

Mental Health Policy Session:

Each group has a case that is tied to a specific issue/theme within mental health policy. You also have information on a policy or initiative that ties into the case.

Please take 25 minutes to answer the following questions for each case:

- 1) What resources are available to your patient?
- 2) Give an introduction about the policy/initiative and describe how this policy/initiative affects your patient.
- 3) Are there gaps in the care you would be able to provide for your patient?
- 4) Answer any additional questions that are given with your case.

Prepare a poster sheet that summarizes the main points in a 5-minute presentation to your colleagues.

Group 1: Treatment and access issues:

Members: Brandon, Andrea C., Christian, Allison, Maria, Andrea N., Kayla

- Medicaid Parity: <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Medicaid/Medicaid-Parity>
- Case 1: A 54 year old woman with bipolar type I diagnosis has not had a manic episode in approximately 5 years. She has been working with the county mental health system where she receives case management, weekly therapy, and monthly psychiatric medication management. She is now “doing well and no longer meets specialty criteria” so is being “stepped down” to a community health center (FQHC) where she is no longer able to work with her team. On her first visit, she is referred to an in-house therapist (LCSW) and is put on the waitlist, which is greater than 3 months. In the meantime, she is referred to a community therapist. She is given a list of 10 therapists to call, all of which are not accepting patients or do not call back. 6 months in, she reports to her primary care she would like to consider a different medication for bipolar disorder because she is having side effects to lithium; however, he states he is uncomfortable prescribing mood stabilizers. The community health center has not had access to a psychiatrist for more than a year.

Group 2: Children’s Mental Health:

Members: Deepti, Yamira, Jessica, Rory, Shefali, Kelsey

- Mental Health in Schools: <https://www.congress.gov/bill/115th-congress/house-bill/2913/text>
- Case 2: A 12 year old boy is a student in the Oakland Unified School District. His mother, who is non-English speaking, is concerned because teachers have informed her that he has had an increasing number of conflicts at school and his grades have dropped greatly. The school social worker helps refer the family to the county mental health system and has encouraged her to pursue an Individualized Education Plan (IEP) to secure additional resources in the school setting. When the mother arrives, she reports she feels insecure about helping him due to the language barrier. In addition, she reports the child has been under a lot of stress in the past year. His father was deported, and he currently lives with 3 brothers and sisters in a 1 bedroom apartment in a neighborhood she reports as being unsafe. The child completes a full assessment. The team reports to the mother they believe that his change in behavior is likely due to his complex social situation, however, that assessment would not lead to an IEP. They believe he is within range of being diagnosed with ADHD, which they discuss as a possibility with

his mother as it would lead to an IEP. The child is referred for weekly therapy. The mother struggles greatly to make sure he gets there as she has a full work schedule. The school social worker has no access to the county electronic health record and has great difficulty in coordinating care and supports.

Group 3: Criminal Justice and Mental Health

Members: Rami, Ted H, Dat, Ted C, Trisha, Vinny, Avanthi

- The Stepping Up Initiative (reducing number of people in jail with mental illnesses): <https://www.nami.org/About-NAMI/National-Partners/The-Stepping-Up-Initiative>
- Case 3: A 28 year old, marginally housed man has recently assaulted someone on BART, and he was booked in Santa Rita Jail. There were no major injuries, though, the victim was fairly shaken. While awaiting his arraignment, the following details are discovered by the patient's attorney: the patient has a severe trauma history and was diagnosed with schizophrenia at the age of 24, he has struggled with off and on heroin and methamphetamine use which exacerbates his symptoms, he has never been able to fully engage in care due to the severity of his symptoms and his complex social situation, and he has been booked in Santa Rita upwards of 10 times for crimes of poverty or crimes related to a psychotic exacerbation. In the community, he is intermittently on methadone. On several occasions at Santa Rita jail, he has been inconsistently started on antipsychotics. In addition, he has been "courtesy detoxed" from methadone multiple times after an arrest. He has never had any continuity of care when he leaves custody. In addition to the above questions, you might consider:
 - What is Assisted Outpatient Treatment (AOT; "Laura's Law")?
 - What is a behavioral health court?

Group 4: Mental health and Primary Care

Members: Shweta, Nate, Ryon, Cliff, Betsy, Emily

- Collaborative Care: <https://www.nimh.nih.gov/news/science-news/2016/adding-better-mental-health-care-to-primary-care.shtml>
- Case 4: You're a chief medical officer for a rural community health center (FQHC) in the Central Valley, and you serve 40,000 patients across 3 different locations. Your team of primary care doctors regularly expresses anxiety about having to treat psychiatric conditions out of their comfort zones, such as those requiring antipsychotics and mood stabilizers. Recruitment of psychiatrists to the area is exceptionally difficult, and you currently have only 2.0 FTE of psychiatry time. Your primary care providers feel that the behavioral health need in the population far exceeds the capacity of the psychiatrists. On review of your psychiatrists' caseloads, it appears that once referred, very few patients return to primary care for ongoing management. In addition, your psychiatrists regularly report that many of the referrals are inappropriate and could be managed by a primary provider.
 - What is collaborative care?
 - Are there other interventions that could address psychiatric capacity?