California Mental Healthcare Crisis and the African American Community

Governor Newsom's *A California for All* & African American Community Defined Practices

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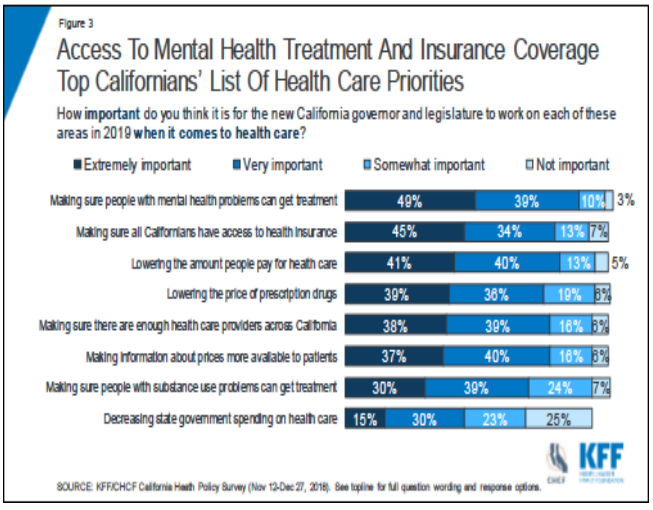
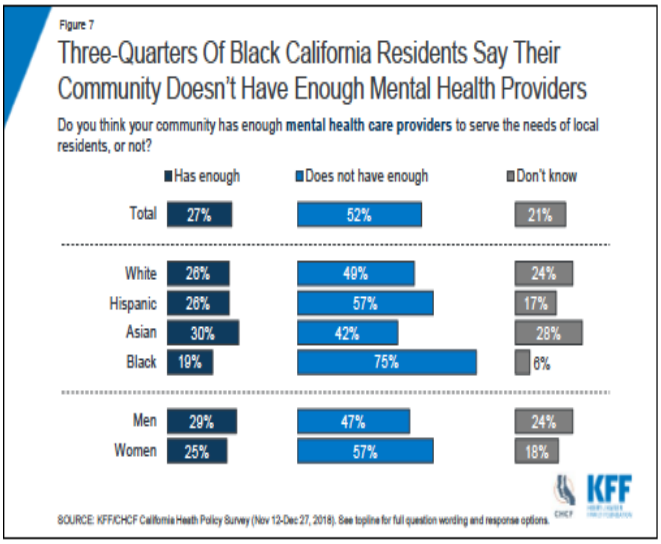
A recent survey conducted in the final months of 2018 by the Kaiser Family Foundation and the California Health Foundation found that California's residents identified ensuring that people with mental health issues can get treatment as their highest health care priority. Overall, one half of Californians indicated that they did not believe that people who needed services for mental health or substance abuse had access to them. Across California, survey respondents in Los Angeles County and the San Joaquin Valley indicated more than other counties that their communities lacked enough mental health providers. An astounding 75% of African Americans indicated that their communities did not have enough mental health providers to serve their needs, followed by women and Hispanics at 57%.



KP/CHF, Chart 1 (see Endnotes)



KP/CHF, Chart 2 (see Endnotes)

Building on a demand to meet the mental health needs of Californians and the signing of **SB 1004** into law, a "watershed" in mental health legislation, California's new governor, Gavin Newsom, has a mandate to mobilize state agencies to meet the mental health needs of Californians. Significantly for our readers, SB 1004 lays out a statewide strategy that ensures that, with timely guidance from the state *Mental Health Services Oversight and Accountability Commission,* counties across California are targeting their PEI funds on areas of proven need and employing best practices in their treatment models. Notably, SB1004 includes "community defined practices" among these best practice models. The bill reads at section 5840.5: "It is the intent of the

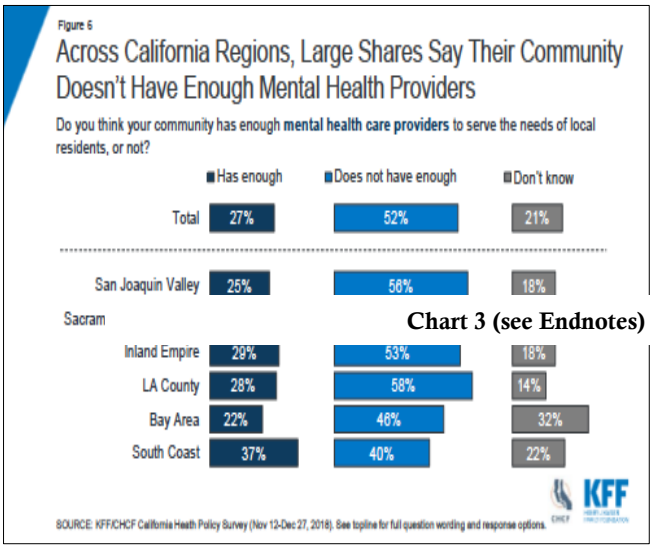


Chart 3 (see Endnotes)

KP/CHF, Chart 3 (see Endnotes)

legislature that this chapter fulfill all of the following: (b) "Increase the number of PEI programs and systems, including those utilizing **community-defined practices**, that focus on reducing disparities for unserved, underserved, and inappropriately served racial, ethnic, and cultural communities." The balance of this report outlines the relevant portions of the governor's plan and other policy efforts to improve the mental health of California's residents while reducing disparities.

"A California for All" & Mental Health

On January 7, 2019, Gavin Newsom was sworn in as the 40th governor of the state of California. Governor Newsom quickly announced in his Inaugural Address that the mission of his administration would be a "California for All" and that "we will stop stigmatizing mental health and start supporting it." Among the governor's first acts of office was to issue Executive Order N-02-19 to establish a California Surgeon General to address California's serious health challenge "rooted in early social determinants of health," and "toxic stress." Additionally, the order asserted that the health challenges that face California aren't only "serious," they are inequitable, "disproportionately impacting low-income Californians and communities of color." Significantly, the governor appointed Nadine Burke Harris, M.D. as the new surgeon general, whose book, *The Deepest Well: Healing the Long-term Effects of Childhood Adversity*, was reviewed in the 2018 Spring Edition of our semi-annual newsletter, Soul Space. Dr. Harris is not only a medical doctor and an expert on adverse childhood experiences (ACEs), she also founded the Youth Wellness Center, a San Francisco non-profit dedicated to serving families in Hunter's Point, a resource poor community of color. In a press release issued from the Youth Wellness Center, Dr. Harris affirmed the appointment and stated that "Governor Newsom's vision to address health care from a preventive rather than reactive frame reflects a keen appreciation of the latest science as well as a deep commitment to the health of California children and families."

The governor's Executive Order clearly signaled a commitment to the continuum between early toxic stress and adult health outcomes, particularly in low income communities. What role exactly can a surgeon general play to improve health outcomes for the most vulnerable communities and the state over all? Lynn Thull, consultant for mental health policy and practice improvement at the California Alliance of Child and

Gavin Newsom, the new governor, swearing in Nadine Burke Harris, M.D., as the first Surgeon General of California

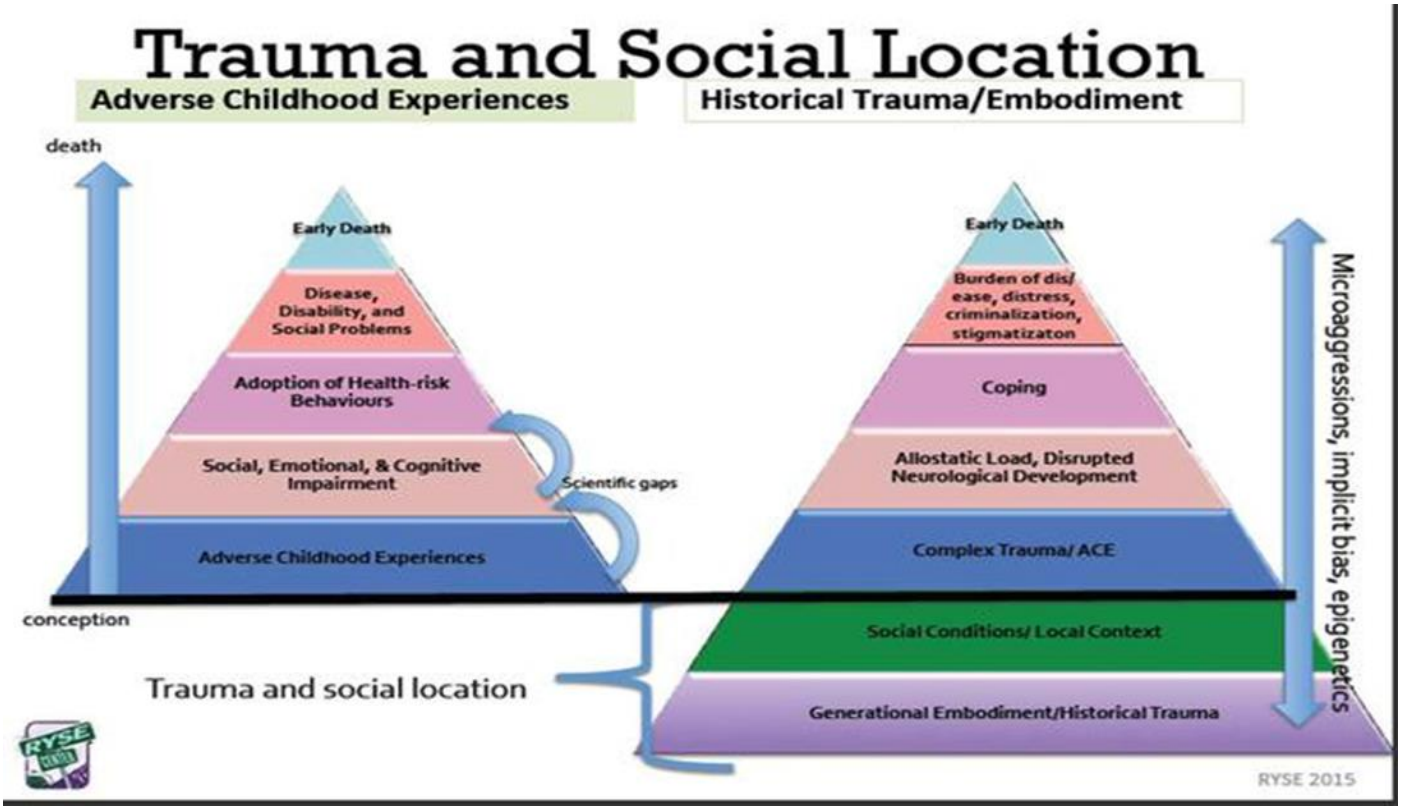
Family Services, praised the appointment of Harris and noted that "given the governor's passion about wellness, though he is not an expert himself, whom he surrounds himself with will be critical and Nadine is an excellent choice, she can inform him about behavioral health across age ranges. And this is important given that treating the mental health of children and adults is very different."

Dr. Robert K. Ross, CEO of the California Endowment identifies three objectives that the new surgeon general can perform. First, a surgeon general can "boost prevention by refocusing health reform discussions around a longer-term vision." Dr. Ross notes that for every dollar spent on treatment, three cents is spent on prevention. Second, according to Dr. Ross given that "when it comes to health, zip code matters more than genetic code, a surgeon general could organize and align the efforts of those working to improve the most unhealthy neighborhoods. Finally, Dr. Ross notes that a California surgeon general could promote health equity and reduce the 'savage disparities' in health status experienced by 'people of color,' rural and LGBTQ communities."

"A California for All" Budget

The new administration has not only signaled its commitment to the mental health of Californians in the appointment of a surgeon general with a strong background in toxic stress and adverse childhood experiences, it has proposed a budget that focuses on mental health in unprecedented ways that are important for low-income communities of color:

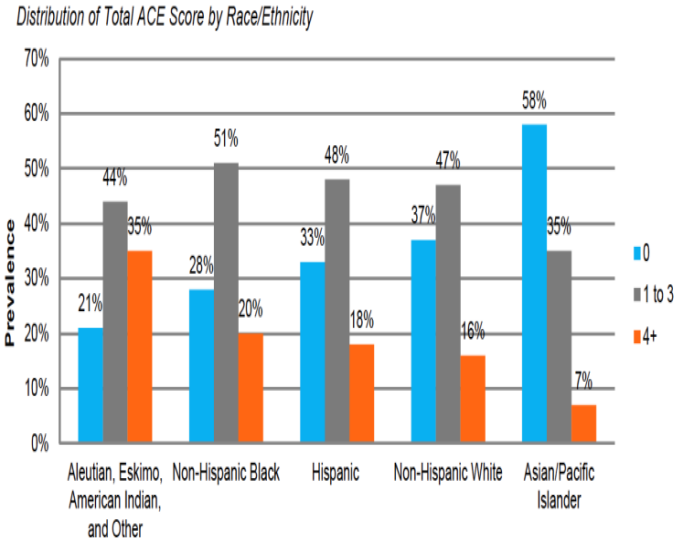
- **$45 million** to the Department of Health Care Services (DHCS) for ACEs screening for children and adults in the Medi-Cal program for children and adults under age 65. Research shows that early detection and intervention can reverse damage, so the funds will also be used to increase referrals to appropriate services based on screenings;

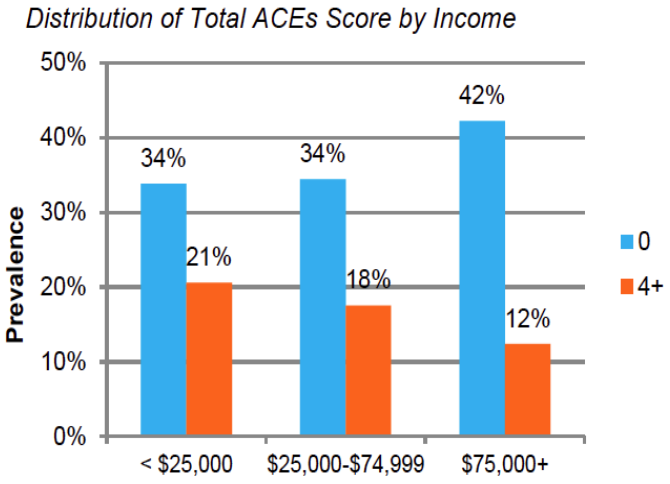


- **$30.5 million General Fund** to the Department of Public Health (CDPH) to expand home visiting and the *Black Infant Health* programs with new approaches to reach low-income mothers;
- **25 million** for innovative programs that provide effective early detection and treatment for young people in the early stages of psychosis-related illness;
- **$100 million** to expand "whole-person care" pilot programs, which offer intensive wrap-around services to people with progressed and debilitating mental illness;
- **$50 million** to grow the mental health workforce by increasing training opportunities
- **$20 million** to expand training for law enforcement on how to de-escalate encounters with people in psychiatric crisis.

Early Childhood and Adverse Childhood Experiences

Governor Newsom's proposed budget decidedly invests in early childhood as a means of addressing the future health of Californians, and of strengthening families and reducing poverty. This "two-generation approach" to early childhood proposes funding for universal preschool, universal full-day kindergarten, and CAL Grant Awards for student parents, and the expansion of paid family leave for a new parent. The governor's budget includes $45 million to improve screening for ACEs and to link at-risk families to "appropriate interventions and services." The budget argues that since individuals who experience ACEs are at greater risk of debilitating health outcomes and premature death the provision of treatment can lower long-term health costs to the state. While ACEs are universal and occur across communities, significant disparities in the prevalence of ACEs exist across socio-economic and racial/ethnic groups according to a report by the California Department of Public Health (CDPH).





CDPH, Charts 4 and 5 (see Endnotes)

According to the budget proposal, the Department of Health Care Services (DHCS) will work with stakeholders to develop an appropriate screening tool while using the same tool currently used for adults. We should note at this point that the traditional ACEs pyramid is incomplete in terms of addressing the adverse experiences of many people of color who also have experienced traumatizing events such as historical trauma. As discussed in the Spring 2018 edition of the Soul Space newsletter, the United States

government and the National Child Traumatic Stress Network, an organization created by Congress to address ACEs, has acknowledged historical trauma. Addressing the differential adverse experiences of communities in California, Rhea Boyd, M.D., Director of Equity and Justice at the California Children's Trust, emphasizes that "addressing the needs of specific communities is critical. Inequities don't look the same in different areas in the state, and there is variability among what kids need. Specificity is key." Consequently, communities of color and community advocates for health equity will have to keep informed about how the assessment instruments for children will be developed. Additionally, the proposal to keep the same assessment instrument for adults will have to be addressed as well meet the specific forms of trauma experienced by African Americans and other people of color. Given that, in a recent interview, Dr. Harris stated that in addition to "building awareness about toxic stress and ACEs," her priority is "health equity, not great outcomes for some communities and poorer outcomes for others," she will likely welcome the engagement of communities of color defining their own adverse experiences and developing screening instruments and mental health services that address the specific needs of different communities.

In the same interview, Dr. Harris identifies that one of the levers she would be pulling to implement universal early, periodic, screening, diagnosis and treatment benefit (EPSDT) is AB-340 legislation. She notes that "with the AB-340, California is moving towards universal screening for ACEs for kids receiving Medicaid, and so the implementation of that is something that I plan to be very closely invested in and really helping to work with the governor's office and our legislators in terms of, how are we implementing this in a way that allows clinicians to provide the best care to their patients to address this public health crisis."

AB-340 draws on federal law that provides for both physical and mental health periodic screening and treatment to Medicaid-eligible children under the age of 21. Alex Briscoe, Principal at the California Children's Trust, is excited about this approach. In an interview, Mr. Briscoe emphasized that through the Medicaid program, federal funding provides children with all of the medically necessary physical and mental services they require as identified by an assessment. Mr. Briscoe noted that the current "bifurcation between physical and mental health" has led to children receiving immunizations and physical services at high rates but fewer than 5% of eligible youth receive a behavioral healthcare service and only 3% receive on-going treatment, and 70% of these children are Black and Brown." Mr. Briscoe wants to "meet the EPSDT mandate but do it outside the medical model." He asks: "What if adversity was the triggering event not pathology? What if we reframed mental health services as a response to adversity rather than pathology, the so-called "medical necessity?" He continues that mental health services should not be a response to pathology, the "medical necessity of a label," "they are the right of 6 out of 10 children in California under the law." Given the significance of the potential full implementation of EPSDT, it appears clear that the surgeon general will be pulling one of the right levers to erase the false binary between physical and mental health, something African American service organizations and other providers of color have been requesting for years.

Home Visiting and Black Infant Health Programs

Among the governor's budget proposal is the expansion of home-visiting programs in general, and Black Infant Health programs in particular. The budget proposes $79 million in a mix of federal funds and the General Fund in to CalWORKS in 2019-2020. $30.5 million of the General Funds will go to the

Among the 62 competencies reported as workforce needs, the top five key competencies are: (1) cultural competency, (2) bilingual staff, (3) integrated care, (4) substance abuse training across the mental health professions, and (5) dual diagnosis.

Table 2: Key Competencies

Competency	Community Forum	Focus Group	Key Informant Interview	Survey	Total
Cultural Competency	12	3	2	26	43
Bilingual	12	4	1	17	34
Integrated Care	12	3	0	9	24
Substance Abuse Training across Professions	3	2	0	19	24
Dual Diagnosis	2	0	2	16	18

Source: OSHPD Stakeholder Engagement Data (2013)

Department of Public Health (CDPH) and $23 million of these funds will be used to implement a wider range of home visiting models based on "varying family needs. This "varying needs provision" allows for flexibility from the national evidence-based home-visiting models, such as the Triple P-Positive Parenting Program or Healthy Families America used under CALWORKS and First 5 California to implement promising community-defined home-visiting models, such as Black Infant Health Programs. The Black Infant Health Program administered by the CDPH will receive 7.5 million to expand case management and home-visiting services. This program is rooted in the culture of African Americans, which is sorely lacking in traditional home-visiting and other female parent-centered programs. The program's expansion will address the racially specific burden of the mortality rate of Black women who are three to four times as likely as white women to die during labor and the maternal period. Data shows that these outcomes persist across education, class and social economic status.

Mental Health Workforce Investment

The budget also proposes $50 million to the California Office of Statewide Health Planning and Development for the training of mental health

Table 3: Educational/Credential Need

Educational/ Credential Programs	Community Forum	Focus Group	Key Informant Interview	Survey	Total
Peer Certification	14	2	1	1	18
Dual Diagnosis Credential	1	0	0	4	5
AA and BA for Mental Health	1	0	0	3	4
Credentials for non-licensed professionals	2	0	1	1	4
Alcohol and Other Drug Abuse (AOD) Certificate	1	0	0	2	3

Source: OSHPD Stakeholder Engagement Data (2013)

professionals focused on quality care. Given that lack of culturally competent mental health practitioners in the workforce has been a frequent complaint among African Americans and other communities of color, advocates and community members participating in the next round of OSHPD stakeholder engagement processes will have to request processes that ensure that appropriate curricula and programming is used to develop the next generation of mental health professionals.

Beyond the Budget

Other policy efforts aimed at addressing pressing mental health concerns include:

- **SB 66,** which was introduced on January 8, 2019, would do away with a regulatory barrier that has kept members of California's most vulnerable residents from accessing services for both mental health and physical health on the same day. This bill would authorize community health centers to bill Medi-Cal for both physical and mental health services on the same day.

- **AB 512**, which was introduced on February 13, 2019, reads: This bill would require that each county develop a cultural competency assessment plan, which includes disparity reduction targets, to address disparities in access, utilization, and outcomes by race, ethnicity, language, sexual orientation, gender identity, and immigration status. The development of the plan will include a "public planning process that includes a significant role for Medi-Cal beneficiaries, family members, mental health advocates, providers, and public and private contract agencies." Counties would have to consult with the Office of Health Equity and the Surgeon General for review of their plans.

Establish a peer certification process to enable people with lived experience of mental illness to help others

- **SB 10**, which was introduced in December 3, 2018, and amended on January 23, would require the State Department of Health Care Services (DHCS) establish, no later than July 1, 2020, "a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialist, transition-age youth peer support specialist, family peer support specialist, and parent peer support specialist." Peers are persons who draw their own lived experiences and training to deliver support services that have been deemed an evidence based practice in treatment settings. Notably, California is currently only one of two states that does not have a peer certification, Notably, the Office of Statewide Health Planning and Development's (OSHPD) *Annual Report to the Legislature* notes that in community forums peer certification for family members of beneficiaries was identified as the top request of attendees at the forums.

According to Rhea Boyd, M.D., the policy landscape that is currently being developed to meet the mental health needs of Californians is cause for a "hopefulness that must be matched against the hard reality that California is in the midst of epidemiological crisis." The appointment of a surgeon general who understands the continuum of mental health needs from birth through adulthood and can promote awareness across California communities is promising. What remains to be seen is who will be responsible for overhauling the system and bridging the horizontal

divisions at the County level within behavioral health and between other agencies concerned with mental health, and the vertical divisions between the state and the counties, and the state and federal levels. The governor's suggestion of appointing a mental health czar over housing, mental health, and homelessness is a start, but combatting the turf wars that may ensue over funding will require organized and mobilized local communities and state-wide coalitions prepared to advocate for their own wellness in what Governor Newsom calls a California for All.

Sources:

Kaiser Family Foundation & California Health Care Foundation, The Healthcare Priorities and Experiences of California Residents: Findings from the California Health Policy Survey, Charts 1-3:

Sacramento Bee, Robert K. Ross, "How a Surgeon General Could Improve Healthcare in California January 18, 2019.

Modern Healthcare, Q&A: California's new surgeon general aims to make early health interventions a priority, March 2, 2019.

CA Dept. of Public Health: Adverse Childhood Experiences (ACEs): California Update, 2011-2013 Data: Charts 4-5

*ONTRACK Program Resources (**www.getontrack.org**) is the African American Technical Assistance Provider to the CA Reducing Disparities Project, through the Office of Health Equity, CA Dept. of Public Health, with funding from the CA Mental Health Services Act, Prop. 63.*

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