



Roundtable Discussion

Topic: Mental Illness
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Participants

Invited Representatives

Mary Contreras Jewish Family and Children's Services, Clinical Services Director
Gus Sicard Barrio Comprehensive Family Health Care Center, Inc., Special Programs
Ann Lopez Bexar County Juvenile Detention Center, Clinical Director
Fred Hines Southwest Mental Health Center
Laura McKiernan El Centro del Barrio, Planning and Grant Management Director
Ernesto Gomez El Centro del Barrio, Chief Executive Officer
Santos Ruiz The Center for Health Care Services, Resource Development Director
Gilbert Gonzales The Center for Health Care Services, Jail Diversion Initiatives

Foundation Staff

Eusebio Diaz Grant Manager
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Overview

Jewish Family and Children's Services (JFCS)

- Provides mental health counseling services on a sliding-fee basis, accepts insurance
- Primarily funded by United Way
- Offers bilingual and bicultural counseling in cooperation with Our Lady of the Lake interns
- Primarily services North side of city, but expanding in South side with new facility on campus of the Blessed Sacrament Academy

Barrio Comprehensive Family Health Care Center, Inc. (Barrio)

- Offers behavioral (mental) health counseling for children and adults
- Only accepts internal referrals from medical and dental departments
- Behavioral health counseling is still a new program
- Offers care to only mild and moderate mental health cases, severe mental illness cases are referred to the Center for Healthcare Services
- Services the East and West sides of city

Bexar County Juvenile Detention Center (BCJD)

- Offers mental health services for incarcerated and probated juveniles
- Provides outpatient services through probation officers
- Goal to prevent recidivism through home care and counseling
- Contracts services through numerous local mental health providers and resident homes
- Opening a new Residential Care Facility with 24 beds
- Provides mental health services after release from incarceration

Southwest Mental Health Center (Southwest)

- A non-profit psychiatric hospital for children and adolescents ages 3-18
- Average 39 patients per month
- Provides outpatient psychiatric services
- Offers a partial hospital program with 16 beds (**Please expand on this**)
- Employs 9 child psychiatrists

El Centro del Barrio (El Centro)

- Primarily serves the South side of city as well as six tracts on the North side
- Provides counseling services
- Employs 4 full-time counselors and one full-time psychiatrist
- Accepts referrals for uninsured patients
- Provides outpatient services

Center for Health Care Services (CHS)

- Works with local non-profit health care providers
- Encourages partnerships and joint ventures in tackling mental illness
- Provides a needs assessment for local community
- Focuses on seriousness of mental illness

- Expanding the safety-net in local mental health care services
- Promoting jail diversion and family violence awareness
- Works with emergency services/first responders, such as police officers, for mental health awareness

Issues

What are the current needs for the community?

- Crisis Intervention Programs (CIPs) are needed for juveniles
 - Police officers are often called to deal with situations where adults with mental illness is engaging in problematic behavior
 - Provide training for law enforcement in dealing with mentally ill individuals
 - CHS implemented CIPs to train at least one SAPD officer in each precinct
 - Educates law enforcement on mental health awareness, issues, and how to handle possibly mentally ill individuals
 - Relieves police and court systems of backlogs dealing with mental health cases
 - Avoids improper and inappropriate handling and incarceration
 - Diverts the mentally ill from jail to treatment facilities where they can begin to receive the care and help they need as opposed to being jailed.
 - Unfortunately, such a diversion program does not exist in Bexar County for adolescents
 - This has resulted in a significant increase of adolescents in the juvenile justice system, many of which present with mental illness
 - Criminalizes youth who need mental health care, creating a cycle that is often repeated many times through adulthood
 - There is a program in San Diego, California called, “Breaking the Cycle” that has been recognized as a model jail diversion program for adolescents
- Juvenile Corrections System as a mental health provider
 - Deinstitutionalization has decreased the number of beds in mental health facilities and increased the number of mentally ill persons in the prison system
 - There has been an increase in number of mentally ill children in juvenile system as well:
 - In the past, BCJD saw only 20% of juvenile detainees needing psychotropic drugs
 - Today, 70% are prescribed psychotropic drugs
 - 89% of BCJD detainees are substance dependent
 - 11% have psychotic symptoms
 - **(Can you elaborate on these figures?)**
 - Early detection is crucial to prevent incarceration
 - BCJC working with Northside ISD truant officers looking for early warning signs

- Currently there is no program asserting early intervention in the San Antonio area, especially for adolescents
- Problems with current diversion programs:
 - Diversion programs only work if there is a place to divert them to. There is still a general lack of mental health services to meet the need of the community. Stronger diversion programs will only accentuate how critical this need is
 - The nation has seen deinstitutionalization cause a shift from institutions, to homelessness, to prisons.
 - Current intervention programs address problems at the Crisis level, as opposed to the crisis level: once the problem becomes larger, and much more serious.
 - In order to succeed, needs the support from all levels, programmatic and financial, including County and city justice and law enforcement systems, nonprofit organizations, school districts and mental health providers.
- Lack of insurance and access to mental health care
 - Many insurance programs do not cover mental health
 - CHIP's mental health coverage has decreased
 - Cost of drugs is out of reach for most who need them
 - JFCS provides drugs for up to three months
 - Many non-profits cannot afford the cost of medications
 - Insurance problems plague the system
 - Insurance payouts are slow and difficult to receive
 - Some Medicaid providers have experienced a series of problems receiving reimbursement from Medicaid
 - Insurance programs that pay on time and cover mental health care could help non-profits care for those without insurance or who cannot pay directly
- Those in need of mental health services and seeking care are being seen by Primary Care providers
 - Low-income families often seek mental health care through local primary care providers who are unprepared and/or unwilling to diagnose/treat mental illness
 - Primary care providers need to be trained to diagnose or refer possible mental health cases
 - Affordable care is crucial
 - Primary care providers can help to provide treatment and prescriptions
 - Primary care providers can incorporate mental health care into their practice, which can help eliminate the burden placed on the mental health field
 - There exists a need for trust and cooperation between primary care physicians and psychiatrists
 - Need to become comfortable with psychiatric work-ups
 - Reform education programs of both to make a more collegial atmosphere
 - Working within healthcare systems can help promote a "warm hand-off"

- Rather than a referral from a physician to a separate psychiatrist or social worker/counselor, need to have all involved in general vicinity, same office, etc.
 - Prevents the loss of patient after referral
 - El Centro del Barrio hopes to begin a program in January
- Medications for mentally ill patients
 - High cost is a road-block to providing medications free-of-charge or at a reduced cost
 - Some programs exist to help with the high cost
 - Partnerships with pharmaceuticals (difficult to do as each company has their own unique application).
 - Robert Wood Johnson Foundation: streamlines the application process for free medication available from the various pharmaceutical companies with an online database
 - Software programs connecting Federally Qualified Health Centers (FQHC), such as El Centro del Barrio and Barrio Comprehensive, with pharmaceuticals
- There is no central resource center for mental health information in the area
 - Websites have not been updated or are being updated currently
 - A central resource center for the area could vastly reduce research time
 - Would assist local providers and those seeking help the information they need in a timely fashion
 - Mental Health Association has been working on compiling a mental health service clearinghouse, including providers and the capacity for care.
- Currently, no advocacy group for Hispanics exists
 - There exists a great need for a family-based care model in Bexar County
 - Access to care and retention in care is not pursued
 - Latino and minority care is low nationwide
 - A community collaborative initiative is necessary
 - Working with other non-mental health advocacy groups in area (e.g. Avancé) can help promote mental health awareness among Hispanic families and children
 - Must bring in outside groups to the discussion
 - Other organizations and agencies working with high risk populations need to be included in any conversation regarding systems improvement
 - Groups working with pregnant women (e.g. Healthy Start) can help promote mental health for those at-risk for post-partum depression, etc.
- Children have few resources to seek care
 - Schools and parents are first line of defense in preventative mental health care
 - Schools are in unique situation to step in and prevent suicide
 - School counselors and teachers need to be educated to handle mental health problems among children

- There is a gap in the education of mental health professionals
 - Social workers, counselors, and psychiatrists need to be educated on local statistics and problems
 - Many in the field are familiar with the academic side of their area, but not the practical side of the field as it pertains locally
 - There is a general lack of mental health counselors
 - There is a lack of resources and capacity in the current system to meet the current demand
 - People are turning to other systems (e.g. their physicians)
 - Need other resources and outreach programs before law enforcement is forced to intervene

Recommendations

What can be done to increase the system's capacity?

- There are too few people working in the field to meet the demand
- Need increased and better training for counselors and educators in schools
- A change in federal, state, and local legislation to create a customer-friendly environment
- Need places to divert those with mental illness from prison system
- Incentives and funds to promote active group participation to get out and provide treatment at a professional level
- The medical and mental health system must be integrated to allow for more timely and efficient care and treatment of a mental health problem
- Internal development of capability
- Working directly with Medicaid and directly seeking funds and grants

What else can be done?

- Problems in the family/home are increasing
 - Too many cases of recidivism among youth connected to problems in the home
 - Child Protective Services backlog and apathetic approach to problems are becoming the responsibility of the juvenile justice system
- Need to reduce the stigma of mental illness, especially among Hispanics
 - There is no mental health vocabulary in Spanish to describe/explain the problem
 - Must find a way to explain mental health in simple terms
 - Public service announcements in Spanish on radio and television, especially directed toward youth can have a huge impact on mental health awareness
 - Partnerships with media can do this at a low cost
 - Changing the vocabulary can help
 - Por Vida Academy refers to counselors as “mentors” to reduce the stigma of seeking help

- Monthly meetings to discuss the issues are crucial
- Bring the public school system into the discussion
 - Schools districts have seemed to be cavalier in approach to mental health awareness
 - Schools may be reluctant to be involved because of the requirements of the Americans with Disabilities Act (ADA)
 - Promote programs like the discontinued Emerging Horizons program that Northside ISD had
 - Must help fund these programs
- Must employ successful diversion and recidivism reducing models
 - **Breaking Cycles Model**
 - Reduced recidivism of youth in San Diego by a whopping 50%
 - Engages families
 - Incarceration creates worse behavior, secondary deviance
 - Evidence-based practices are critical
- Must employ the primary care-givers: **Family**
 - The family needs someplace to turn for help other than law enforcement
 - Must increase the education and pursue retention to care through family support groups
- Must require discussion of the problem in the system to force solutions
 - A series of mandatory monthly meetings
 - Discuss proposals and results of proposals put into phase
- A streamlined mental health screening system
 - Many of the kids in the BCJD have had numerous diagnoses that did not review or build on previous diagnoses
 - The system is too fragmented
- **MUST WORK TOGETHER**
 - Independent research and models are not progressive
 - Must collaborate and pool resources
 - Make advancements on existing models/approaches rather than building new models from scratch
 - Employ the help and support of community leaders, politicians, and judges, etc.

Summary

The participants in this Roundtable Discussion brought many important and informative issues regarding the state of mental health in the San Antonio area. Though this is a vast topic, many good points came out that have promising potential.

The success of the “Breaking Cycles” Model out of San Diego cannot be ignored as a possible juvenile diversion tactic that employs many of the concerns about recidivism, family responsibility, and community responsiveness that were brought up in the discussion.

Public service announcements reaching out to the Hispanic and minority communities in the area can be a highly visible and effective method of informing the public of the importance of mental health screening and preventative care. There is no doubt that such a campaign can impact the community as a whole and provide information regarding local mental health services to those who may need it.

Local school districts need to be involved in the mental health discussions. School districts must be involved the discussion and solution process because of the effect they have over the lives and health of children in the community, and are usually the first system in which a mental health problem presents itself.

The integration of primary care and mental health is needed. This would allow for the “warm handoff” between the two systems, streamline the treatment process, save crucial law enforcement energies shuttling patients from medical providers to mental health providers, and maximize the dwindling public dollars available for mental health.