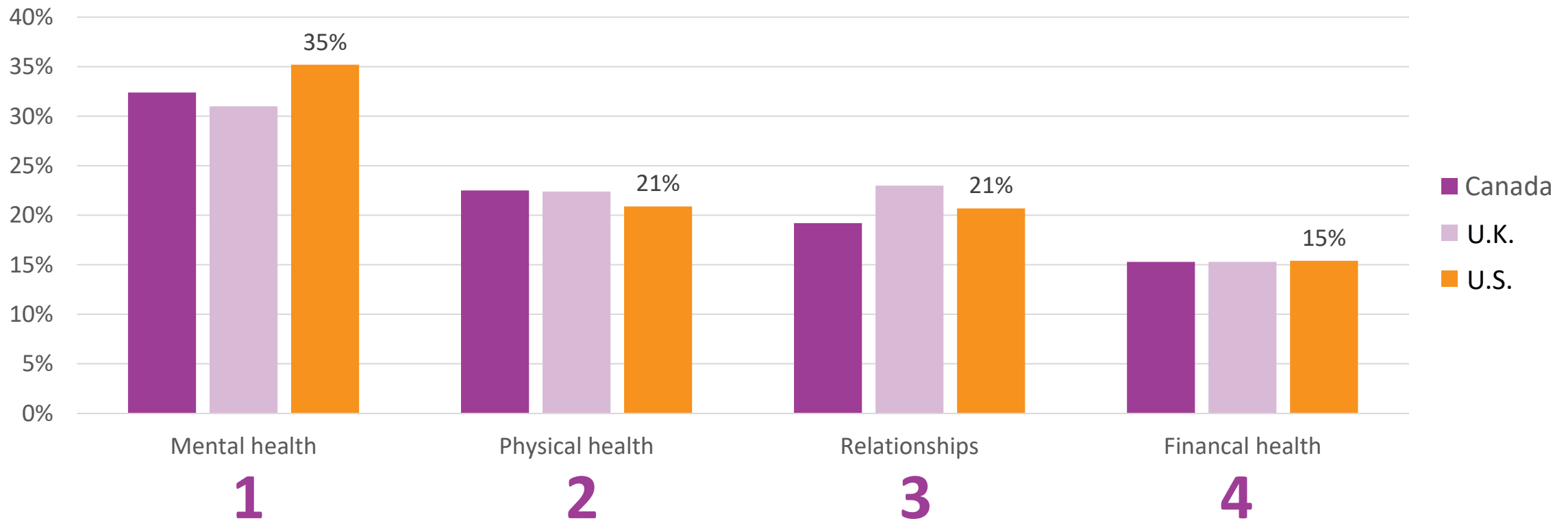
Foundational needs

income equity, respect, communication, clear
expectations, inclusiveness, recognition, anti-stigma

Do no harm

anti-harassment, anti-discrimination, reasonable
expectations, address unique job/industry risks

Further, employees indicate that mental health is the #1 factor in their overall well-being



The definition of financial health includes financial awareness and confident decision-making

A blue-tinted photograph of three people sitting on a wooden bench. From left to right: a man with short dark hair, a woman with curly hair, and a man with glasses and a beard. They are all smiling and looking towards the right. The woman is holding a laptop. The background is a plain wall.

Over 3 in 4 employees (76%)
say that the way an organization
supports mental health
specifically, is a **factor in**
whether or not they will stay

Younger employees are
more likely to agree



2020-21:

a watershed
moment in
mental health



The Mental Health Index (MHI) offers a clear measure of mental health in the working population, over time

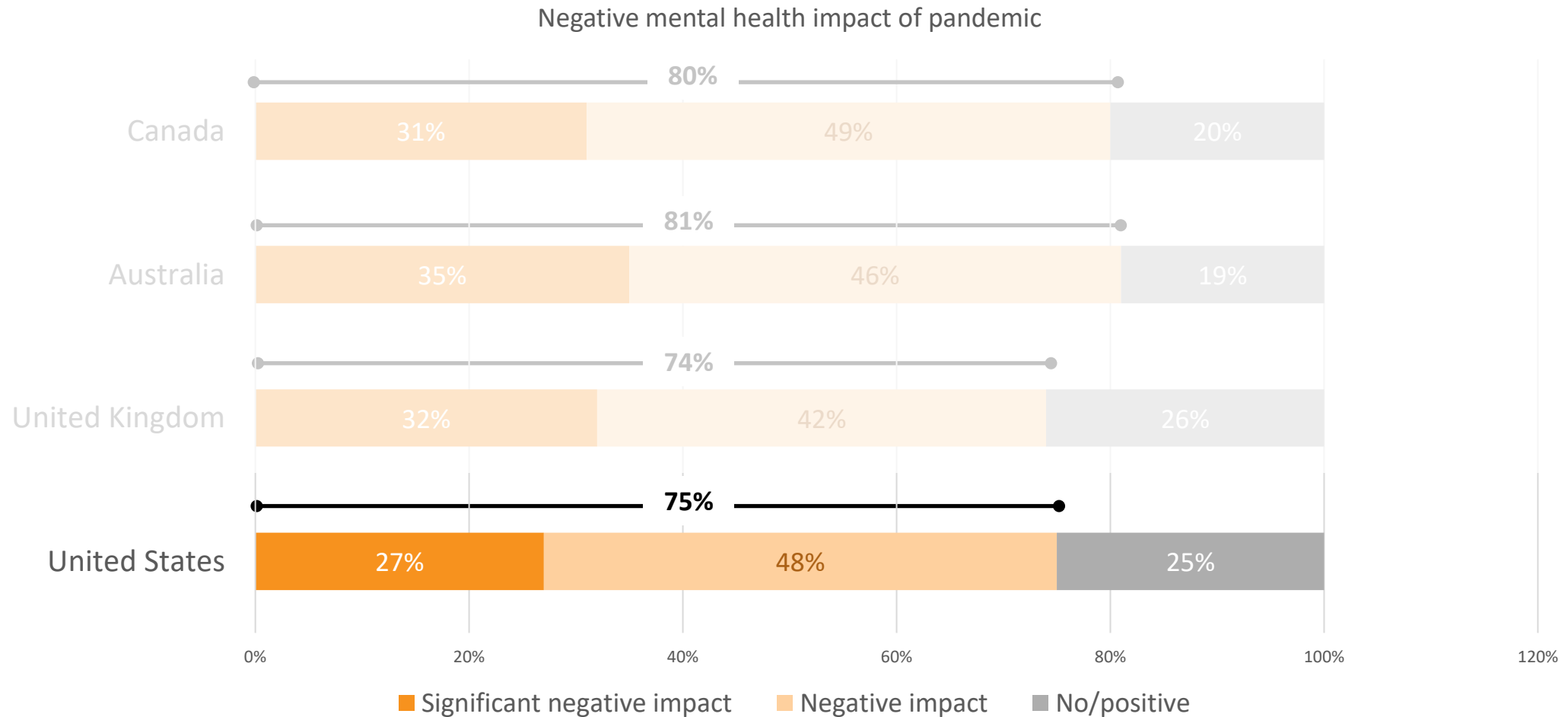
- We poll a representative national sample in each of four geographies:

			
United States	Canada	United Kingdom	Australia
5,000	3,000	2,000	1,000

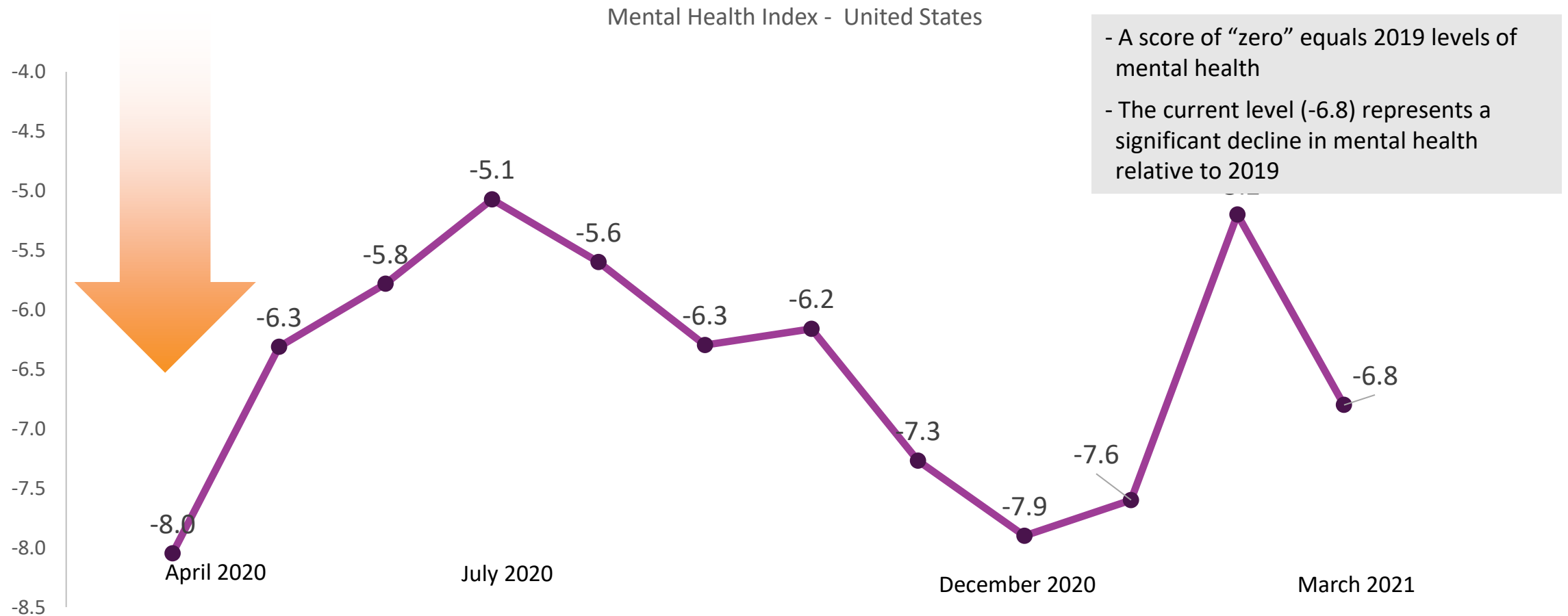
- Benchmark data was collected over three years – 2017 to 2019
- MHI data is collected and published monthly



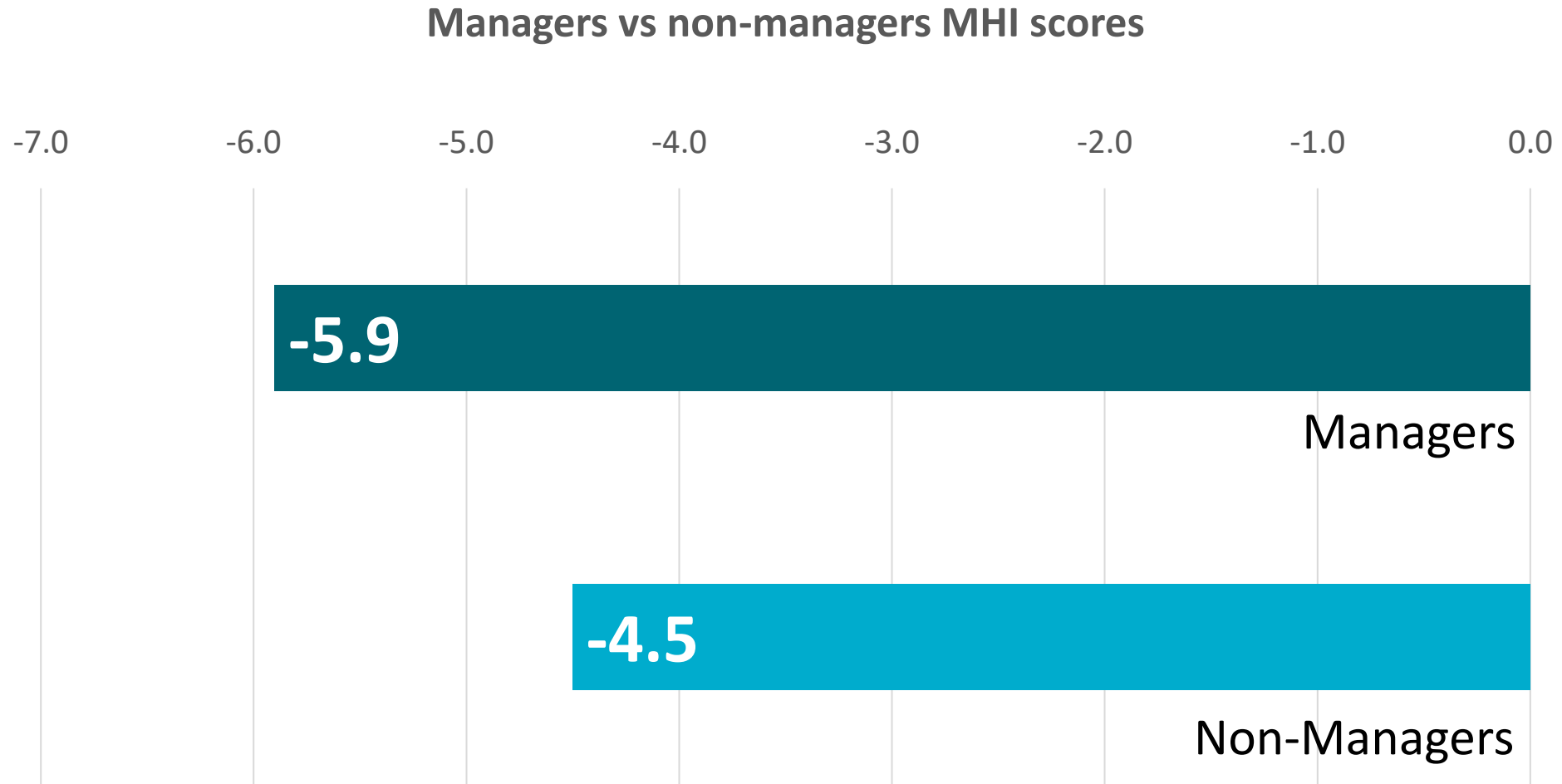
A significant majority indicate that the pandemic has negatively impacted their mental health



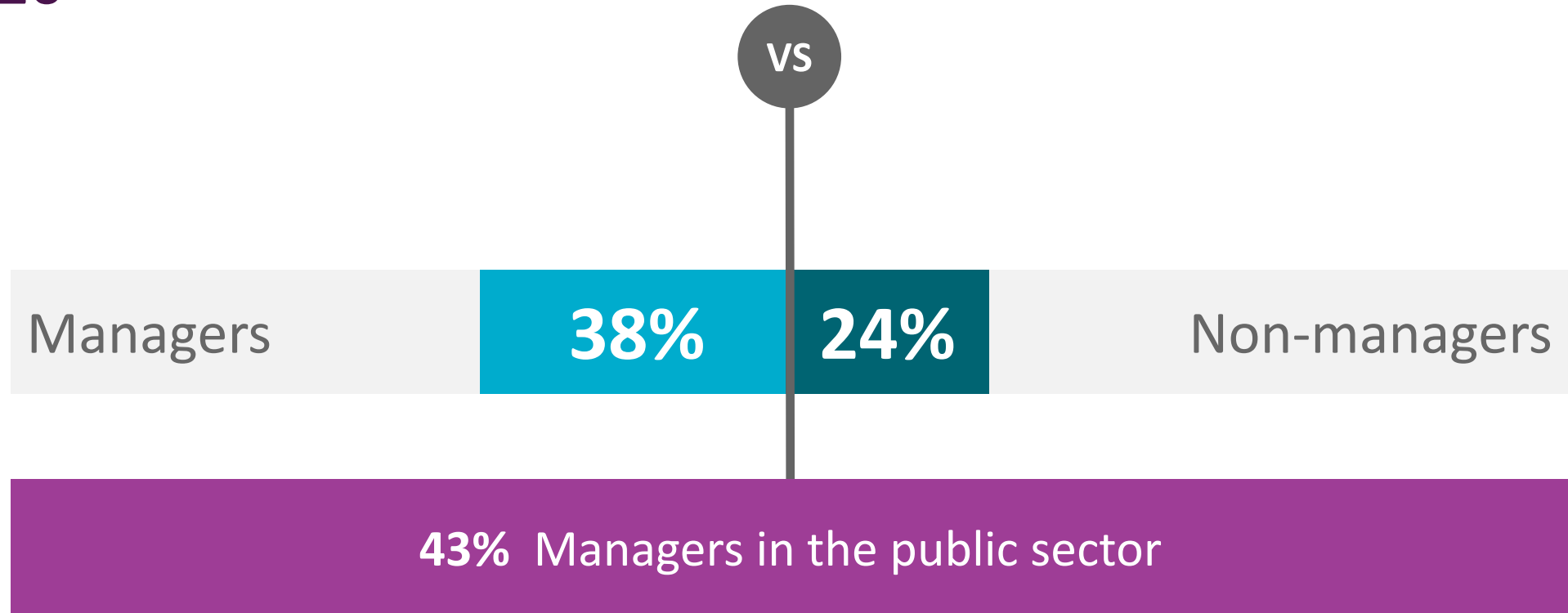
The MHI shows that mental health of working Americans declined significantly since the pandemic and continues to be strained



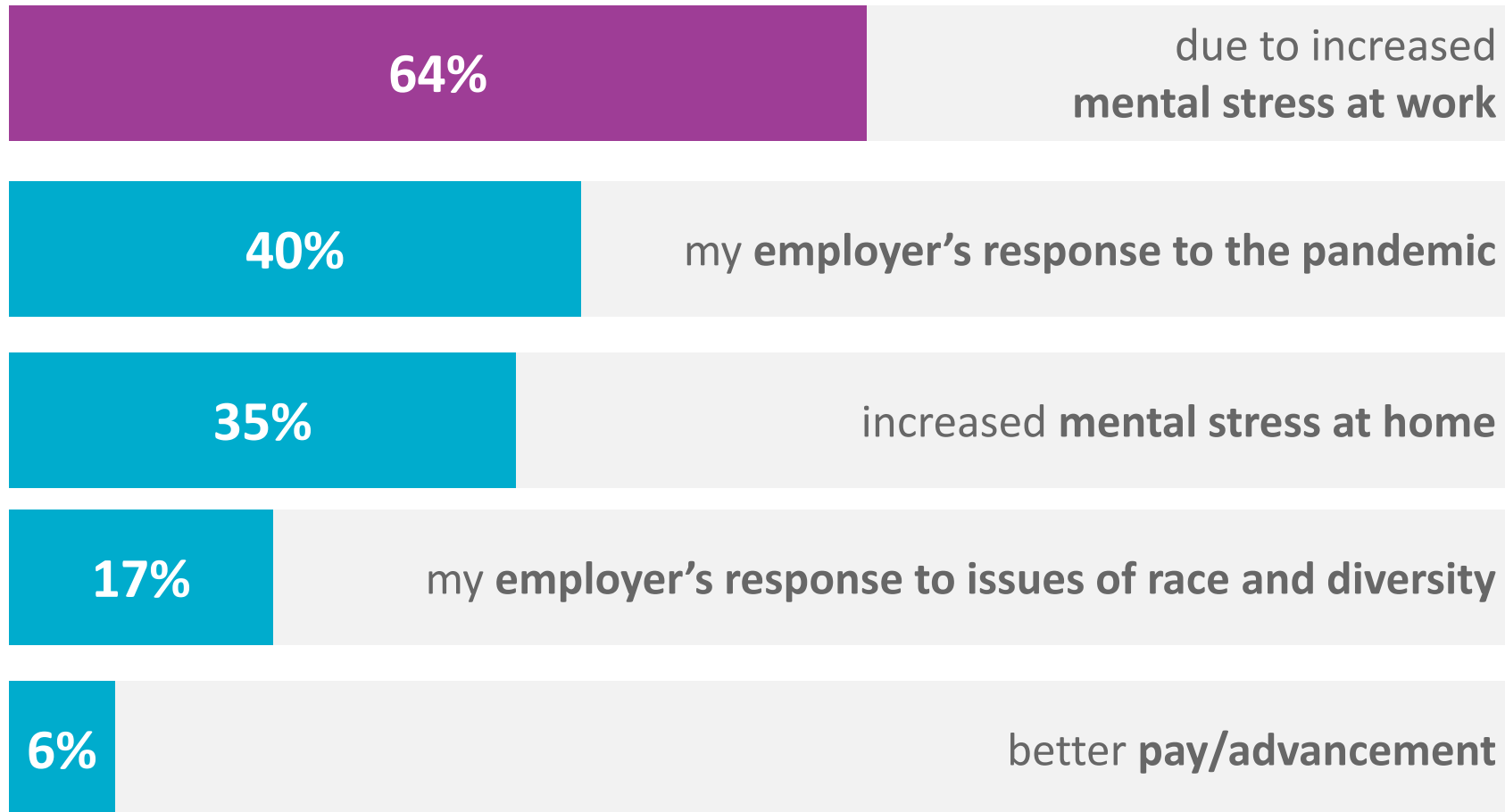
The mental health score for managers is lower than it is for non-managers



Almost 4 in 10 managers have thought about leaving their job in 2020



An increase in mental stress is the main reason for considering leaving their job



4 in 5 managers have dealt with a specific mental issue with at least one employee

25%

Yes, and I have provided support or reminded people how to get support

30%

Yes, I have seen concerning behaviour changes, but I am not sure what to do

25%

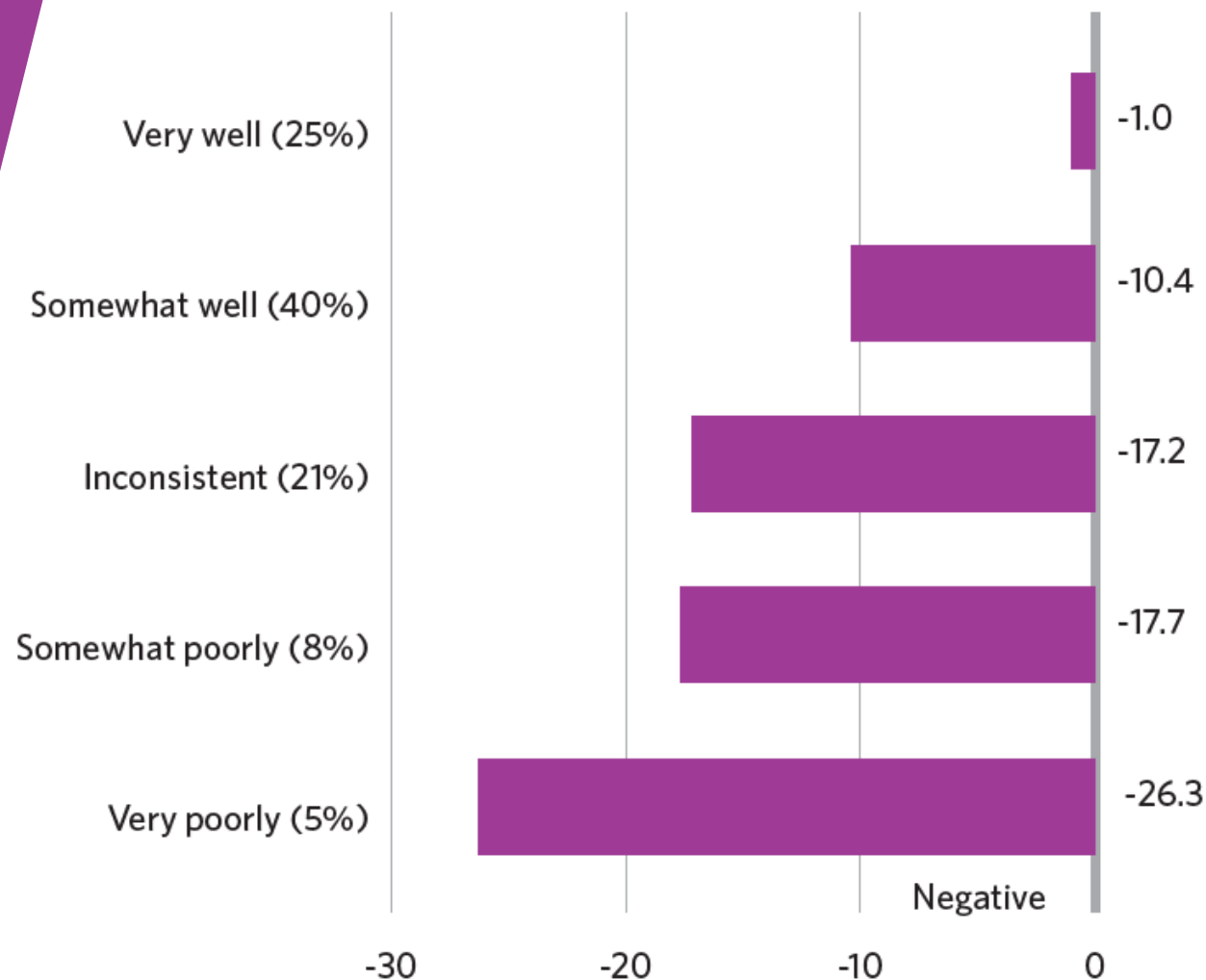
Yes, an employee(s) have brought it up with me, but I am not sure what to do

20%

No, I have not had any mental health issues come up with an employee

Those who indicate
better employer
support have
better Mental
Health Index scores

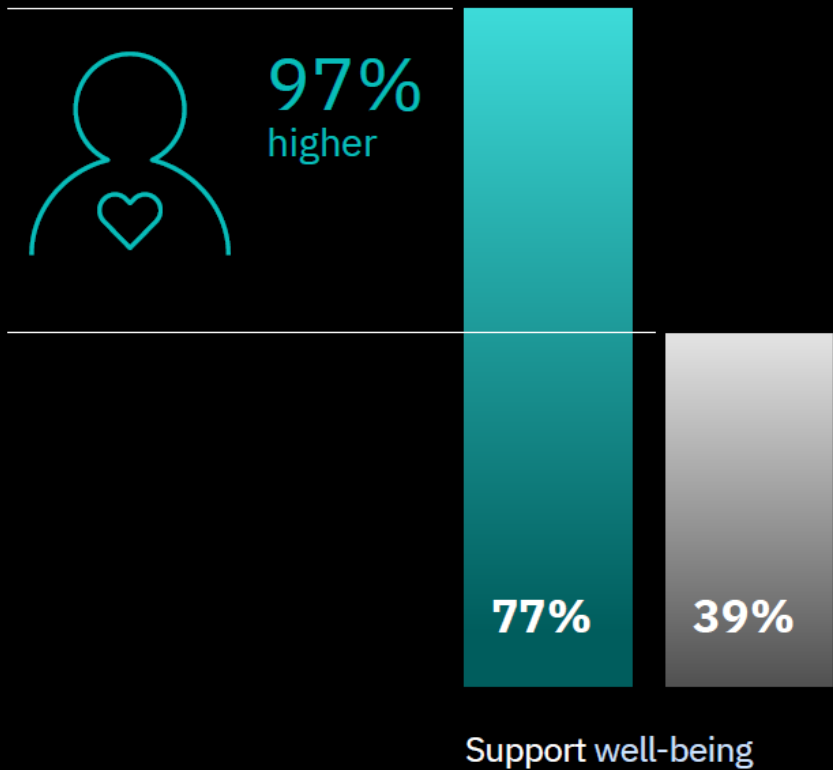
**Mental Health Index™ by employer support
of mental health needs**



People over
profit

97% more Outperformers
than Underperformers
support employee well-being,
even if it hurts profitability.

Outperformers
Underperformers



Q. To what extent do you support the well-being of employees during this time of crisis, even if it costs you profitability?

CEO's of outperforming organizations prioritize employee wellbeing

The 2021 CEO Study
- IBM Institute for Business Value

Mental health and ESG

Workplace mental health is becoming more prominent in the “S” in ESG investment frameworks.

The Sustainability Accounting Standards Board (SASB) is one of many working toward adding mental health to ESG frameworks.

SASB is a highly influential organization that **sets standards to guide the disclosure of financially material ESG information** by companies to their investors.



Measurement is essential to value and sustainability

What is the organization doing?

- What practices and programs are in place?
- Are they being deployed as expected?
- Are the expected impact?

How are people doing?

- How is the group doing relative to peers?*
- Has there been change overtime in any cohort?
- Are there any emerging risks?

Measurement is essential to value and sustainability

Mental Health Index™ variance

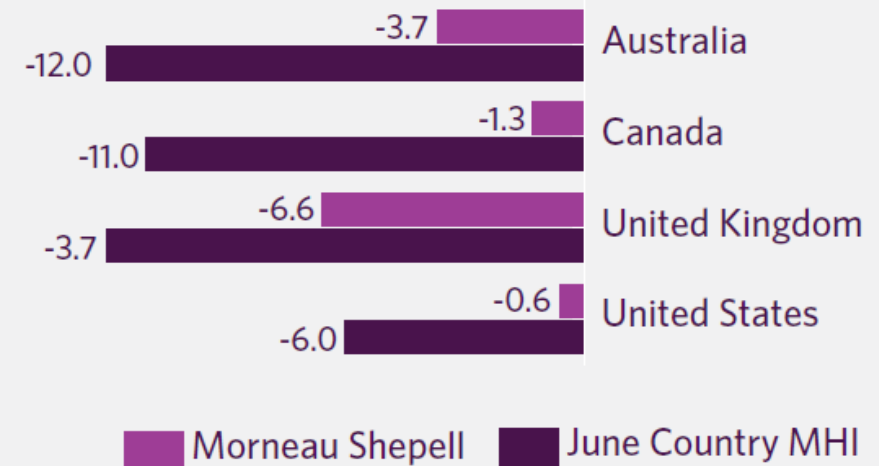
+8.4

Global Morneau Shepell
average above benchmark

Variance from regional scores

Australia	+8.3
Canada	+9.7
United Kingdom	+5.6
United States	+5.4

While mental health scores declined in overall working population since the 2020 pandemic, Morneau Shepell is faring beter in each region by between 5.4 to 9.7 points



The Mental Health Index (MHI) score reflects the deviation from the benchmark period of 2017-2019

The scores for the benchmark period are normalized to zero

A positive/negative score that shows the extent of improvement/decline in mental health compared to the benchmark.

The comparison chart shows the MHI scores for the Organization, relative to the scores for the working population in each region for the noted month.

The June 2020 MHI data for the Organization was collected as part of the Total Wellbeing Index assessment.

Actions leading organizations have been taking

1. **Speaking about mental health** in all-employee meetings – destigmatizing the topic
2. Supporting and **training managers**
3. **Fostering flexibility** and joint problem-solving regarding workplace stressors
4. Fostering **diversity, equity and inclusion**
5. Leveraging a **digital first approach to mental health** and wellbeing to ensure scale and access
6. Considering **financial wellbeing programs** and hardship programs
7. **Integrating specialized programs** for issues such as trauma, substance use
8. Understanding and address **unique workplace stressors** (e.g. for call centers, first responders, on-line content reviewers)
9. Ensuring specific **recovery and return to work support** in disability programs
10. **Measuring needs, risk and change** with both leading and outcome indicators

Questions
Comments
Discussion



MORNEAU
SHEPELL 



Impact of the COVID-19 Pandemic on Older Adult Mental Health: Challenges and Opportunities

Mental Health Services Oversight & Accountability Commission
Public Hearing on Prevention and Early Intervention

ANDREEA L. SERITAN, MD
UCSF DEPT. OF PSYCHIATRY & BEHAVIORAL SCIENCES
UCSF WEILL INSTITUTE FOR NEUROSCIENCES

APRIL 22, 2021

Geriatric psychiatrist

Treat adults > 65 years old



Langley Porter Psychiatric Hospital & Clinics



UCSF Movement Disorders
& Neuromodulation Center

Disclosures

- ▶ No conflicts of interest
- ▶ I receive support from:
 - ▶ Mount Zion Health Fund
 - ▶ NIH/NINDS 1UH3NS115631-01 (Shirvalkar, P.)
- ▶ The opinions presented here are my views and do not necessarily represent the views of UCSF

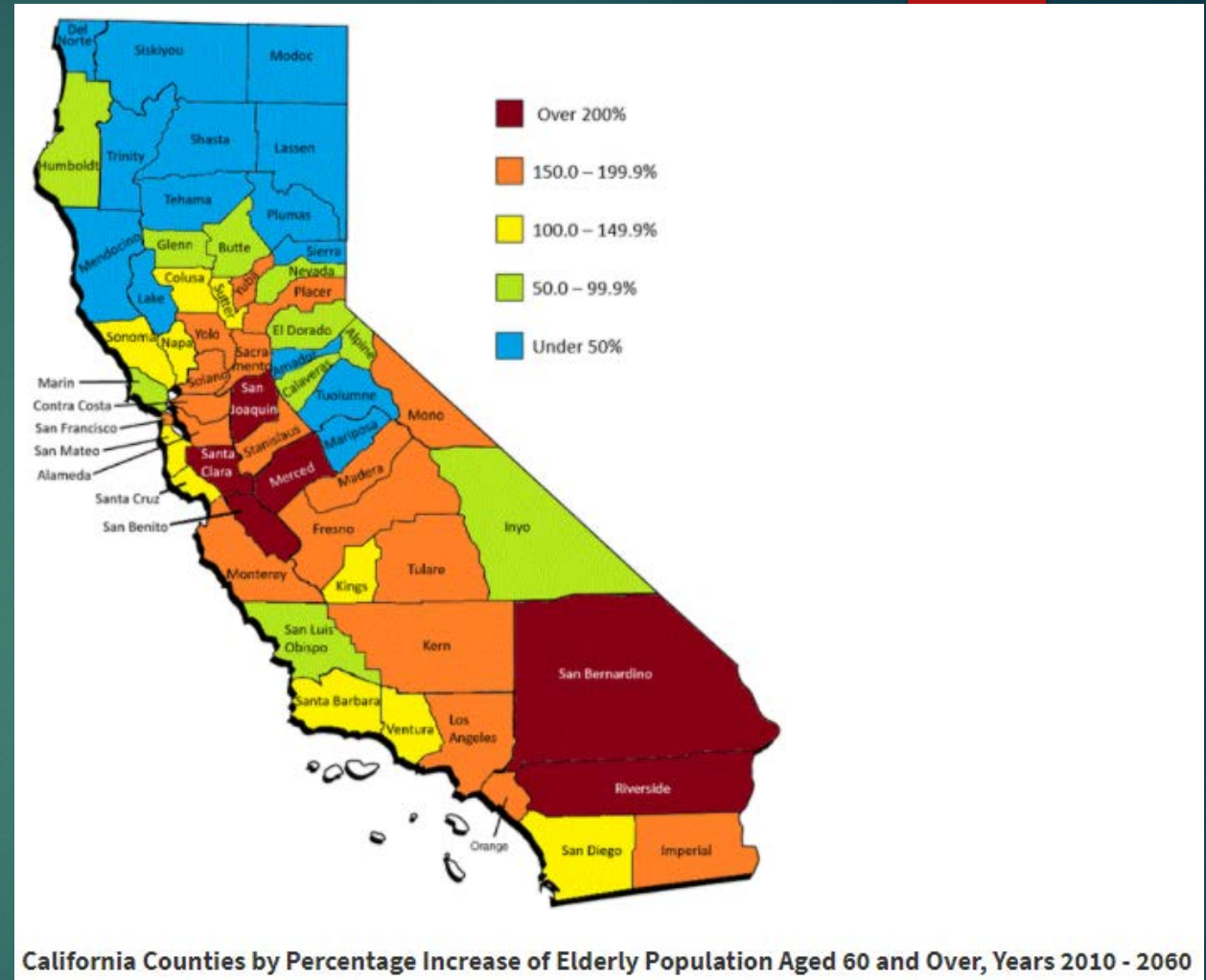
Main points

- ▶ Impact of the COVID-19 pandemic on the mental health of older adults
- ▶ Opportunities for prevention and early intervention within older adult populations and strategic settings for interventions
- ▶ Policies and practices that should be prioritized by the State to promote prevention and early intervention in mental health among older adults

In California

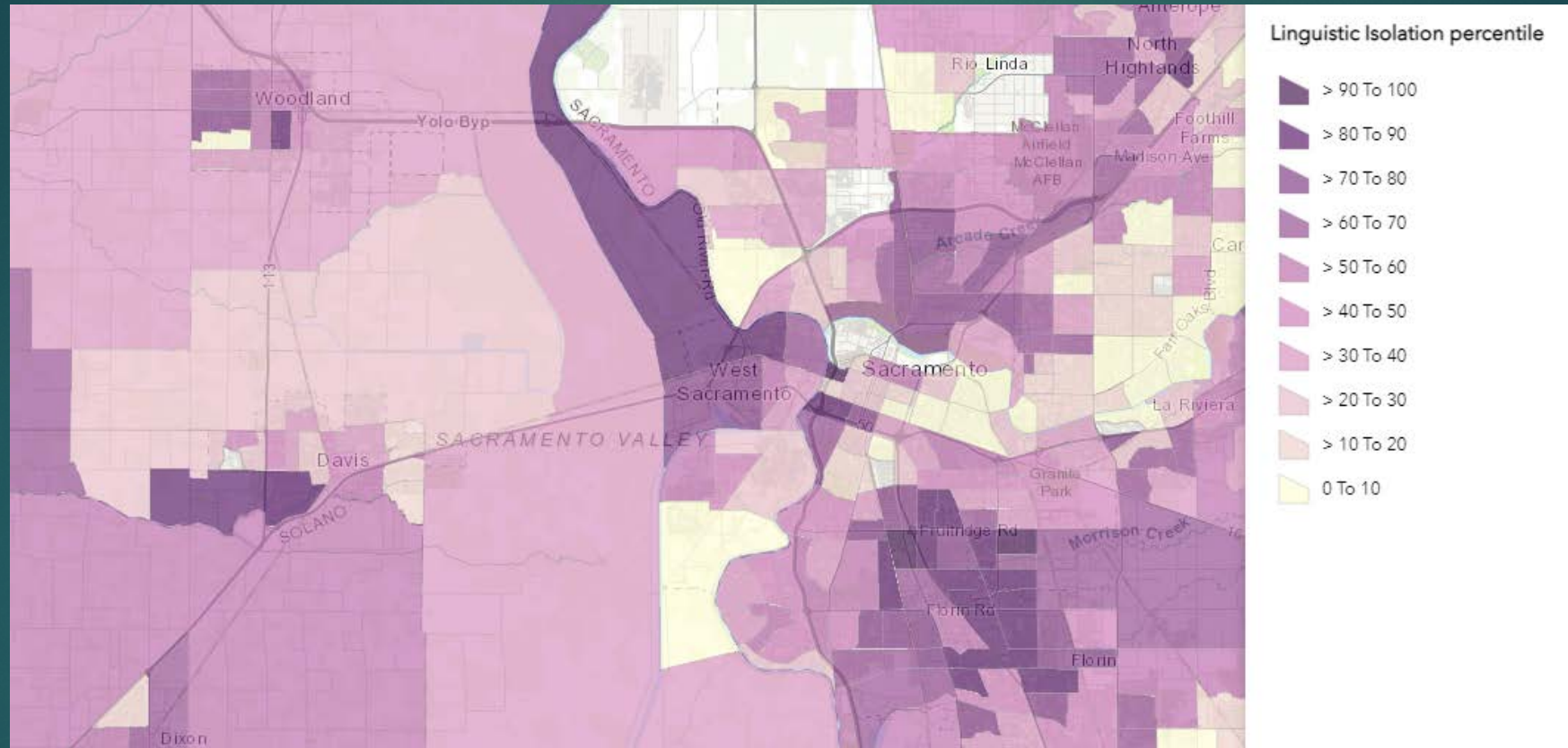
- ▶ By 2030, there will be 9 million adults > 65 years old (1 in 5 Californians will be > 65 years old)
- ▶ The population aged 60 years and over in California is expected to grow more than three times as fast as the total population in the state.
- ▶ The older adult population in California will be more diverse

<https://www.chhs.ca.gov/home/committees/governors-task-force-on-alzheimers/>
https://aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/



Linguistic isolation

Almost half of Californians do not speak English at home



[census-other_than_english.pdf \(cnsnews.com\)](#): 2017

<https://oehha.ca.gov/calenviroscreen/indicator/linguistic-isolation>



<https://abcnews.go.com/US/faces-coronavirus-pandemic-remembering-died/story?id=69932880>

Older adults

Increased risk during COVID-19 pandemic

- ▶ Medical comorbidities:
 - Hypertension
 - Cardiovascular disease
 - Diabetes
 - Chronic respiratory disease
 - Chronic kidney disease
- ▶ Sensory impairments
- ▶ Cognitive impairments
- ▶ Linguistic isolation
- ▶ Limited support, living alone

Older adults disproportionately affected

Risk for COVID-19 Infection, Hospitalization, and Death By Age Group

Rate compared to 5–17-years old ¹	0–4 years old	5–17 years old	18–29 years old	30–39 years old	40–49 years old	50–64 years old	65–74 years old	75–84 years old	85+ years old
Cases ²	<1x	Reference group	2x	2x	2x	2x	1x	1x	2x
Hospitalization ³	2x	Reference group	6x	10x	15x	25x	40x	65x	95x
Death ⁴	1x	Reference group	10x	45x	130x	440x	1300x	3200x	8700x

All rates are relative to the 5–17-year-old age category. Sample interpretation: Compared with 5–17-year-olds, the rate of death is 45 times higher in 30–39-year-olds and 8,700 times higher in 85+-year-olds.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

Neuropsychiatric symptoms with COVID-19

Acute neuropsychiatric
sxs. due to coronavirus
infection: delirium,
psychosis, anxiety,
agitation, mood changes,
sleep disruption

Subacute to chronic
neuropsychiatric sxs. due to
coronavirus infection:
cognitive deficits, anxiety,
depression, psychosis, PTSD,
sleep disruption, suicidality

PASC/Long
COVID

Psychiatric sxs. due to
social isolation/fear of
coronavirus: anxiety,
depression, **exacerbation of
cognitive deficits, psychosis**,
sleep disruption,
substance use

Treatment-related
sxs. (steroids, etc.)

Post-infectious
autoimmune sxs.?

Seritan, 2021

Brooks et al., 2020; Ferrando et al., 2020; Miners et al., 2020; Picaza Gorrochategi et al., 2020; Peluso et al., 2021; Rogers et al., 2020; Troyer et al., 2020

Post-acute sequelae of SARS-CoV-2 (PASC)

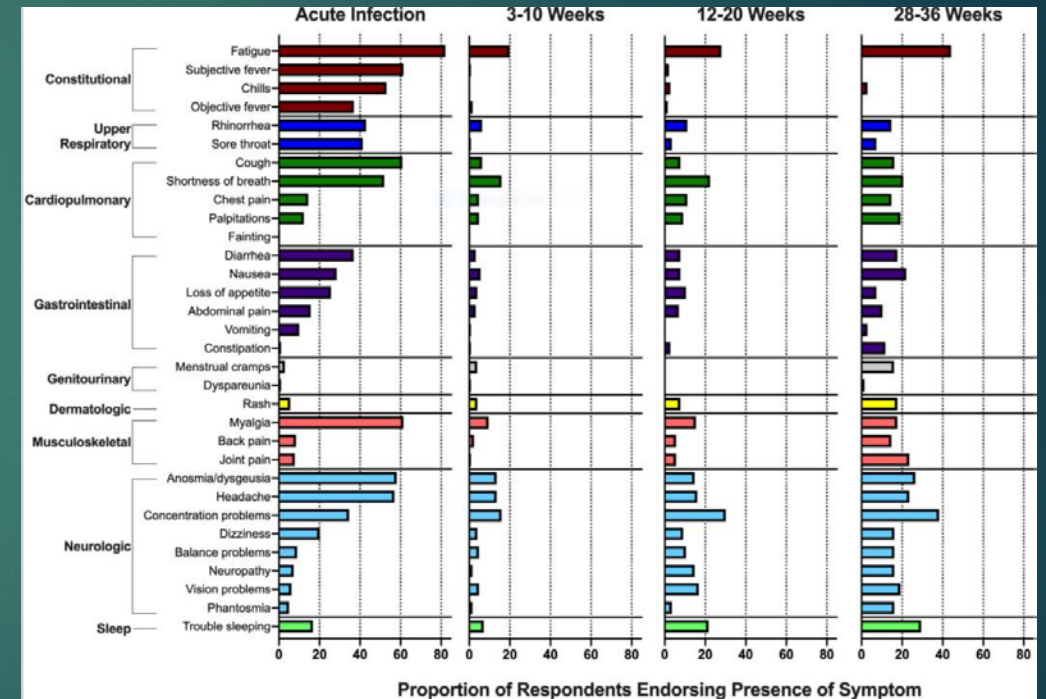
Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 April 2021



13% COVID-19 survivors had symptoms > 12 weeks (n = 20,000)

Who gets PASC?

- Age > 70
- Women
- BMI > 25
- > 5 symptoms in first week
- Preexisting conditions
- Low SES



Sudre et al., 2021; Peluso et al., 2021

Shelter in place

- Interruption of social/community activities
- Disruption of routine in long-term care facilities
- Further decline in those with pre-existing major cognitive impairments
- Confusion, sundowning, psychotic symptoms
- Forced reduction of physical activity →
 - ▶ Loss of personal/instrumental autonomy
 - ▶ Loss of muscle mass, ↑ risk of falls

Devita et al., 2020



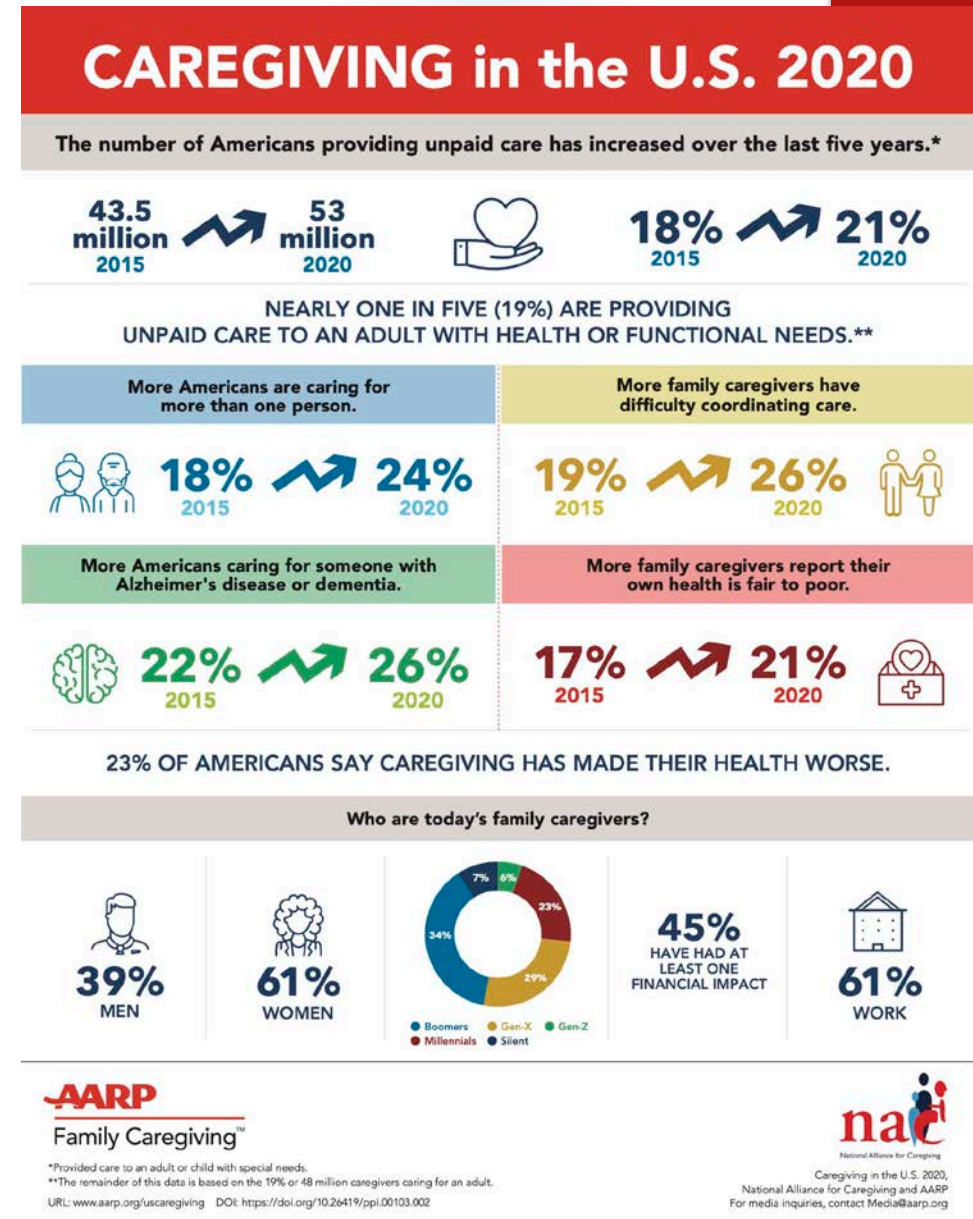
<https://www.cnn.com/2020/05/20/world/gallery/new-normal-coronavirus/index.html>

Caregivers

Unpaid family caregivers

- 34.2 million caregivers care for adults > 50 years old
- Care recipients have on average 1.7 health conditions
- Increased complexity of care recipient health and functional needs
- Caregivers are in worse health today, compared to 2015

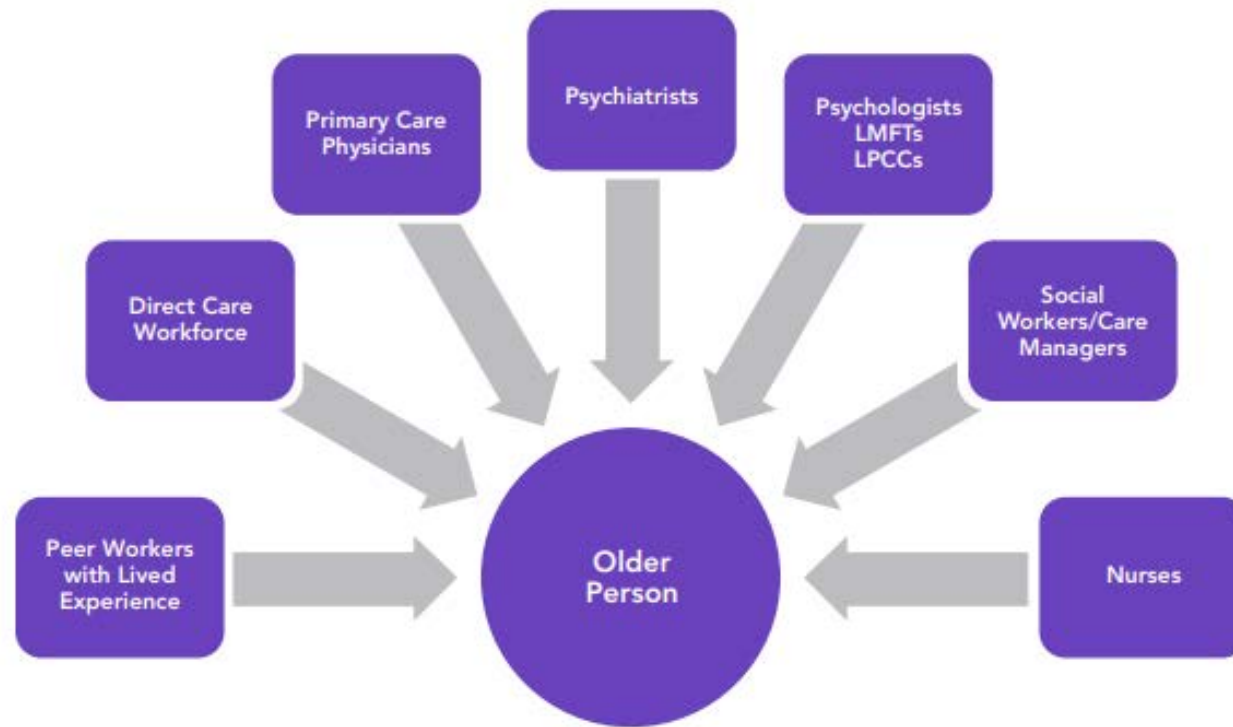
www.caregiving.org/caregiving-in-the-us-2020/



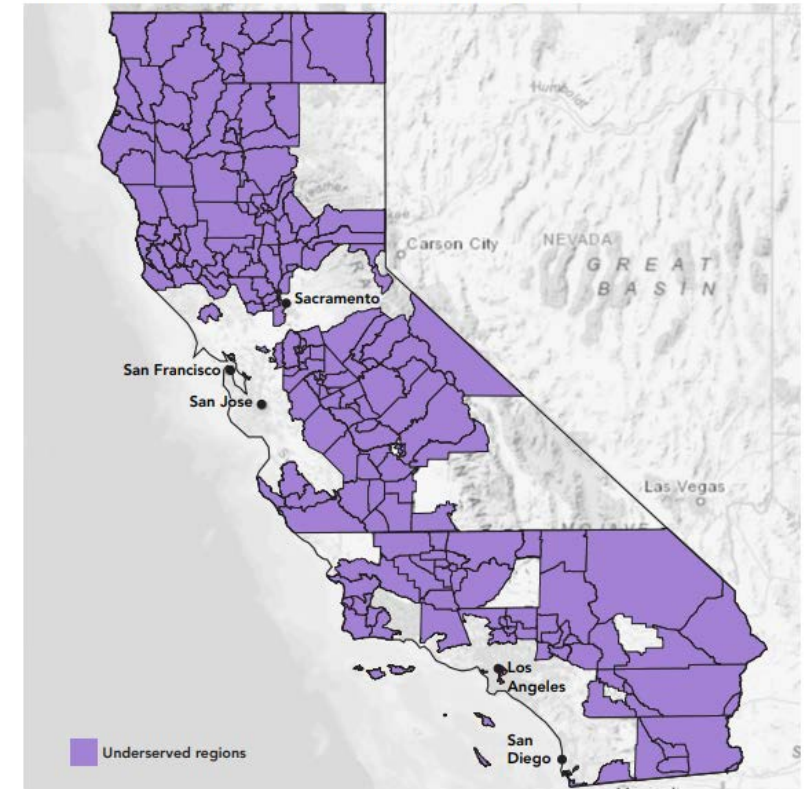
Behavioral health workforce for older adults

Less than 1,800 geriatric psychiatrists in the U.S.
42 geriatric psychiatry fellows in 2020 (24 IMGs)

California's Behavioral Health Workforce for Older Adults



California: Mental Health Professional Workforce Shortage Areas



Source: California Health and Human Services Agency, Office of Statewide Health Planning and Development

Frank et al., 2019; IOM 2012; AAMC 2020

What has worked...

- ▶ Visits converted to 100% telemedicine almost overnight
- ▶ iPads provided to patients (patient assistance gift fund)
- ▶ Older adults learned to use Zoom, including those who didn't believe they could

What has not worked...

- ▶ Patients with no internet connection
- ▶ Insurance coverage barriers
- ▶ Not enough mental health providers (especially geriatric trained)

Risk stratification (non-psychiatry clinic)

EDUCATION/INFORMATION: General public

COPING SKILLS: All patients

PHONE CALLS: At-risk patients (SW/RN)

SUPPORT GROUPS

WELLNESS VISITS (PhD)

PSYCHIATRY REFERRAL

Educating non-mental health providers

To improve the care of older adults

GEROPSYCHIATRY ROUNDS

Monthly interdisciplinary Zoom talks with geriatric experts



Long-Term COVID, Cognitive Dysfunction, and Stigma

Presented by Coleen Kivlahan, MD, MSPH

Retraumatization of the Elderly with PTSD During COVID-19

Presented by Arnaldo Moreno, MD

Monday, February 22, 2021 • 12:00–12:45 p.m.

Please note: This month's event is being held on the fourth Monday of the month due to the holiday on the 15th.

Register now: psychiatry.ucsf.edu/geropsychiatryrounds

Curriculum organized by Andreea Seritan, MD and Tammy Duong, MD

GEROPSYCHIATRY ROUNDS

Monthly interdisciplinary Zoom talks with geriatric experts
3rd Mondays • 12:00–12:45 p.m.



Medical Frailty and Social Isolation During the COVID-19 Pandemic

Presented by Alejandra Sánchez López, MD,
and Andreea Seritan, MD

January 25, 2021 • 12:00–12:45 p.m.

Please note: This month's event is being held on the fourth Monday of the month due to the holiday on the 18th.

Register now: psychiatry.ucsf.edu/geropsychiatryrounds

Curriculum organized by Andreea Seritan, MD and Tammy Duong, MD

GEROPSYCHIATRY ROUNDS

Monthly interdisciplinary Zoom talks with geriatric experts
3rd Mondays • 12:00–12:45 p.m.



Cognitive Assessment for Diverse Populations: Tools and Strategies

Presented by Laura Perry, MD

December 21, 2020 • 12:00–12:45 p.m.

Register now: psychiatry.ucsf.edu/geropsychiatryrounds

Curriculum organized by Andreea Seritan, MD and Tammy Duong, MD

Strategies – Mental health services

- ▶ Continued use of **telepsychiatry** after the pandemic ends \$\$\$
- ▶ Broadband internet in every home \$\$\$\$
- ▶ Screening for cognitive deficits in native language, using tools **validated with diverse populations**
- ▶ Increase access to mental health care for patients with long COVID \$\$?
- ▶ Better reimbursement of services provided with interpreter \$\$
- ▶ Case management, behavioral health navigators

Strategies – Workforce

- ▶ Education of **non-mental health care providers**
- ▶ Licensure requirement?
- ▶ Bilingual, language-concordant providers
- ▶ Loan forgiveness programs
- ▶ Funding for geriatric training programs
- ▶ Train peer supporters
- ▶ Include caregivers of older adults with neurodegenerative diseases as **essential workers** in COVID-19 vaccination plans

Resilience

Older adults, health care providers, caregivers, communities



Put \$ in the resilience bank when you can (not just in crisis)

Summary & Take-home points

- ▶ Older adults: high risk and high resilience
- ▶ Screening without adequate resources is counterproductive
- ▶ ALL health care providers should be trained to care for older adults
- ▶ Do it now, do not wait for the next crisis

THANK YOU!

<https://psychiatry.ucsf.edu/copingresources/olderadults>

<https://www.caregiver.org/caregiver-resources/>

<https://www.caregiving.org/resources/covid-19-resources-for-families/>



FRESNO COUNTY CALIFORNIA REDUCING DISPARITIES PROJECT-EVOLUTIONS

Innovation Plan



Department of
Behavioral Health

Background image of Downtown Fresno at night.



WHAT IS THE PROBLEM

Lack of community defined practices in our system of care

Lack of culturally specific or responsive programs for underserved or inappropriately served communities

Merging community defined practices into the system of care (in a way that does not compromise the community and cultural factors)

Ensuring community involvement in any program adaptation



HOW WILL THIS INNOVATION PLAN ADDRESS THE ISSUE

Use community driven practices to address the health disparities and our underserved/inappropriately served communities

Integrate community driven practices into the system of care in a manner that has community input and support and does not compromise the programs integrity

Identify ways to adapt the programs to align with MHSA funding (PEI) for sustainability



COMMUNITY CONTRIBUTION

During the last MHSA Three-Year Plan-CPP two of the three projects hosted CPP events

- West Fresno Family Resource Center
- The Fresno Center

Members from each program participated in CPP

The cultural considerations from stakeholders were around sustaining these CRDP programs

Innovation Plan was addressed in three CPP follow up sessions in Dec

This Innovation plan was discussed in the MHSA Three-Year Plan Public Hearing

Statewide advocates have expressed support for CRDPs



LEARNING GOALS

Can these programs be successfully adapted to align with MHSA-PEI funding without losing the community defined component?

Define the role of community input in the adaptation process

Community perceptions of adaptation maintaining community defined components

Effectiveness of programs with the adaptation to align with MHSA-PEI funding requirements



BUDGET

\$2,400,000 over three years

- **CRDP Projects-\$2,190,963 for three CRDPs over three years.**
 - **Sweet Potato-\$682,074**
 - **Hmong Helping Hands-\$795,000.**
 - **Atención Plena & Pláticas - \$713,889**
- **Evaluation \$200,000 over three years including technical assistance and evaluation**
- **Community Planning - \$10,000**
- **Administration-\$9,037 over three years for oversight and admin of the program**



Proposed Motion:
The Commission approves Fresno County's Innovation plans, as follows:

Name: **California Reducing Disparities Project Evolutions**

Amount: **Up to \$2,400,000 in MHSA Innovation funds**

Project Length: **Three (3) Years**

FRESNO COUNTY SUICIDE PREVENTION FOLLOW-UP PROGRAM

Innovation Plan



Department of
Behavioral Health

Background image of Downtown Fresno at night.



WHAT IS THE PROBLEM

High number of completed suicides

Increasing number of persons experiencing suicidal ideation

Many not engaged in care (which increases risk factors)

Understanding social and/or environmental factors resulting in suicidal ideation affects ability to provide timely and appropriate prevention and intervention responses



HOW WILL THIS INNOVATION PLAN ADDRESS THE ISSUE

Assess for risk of suicide

Determine an individual's immediate needs

Provide support

Ensure linkage to follow-up appointment

Offer additional referrals as needed

Review or develop safety plan

Collect useful data for Suicide Prevention efforts

Reiterate that CVSPH is available 24/7/365



THE COUNTY OF FRESNO
Department of Behavior

COMMUNITY CONTRIBUTION

Identified in Fresno's Suicide Prevention Plan in 2017

Selected by Suicide Prevention Collaborative in Feb 2019

Included in the MHSA Annual Update 2018/2019

Sept 2020 additional opportunity identified*

Shared in following SP Collaborative meetings

Three follow up sessions & three MHSA Three-Year Plan Public Hearings



LEARNING GOALS

- Will a Suicide Prevention Follow-Up Call Program provide real-time insight to external factors impacting persons with suicidal ideation?
- Will a Suicide Prevention Follow-Up Call Program increase verifiable linkage to appropriate behavioral health services?



BUDGET

Total Project: \$1,000,000 for three years

- **CVSPH \$255,000 per year**
 - Staffing, training, legal, IT support, etc.
- **Third-Party Evaluation**
 - \$200,000 for evaluation design and evaluation over three years
- **\$35,000 for Behavioral Health Administration**
 - Costs over three years staff time, training, promotion, and program support.



Proposed Motion:

The Commission approves Fresno County's Innovation plans, as follows:

Name: Suicide Prevention Follow-Up Call Program

Amount: Up to \$1,000,000 in MHSA Innovation funds

Project Length: Three (3) Years



2021 Committee Meeting Calendar

Client and Family Leadership Committee		
DATE	TIME	LOCATION
March 18th	1-3pm	Zoom
April 15th	1-3pm	Zoom
June 17th	1-3pm	TBD
August 19th	1-3pm	TBD
October 21st	1-3pm	TBD
December 9th	1-3pm	TBD

Cultural and Linguistic Competency Committee		
DATE	TIME	LOCATION
March 11th	2-4pm	Zoom
April 12 th	2-4:30 pm	Zoom
May 13th	2-4:30 pm	Zoom
July 8th	2-4:30 pm	TBD
September 9th	2-4:30 pm	TBD
November 10 th	3-5:30 pm	TBD

Evaluation Committee		
DATE	TIME	LOCATION
June 17, 2021	1-4:00 pm	Zoom



COMMITTEE MEETING SUMMARIES

Cultural and Linguistic Competency Committee (CLCC):

Chair Mayra E Alvarez, Vice Chair Gladys Mitchell

The April 15th meeting included a continuation of a presentation by Sergio Aguilar-Gaxiola, M.D., Ph.D., from the Center for Reducing Health Disparities at University of California, Davis and Tracy Lacey, Senior Mental Health Services Manager-MHSA Coordinator from Solano County Department of Health Services. The presentation focused on the work of the Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project which focuses identifying the mental health needs of Filipino American, Latino, and LGBTQ+ communities in Solano County. The committee discussed the opportunities available to expand that approach in other counties, including the importance of community leadership in program implementation to ensure success.

The Commission's Executive Director, Toby Ewing presented on a funding proposal which seeks to leverage the work of the California Reducing Disparities Project (CRDP) Implementation Pilot Projects (IPP) and other community-based organizations (CBOs) serving various racial and ethnic groups and LGBTQ+ communities. A proposal to contract with a statewide technical assistance provider who would assist the organizations in collaborating with local county behavioral health departments was presented and discussed. The Committee feedback included encouragement for the Commission to move forward and act swiftly to assist CBOs in sustaining existing programs which demonstrate effectiveness in the prevention and early intervention of mental health conditions resulting from the pandemic.

Client and Family Leadership Committee (CFLC):

Chair Khatera Tamplen, Vice Chair Tina Wooton

The April 12th meeting included presentations from the Commission's Chief Counsel, Filomena Yeroshek on the Bagley-Keene Open Meeting Act and the responsibilities of Committee members to ensure transparency in Committee proceedings. The Committee also heard presentations Tara Gamboa-Eastman of the Steinberg Institute on Assembly Bill 988. Ms. Gamboa-Eastman discussed the background and content of the bill and answered questions regarding the involvement of peer providers in the Crisis Call Centers which would be established under 988. The legislation seeks to establish 988 as the number for mental health emergencies in California.

The AB 988 discussion was followed by a presentation from Mayumi Hata, the Chief of County/Provider Operations Monitoring Branch at the Department of Health Care Services



(DHCS). Ms. Hata presented on the California Advancing and Innovating Medi-Cal (CalAIM) program being implemented by DHCS. Ms. Hata discussed the background and goals of CalAIM, a program which seeks to establish a more effective service delivery framework for health and mental health services in California.

The presentations were followed by Committee discussion on specific strategies that could promote peer services in crisis services, the CalAIM project, and in other mental health programs. The Committee generated several key areas for additional focus in future meeting.

Early Psychosis Intervention Plus (EPI Plus) Advisory Committee:

Chair Khatera Tamplen

The EPI Plus Advisory Committee met on April 8th to begin work on the development of a statewide initiative to expand the provision of early psychosis intervention programs around the state. While there are approximately 30 early psychosis intervention programs in California there is a lack of uniformity in how the programs operate. Past meetings of the Committee have focused on the strategies for allocating \$19.5 million in funding to support the expansion of programs. The Committee recognizes that this funding, while helpful, is not sufficient to create a statewide framework for care.

The Committee heard a presentation from Tom Orrock, Chief of Commission Grants on progress made and next steps. Executive Director, Toby Ewing facilitated a discussion on the components which could be included in local and statewide initiatives. The components could include:

- o Data collection strategies
- o Financing and reimbursement models
- o Research and Technical Assistance priorities
- o Expansion of CSC model programs
- o Policy recommendations
- o Communication/Public Awareness strategies



I. Commission Positions on 2021 Legislation

Commission Sponsored Legislation

➤ **Assembly Bill 573, Assemblywoman Carrillo: Youth Mental Health Boards (Amended March 18, 2021)**

Summary: AB 573 establishes the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health needs and determine opportunities for improvement. The state board would be comprised of 15 members who are between 15 and 23 years of age, and at least half of whom are youth mental health consumers who are receiving, or have received, mental health services, or siblings or immediate family members of mental health consumers. The bill would specify the powers and duties of the state board, including reviewing program performance in the delivery of mental health and substance use disorder services for youth.

This bill will also require each community mental health service to establish a local youth mental health board (board) consisting of eight or more members, as determined by the governing body, and appointed by the governing body.

- ❖ **Position:** The Commission voted to sponsor this bill at its February 17, 2021 meeting.
- ❖ **Location:** Assembly Appropriations Committee – Suspense File



Commission Co-Sponsored Legislation

- **Senate Bill 224, Senator Portantino: Pupil Instruction – Mental Health Education (Amended March 17, 2021)**

Summary: SB 224 requires each school district to ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses at least once in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school. The bill would require that instruction to include, among other things, reasonably designed instruction on the overarching themes and core principles of mental health. The bill would require that instruction and related materials to be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

- ❖ **Position:** The Commission voted to co-sponsor this bill at its February 17, 2021 meeting.
- ❖ **Location:** Senate Appropriations Committee – Suspense File



Commission Supported Legislation

➤ **Assembly Bill 638, Assemblymember Quirk-Silva: Mental Health and Substance Use Disorders (Amended March 26, 2021)**

Summary: AB 638 authorizes prevention and early intervention strategies that address mental health needs, substance use or misuse needs, or needs relating to co-occurring mental health and substance use services under the Mental Health Services Act.

Last year, the Commission supported Assembly Bill 2265, authored by Assemblymember Quirk-Silva, that clarified the Mental Health Services Act funds can include substance use disorder treatment for co-occurring mental health and substance use disorders, for individuals who are eligible to receive mental health services. The Governor signed into law AB 2265, Ch. 144, Statutes of 2020.

AB 638 amends the MHSA by including a provision to authorize prevention and early intervention services for prevention and early intervention strategies that address mental health needs, substance use or abuse needs, or needs relating to cooccurring mental health and substance use services.

- ❖ **Position:** The Commission voted to support this bill at its March 25, 2021 meeting.
- ❖ **Location:** Assembly Consent Calendar

➤ **Senate Bill 14, Senator Portantino: Pupil Health – School Employee and Pupil Training – Excused Absences – Youth (Amended March 18, 2021)**

Summary: Current law, requires a pupil to be excused from school for specified types of absences, including, among others, if the absence was due to the pupil's illness. AB 14 would include as another type of required excused absence an absence that is for the benefit of the behavioral health of the pupil.

- ❖ **Position:** The Commission voted to sponsor this bill at its February 17, 2021 meeting.
- ❖ **Location:** Senate Appropriations Committee – Suspense File



Mental Health Services
Oversight & Accountability Commission

➤ **Senate Bill 749, Senator Glazer: Mental Health Program Oversight and County Reporting (Introduced February 19, 2021)**

Summary: SB 749 will require the Commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services. This bill will require counties to report funding source, funding utilization, and outcome data at the program, service, and statewide levels. The Commission will be required to submit a report of the to the Governor and the Legislature each year.

❖ **Position:** The Commission voted to support this bill at its March 25, 2021 meeting.

❖ **Location:** Senate Appropriations Committee – Suspense File

II. MHSOAC 2021 Legislative Tracking

Suicide Prevention

- **Assembly Bill 234, Assemblymember Ramos: Office of Suicide Prevention Clean-Up (Introduced January 12, 2021)**

Summary: AB 234 is a clean-up bill for 2020's AB 2112 (Ramos), which created the framework for a statewide Office of Suicide Prevention. The Commission sponsored AB 2112 last year and the recommendations in the bill are consistent with our *Striving for Zero*, report. This bill removes the requirement that the Department of Public Health fund the Office of Suicide Prevention using existing resources, opening the door for the development of a statewide suicide prevention strategy.

❖ **Location:** Assembly Appropriations Committee – Suspense File

Mental Health

- **Senate Bill 465, Senator Eggman: Mental Health (Amended March 8, 2021)**

Summary: SB 465 amends the eligibility criteria for full-service partnerships with an emphasis on serving those at risk of experiencing homelessness, hospitalization, or criminalization.

SB 465 also requires the Commission to report to the Senate and Assembly Committees on Health, Senate Budget Subcommittee on Health and Human Services, and Assembly Budget Subcommittee on Health and Human Services the outcomes for people receiving community mental health services under a full service partnership model, including any barriers to receiving the data and recommendations to strengthen California's use of full service partnerships to reduce incarceration, hospitalization, and homelessness.

❖ **Location:** Senate Health Committee – Hearing on April 21, 2021

Schools and Mental Health

➤ **Assembly Bill 586, Assemblymember O'Donnell: School Health Demonstration Projects: Building and Sustaining K-12 School-Based Services (Amended April 19, 2021)**

Summary: AB 586 establishes, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services.

❖ **Location:** Assembly Appropriations Committee

❖ **Enclosures:** AB 586 (4/19/21), Senate Education Committee Bill Analysis (4/5/21), Assembly Health Committee Bill Analysis (4/9/21).

➤ **Senate Bill 508, Senator Stern: Student Mental Health Services (Amended April 14, 2021)**

Summary: SB 508 will require health plans to provide mental health services to students. It would also make children's mental health services more accessible by expanding the network of school-based mental health practitioners and use of telehealth. This bill:

- Ensures health plans are meeting the requirement to provide mental health services to students who are referred by the school.
- Makes it easier to access children's mental health experts by permanently adopting telehealth options established during the pandemic.
- Ensures that commercial health plans are meeting mental health parity standards by requiring them to collaborate with local education agencies.

❖ **Location:** Senate Health Committee – Hearing on April 21, 2021

❖ **Enclosures:** SB 508 (4/14/21), Senate Health Committee Bill Analysis (4/19/21).

➤ **Senate Bill 525, Senator Grove: Mental Health Effects of School Closures (Amended March 22, 2021)**

Summary: SB 525 requires the State Department of Public Health, in consultation with the State Department of Education, to establish a policy no later than 6 months after the effective date of the bill, to address the mental health effects of school closures on pupils in years when a state or local emergency declaration results in school closures. The bill would require



local educational agencies to adopt the policy subject to an appropriation in the annual Budget Act for that purpose.

❖ **Location:** Senate Health Committee – Hearing on April 21, 2021

Research and Evaluation

➤ **Assembly Bill 686, Arambula: California Community-Based Behavioral Health Outcomes and Accountability Review (Introduced February 16, 2021)**

Summary: AB 686 requires the California Health and Human Services Agency to establish, by July 1, 2022, the California Community-Based Behavioral Health Outcomes and Accountability Review to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs and in the collection and dissemination by the agency of best practices in service delivery. The bill would require the agency to convene a workgroup, by October 1, 2022, composed of representatives, as follows:

- County behavioral health agencies
- Legislative staff
- Behavioral health provider organizations
- Interested behavioral health advocacy and academic research organizations
- Current and former county behavioral health services recipients and their family members
- Organizations that represent county behavioral health agencies and county boards of supervisors
- California External Quality Review Organizations
- State Department of Health Care Services
- State Department of Social Services
- State Department of Public Health
- California Behavioral Health Planning Council
- Mental Health Services Oversight and Accountability Commission

The purpose of the workgroup is to develop an updated methodology, that can measure and evaluate behavioral health services.

❖ **Location:** Assembly Health Committee