



Community Solutions to Mental Health

FINAL REPORT



"DESIGNING A COMMUNITY APPROACH TO MENTAL HEALTH"

***DRAFT* Final Report**

May 10, 2019

Introduction

On May 10, 2019, over 100 community and student leaders from Yuma County met together in a Southwest Arizona Town Hall Plenary Session to learn about, discuss and make recommendations regarding the topic, "Designing a Community Approach to Mental Health".

Those gathered heard informative presentations from a distinguished panel of experts and then separated into five breakout groups each led by a Chairperson and a Panel Recorder. Using information gleaned from research documents furnished to each participant, the knowledge gained from the speaker's panel, and the background each participant brought to the table, the five groups then addressed a series of questions designed to elicit consensus statements and recommendations regarding the topic. The Panel Recorders skillfully drafted consensus statements from each panel, which were forwarded in real time to a Report Writer. The Report Writer, working rapidly throughout the day, collated and edited the multi panel statements into a cohesive report of the consensus of the Plenary. This, then, is the Final Report of the 22nd Plenary of the Southwest Arizona Town Hall.

Part 1

A system in crisis: The mental health challenges experienced by Yuma County

A. Entering the mental health system in Yuma County: multiple pathways, uncertain access.

There are multiple ways people enter the mental health system in Yuma County, resulting in an uncoordinated system with many historic entry points no longer available. Generally, there are two ways to enter the system, voluntary and involuntary. Under those umbrellas, a variety of entry points exist depending on the precipitated entry. For example, drug or alcohol abuse may lead to one pathway (which could be private entry or a more public law enforcement entry), whereas dementia in a geriatric patient in a nursing home would follow another way. Similarly, behavioral health problems that manifest in public disruptions usually culminate with entry through law enforcement while other patients may have a more self-directed entry through a private caregiver.

As is clear, the pathways are varied and, at times, unclear. On one side of the spectrum, law enforcement can answer a call, which then leads to a decision to enter the mental health system instead of incarceration through a crisis intervention team. Intervention may also take place down the line, through the formal orders from courts or through probate and parole services for those charged with a crime. Some adults may be brought into the system through adult protective services. Children can be referred through the Department of Child Safety or through intervention by school personnel and/or parents.

Outside the legal and law enforcement arms, clients may enter through the medical system, such as the hospital or primary physician referral. Providers often have an open door policy where patients can approach by themselves. Providers also accept clients through private referrals, community agencies and organizations, and those who self-refer or are referred by family or their insurance provider, including AHCCCS. They may also enter through tribal services or military command referral. Drop-off centers and crisis hot lines are another site where clients enter the mental health system. Peer support is another avenue where people could enter the system. Employers might help employees in crisis and try to assist them through an Employee Assistant Program (EAP).

All of these avenues, however, reflect that this entrance is in a state of crisis, and there is a significant lack of knowledge of how to appropriately enter the system. This is non-cohesive system that is difficult system to navigate.

B. Resources available to mental health patients: a shortage of dedicated services.

While there are many organizations and resources that may touch on mental health services, there are few dedicated to providing comprehensive behavioral health care. Currently, the default response to many mental health issues is to call 911 and reach either law enforcement or emergency medical services. But these individuals are often better

served by alternatives that either simply do not exist or have strained access pathways. As such, there are not currently enough resources available in Yuma County to meet the needs of mental health patients, regardless of whether they are in crisis or are maintaining their health long-term.

Generally, the level of care needed determines which available resource is necessary, particularly whether the needs are acute or long term. Most of the resources are located in Yuma, but there are some in Somerton and San Luis and others within tribal communities and Mexico. In the most acute situations, resources for the immediate crisis need to be available, especially to the hospital (Yuma Regional Medical Center, or "YRMC"). For example, there is a lack of resources for people in the violent stage of Alzheimer's, and being in the hospital's ICU is inappropriate. The hospital is considered a "safe place" which can make it more difficult to place someone to an outside resource. In addition to YRMC, Horizon Health & Wellness has a 24-hour observation unit, which is available for voluntary and involuntary admissions. However, this service is similarly stretched due to a cut in funding limiting access to this resource. Apart from hospital admissions, there are several outpatient centers in Yuma County. The Quechan medical facility in Winterhaven, California also provides resources for mental health issues locally or through Tele-Med. While YRMC also provides this service, it has exceeded its capacity.

In short, mental health covers a very broad spectrum. And while there are different resources for different situations in Yuma County, not all of these resources cover all situations. There are specific areas of need and those are considered when referring. Also, while many resources exist, there is a significant lack of awareness about what resources are available to the general population—many are only known to law enforcement, or to specific organizations serving targeted populations. Further, though limited resources are available, accessing the resources can be problematic. For example, for those on AHCCCS, the ability to access the resources has been more direct without a need for a referral, but it does create duplicity of services, which is good but bad in that it creates another level of bureaucracy. Yet access is not necessarily resolved with private insurance because that usually requires a referral—or there may be a paucity of providers on a given insurance, such as providers contracted with Tricare, a major insurer in the County.

More knowledge of community resources is needed to locate the resource and then coordinate the care. Additionally, while agencies try to treat individuals with mental health issues, navigation is very difficult. There are gaps where it is difficult for individuals and agencies to find what is needed to work with specific issues, since there are a number of intricacies that can lead to individuals not being eligible for services. There is also a significant delay in providing services, such as counseling, which can take months in Yuma County and affects individuals in need or in crisis. This causes significant frustration with individuals, their families, and agencies.

There is a vast array of services that serve a role in behavioral health apart from medical centers, private providers, and family and friends. Some serve as support while others provide services to assist individuals managing their issues. They vary from programs such as Crossroads Mission, which provides a 10-day safety net to jail liaisons and community re-entry programs, or Hope Incorporated/Hope Center which provides services related to housing and other resources. While too numerous to cover them all, some groups that participate in this type of assistance include:

- Arizona Western College
- Alcoholics Anonymous (AA)
- Amberly's Place
- AZ Children's Association
- Campesinos Sin Fronteras
- Catholic Community Services
- Chicanos por la Causa
- Child Family Services
- Churches
- Community Bridges (CBI)
- Community Health Associates
- Community Partners Integrated Healthcare (CPIH)
- Crisis Line
- Easter Seals
- Gamblers Anonymous (GA)
- Healing Journey
- Helping Associates
- Hospice of Yuma
- Integrated Health Systems
- Luminaria
- Mental Ill Kids in Distress (MIKID)
- Moral Recognition Therapy
- Narcotics Anonymous (NA)
- North End Community Services
- Sexaholics Anonymous (SA)
- Overeaters Anonymous (OA)
- Pathways
- Patten
- Regional Center for Border Health
- Saguaro Foundation
- Smart Recovery
- South County Drug Coalition
- The Living Center Recovery (TLCR)
- University of Arizona
- Veterans' Administration Centers
- Yuma County Drug Coalition
- Yuma County Food Bank

C. Barriers to accessing mental health resources, intervention, support, and assistance: provider shortage, financial resources, fragmentation, and patient limitations.

A number of factors contribute to the barriers which exist when accessing mental health resources, intervention, support, and assistance in Yuma County. As the population rapidly increases, so does the need for mental health and behavioral health services. This has created a shortage of providers for an already growing need. Mental health providers are at capacity with some unable to accept new patients and others with an extremely long wait time. As a result, a small turnover in professional staff becomes detrimental to a rural area like Yuma County where recruitment and retention of health care professionals is already an ongoing issue.

Another barrier to accessing services is the complex matter of applicable insurance coverages and available financial resources. Due to the intricacies that exist in the health insurance system, many providers are only able to accept self-pay patients making it difficult for all to access care. Providers who are contracted with insurance companies often seek to get prior approval for care, yet the response from insurance companies is often slow or not at all. This can either delay or completely impede care. Medicare/Medicaid is particularly difficult. As an example, Medicare/Medicaid has an exclusion for inmates and will not provide coverage for them while they are incarcerated. With agencies or outpatient facilities unable to accept patients with certain health insurance coverages, much of the services needed by those suffering from mental health are left for the hospital to address.

Access to care in the community is closely tied to private monetary resources, especially what an insurance plan, private payer or state payer, will cover. This potential barrier is compounded by concerns about the gap for the working population who may not make enough to purchase robust coverages for mental health but make too much to qualify for AHCCCS. Also for students and children remaining on their parents' insurance, the trigger for coverage must flow through the parents as the policy holder. Further, patient diagnosis is crucial to what services are covered by insurance companies. For many insurance companies, mental illness needs to be shown as the primary cause of illness in order for an insurance plan to provide coverage. A severe mental illness ("SMI") diagnosis can help by

opening doors to services but also brings its own complexities. An SMI diagnosis requires individuals to be clean and sober for a significant number of days. The required number of days appears to change depending on the situation and therefore becomes confusing. There are providers who will not diagnose due to absence of records resulting in insurance companies declining coverage for that treatment. In situations where there is a mental health and developmental disorder, access to appropriate care and resources becomes extremely difficult to navigate. For example, if individuals are not registered with the Department of Developmental Disabilities by a particular age, they are denied coverage for that diagnosis.

Next, fragmentation of services continues to be a barrier. Often those in need do not know what and where services are available. Due to the broad spectrum of mental health issues, mental health providers specialize in specific areas such as depression, PTSD, family therapy or substance abuse. As a result, not all providers are able to assist the specific needs of a potential patient. For example, there is a tremendous need for substance abuse and detox programs, both for adults and minors. Yuma County has a dearth of preventative care opportunities. Governmental regulations add to the fragmentation of services as some federal laws may prevent sharing of information or the inability to place children in need. Currently, children must be housed in approved areas in Tucson, Phoenix or Casa Grande. Simply put, there is need for integration of services where a patient in need can be steered towards the services needed and receive specialized services from the many providers.

Another major barrier to accessing mental health resources is denial. At times, the afflicted individual simply refuses to believe that they have a mental health issue and the patient cannot be convinced that they need help. Services are difficult to mandate without legal intervention which is almost always a result of committing a serious crime. Even if a low-level crime has been committed and court-ordered mental health is required, the violator will not participate if he or she does not believe in the need for services. This often results in a probation violation and someone incarcerated when all they really needed was a mental health treatment. There is a strong public policy concern that forcing an individual to accept mental health treatment violates their individual rights. As such, unless the individual finds him/herself in the criminal system, one cannot "force" someone to accept help even when they clearly need it.

Misdiagnosis or a lack of diagnosis also contributes to the barriers since suffering individuals and, at times, their families, may not want to acknowledge the needs an individual may face. There may also be a cultural shame or stigma associated with seeking mental health care. Mental health care often involves significant effort from their family who may be unfamiliar with available resources. Oftentimes, people simply do not know what resources exist. Who does what and how they do it can be difficult for even knowledgeable professionals to find out. By not qualifying for certain programs, great frustration can arise from trying to find appropriate resources and support for individuals. This burden then falls on family members. Families are the best advocate for individuals but can struggle when trying to identify the appropriate intervention and resource for the need. These situations also negatively affect and can fragment families. An even greater barrier is when there are individuals with mental health issues who do not have family advocates. These individuals have no one upon whom they can rely.

Other barriers that exist include physical or logistic barriers such as transportation or homelessness. Patients often need to travel to receive mental health service and work schedules often don't permit this. Yuma County also has a large Hispanic population where the existing fear of disclosing citizenship status will hinder their access to care. There is also difficulty when placing certain classes of patients such as complex geriatric patients with other significant health issues. The end result is that often the nuances of each particular patient and their own special needs causes frustration to the treatment-seeking individual and their family who find no easy answer in what options are available and what pathway to care is appropriate.

D. The community's unmet mental health needs: funding, capacity, navigation, and education.

There are multiple unmet mental health needs in Yuma County today. Many have been discussed above, by necessity, as this Report has discussed, capacity and insurance problems, as well as other access and barrier issues. Certainly, the majority of the County population is not covered financially for their mental and behavioral health needs, whether they are on AHCCCS, private pay insurance, or no insurance. These and other funding issues are significant barriers to addressing mental health issues, leading to large swaths of the population with both acute and long-term needs without coverage. Likewise, the shortage of healthcare professionals is unsolved, whether that is level one in-patient care or counselors serving less acute issues. These problems are perpetuated by an educational need about mental health that continues to be unmet. There is a stigma associated with mental health, and a lack of awareness that the brain is an organ deserving of care, too, and it leads to a shortage of dedicated resources and financial coverage.

As a consequence, there are multiple populations that are underserved or unserved. There are no high-security, in-patient facilities to serve critically at-risk populations. Indeed, there is a significant lack of residential programs period, both in-patient and out-patient, including those intended to assist with substance abuse issues. Many of the programs are restricted to those individuals within the legal system. The highest concentration of programs serves those most severely ill, which leaves inadequate resources for those with less severe mental health issues. This includes those who need medication monitoring, would benefit from group activities, require pre-crisis intervention, or would simply benefit from education. A significant unmet mental health need exists for children, both in school and in private treatment options, for all needs relating to children, whether trauma-based, injury-related, behavioral, or otherwise. Indeed, there are few trauma-based providers for adults, as well. There also are few resources in Yuma County for the LGBT community, veterans, and the elderly.

Based on these discussions, the SWATH panels determined the top barriers and unmet needs facing the Yuma County community are the following:

BARRIER 1: FUNDING. There is a lack of sufficient funding for the current mental health care needs. This includes adequate insurance coverage and affordability of services, and the difficulty in qualifying to be eligible for services.

BARRIERS 2 AND 3: MENTAL HEALTH SYSTEM CAPACITY, NAMELY, THE SHORTAGE OF PROVIDERS AND FACILITIES. There is a lack of sufficient licensed providers in Yuma, as well as care facilities, including in-patient and out-patient, to service the mental health needs of the community. This also includes facilities that serve different populations, including those who suffer from substance abuse, level-one care for those who are a danger to themselves or others, those who require long-term care facilities, children, and geriatric patients. Legal professionals need better tools in order to access referrals to patients from within the criminal justice system. Yuma County has difficulty recruiting sufficient numbers of professionals to meet this need.

BARRIER 4: NAVIGATION. It is difficult for even the professionals to navigate the current fragmented system of mental health in Yuma County, let alone for patients and families who are often completely unfamiliar with the terrain. Integration is needed, both among the agencies and also in the physical structures, to ease access to programs. Access to up-to-date information is critical for all populations.

BARRIER 5: EDUCATION. More tools and avenues are needed to educate individuals about the community of resources available and how to navigate them. Additionally, more accessible materials are needed broadly on mental health so that people begin to understand these issues and become willing to service them. Education on mental health and the brain would serve to reduce the stigma surrounding behavioral health and remove the culture of shame often surrounding it. By treating mental health as a secret, it cultivates this negative attitude.

Part 2

A system in crisis: The approach and potential solutions

A. Solutions: How to overcome the top barriers and unmet needs facing Yuma County's mental health system.

FUNDING. As this is a wide-ranging issue, there are multiple possible approaches to address funding of mental health programs. While it would be great if an angel came forward with a sizeable donation, this is not practical, and more wide-ranging, community-based efforts are necessary. Mental health needs to be a singular focus with an obtainable goal. The issue of mental health must be brought forward to the public more openly. People need to tell their story. By quantifying the cost of doing nothing, such as recidivism in the criminal justice system or tying up a bed in the hospital, the community can best assess what areas need the most help. The argument needs to be that providing for mental health will make this county a better place to live. Together, the community needs to embrace this as a collective need.

The community must source sustainable funding. This can be accomplished by identifying grant opportunities, learning how to write grants, and securing endowments. There also needs to be significant lobbying at the state level to gain access to programs and

set minimum thresholds for payments for behavioral health issues to shift funding from insurers to agencies. Streamlining AHCCCS administration in order to divert funds from administration to agencies would also help. To accomplish this, key stakeholders must be involved, which include the hospital, courts, employers, school districts, law enforcement and mental health providers. This coalition would look for funding to include legislation, business sources and grants.

We should also use local RBHA's instead of out-of-state programs in order to keep the funding local. If we created a local non-profit RBHA, the funding for local services would be more transparent. We would have more control of budget allocation and we would not need to share funding with other communities.

In addition, we need to analyze how the current funding is allocated. This will help determine how to best allocate funding to programs that have the most impact. By evaluating current spending and need, we may be able to redirect current resources to better meet critical needs. There is also room to develop and investigate resources that exist, but are not being tapped.

A centralized group is needed to accomplish some of these goals. That group should be a new and ongoing centralized local organization acting as an umbrella to find resources and lobby for meaningful change, with leadership possibly serving as volunteers. One possible way to achieve these goals is to establish a foundation to conduct grant research focusing solely on mental health issues in Yuma. This foundation could give leverage for more legislation to improve funding statewide and to also define standard services that should be covered by insurance. The foundation would need a champion spokesperson, to put a face on the issue. A spokesperson with personal experience would be ideal, as it may provide extra legitimacy to the issue because the public could see the experience and empathy. A strong spokesperson will also take the mystery and stigma out of the issue. Local influencers can take the message of the mental health crisis in Yuma County to influence voters and the public.

Though not reached as a consensus of all groups, a minority voiced support for a behavioral health sales tax initiative similar to one utilized in King County, Washington. Arguing the tax was a "best practice" solution, other communities have used a sales tax or a special tax district to create a sustainable and lasting source of funds for mental and behavioral health needs.

SHORTAGE OF PROVIDERS. To generate more mental health providers, the focus should be on "growing" our own and developing local schools and training programs. To encourage growing our own, comprehensive benefit packages are a necessity to keep pay on par with state levels. Further, local providers should have their education linked to the community, such that measurable terms of service within the community bring rewards such as scholarships, loan forgiveness, and reimbursed educational costs. The community (through foundations, agencies, or other organizations) should develop training, mentorship, and residency programs to attract candidates to the area. Partnering with local universities, or universities with local reach, to develop psychiatry programs would also help interested local residents gain access to the appropriate training. Streamlining and improving training for and access to peer counseling programs will also add much needed services at the front

lines. Cultivating a stronger support foundation or networking group for professionals, especially mental health professionals, will help to foster this community. Lastly, utilizing reciprocity laws and agreements can recruit new talent, including from Mexico or through tele-psychiatry.

SHORTAGE OF FACILITIES. To increase the number of facilities, including outpatient, acute, and long-term care facilities, solutions are inextricably tied to funding discussed already. Yuma currently has fragmentation of services and does not have a dedicated behavioral health facility. A new facility needs buy-in from YRMC and the existing agencies as well as local law enforcement and court systems. The model should be focused on increasing service and keeping costs level. The facility needs to include approval from AHCCCS and the major insurance providers to ensure coverage for services. Significant work on licensing, transportation, and location-selection is needed to create a viable model, but there are available public options and large vacant buildings to support this endeavor.

NAVIGATION AND EDUCATION. Barriers 4 and 5, navigation and education, really go hand in hand. Currently, there is a fragmentation of the service providers. Subsequently, there is a gatekeeper mentality with services available which can frustrate individuals and families seeking programs and resources available. Eliminating this frustration by easing pathways to treatment and providing education on access are critical. This is accomplished by integration of information, communications, and marketing. A central clearinghouse location is vitally important to combine all of the coalitions in different but similar industries, allowing each organization to service those populations it knows best and individuals to access what works for them. Building a "one stop shop," true navigation model to support an individual through the entire mental health system from start to finish, and this should be done through both an online site and a physical site. Ideally, this would be provided through a behavioral health consortium that offers both a physical office and a website, acting as a true hub for information. The website would work with all interested agencies, organizations, providers, and insurers to provide a clearinghouse of information accessible in one place. Potentially, the consortium could even act as a third-party ombudsman. Advertising this information to make the public aware is critical, and would need to come from many origins including websites, social media, and community events. Physical collateral materials should be disseminated to other points of contact with the public, such as the Yuma County Health Department, school districts, probation departments, doctors' offices, pharmacies, and social media sites.

The education itself needs to begin at the elementary level for parents and families, teaching emotional and social skills in schools and reducing stigma of behavioral health challenges. Training programs to integrate community organizations to in turn train and educate their members and constituents on mental health issues are also important. Public Service Announcements can also be used to educate the general public on how to handle unusual behavior. Lastly, education should continue with training for law enforcement, to assist in creating better outcomes for those with mental health issues caught in the criminal justice system.

B. Accomplishing the solutions: how the community can work together

Many of the ways we as a community can help each other to accomplish these solutions have been discussed within the solutions themselves. However, one overarching solution to serve as manager of the rest is to create a consortium or foundation with the dedicated task of pursuing and directing the proposed goals and solutions related to funding, professional recruitment and development, facilities development, and education. A major provider or organization could establish an office that could act as a hub for information for the county. Agencies could collaborate with the organization with funding. They could provide the navigation site for information on mental health resources. What people in the county need is a door they can go to in order to access information—both virtual and real. Support is also needed from all community leaders, the elected leadership, the business community, and law enforcement/courts. The insurance industry and AHCCCS needs to be involved early to ensure any facilities developed provide services covered under insurance.

Apart from the solutions offered above, there are some additional tools that can serve to assist the community in allocating scarce resources. For example, Sequential Intercept Model Mapping was designed to utilize data generated by individuals with mental health issues who intersect with the criminal justice system to most strategically identify those areas of need. Modeling tools such as this would identify current gaps and deploy resources to support the current level of services.

C. Stakeholders: Identifying community members

There are many members of the community, both organizations and individuals, who would be critical in accomplishing the solutions outlined in this Report. Current healthcare providers especially, including YRMC, would need be involved in establishing solutions—whether that be a new foundation or otherwise. These front-line individuals are the care experts, and the community must depend on them to outline and define the mission.

Other critical stakeholders include members of the law enforcement system, including both judicial and police members, social workers, legislators, and the patients and their families. Other community leaders, both elected and non, and within all communities within the county (e.g., Yuma, San Luis, Cocopah, etc.) can serve a role in generating grassroots support and helping to balance the needs of other community issues with this important cause. Educational institutions with local reach, including Arizona Western College, Northern Arizona University, Arizona State University, and University of Arizona are also important in coordinating “home grown” educational initiatives. Representatives from Arizona complete plans, Medicare, Blue Cross/Blue Shield (and other major Arizona insurers) are critical to encourage insurance plan participation in any solution. Finally, representatives from the local school districts are needed to liaise with the adolescent population and provide avenues for community education.