



Accessing Mental Health in the Shadows

How Immigrants in California Struggle to Get Needed Care



CPEHN

California Pan-Ethnic Health Network

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ABOUT CPEHN

The California Pan-Ethnic Health Network (CPEHN) is a statewide, multicultural health advocacy organization that works to ensure all Californians have access to quality health care and can live healthy lives. We gather the strength of communities of color to build a united and powerful voice for health equity. For more information, visit www.cpehn.org.





INTRODUCTION

The expansion of public mental health services over the last several decades, while significant, does not guarantee access to mental health care for all California residents, especially undocumented immigrants. Despite the major investments and tremendous progress made to provide residents with coverage for mental health services, barriers to accessing care remain. Low-income undocumented adults continue to be locked out of most health coverage options and mental health benefits. Immigrants' traumatic and often violent migratory experiences, coupled with the stigma and misconception of receiving mental health services, puts the physical and mental wellbeing of immigrants at particular risk. Immigration enforcement actions and increased rhetoric by the federal administration have only escalated an increasingly perilous mental health situation for immigrant communities. These realities demand more of California's public mental health services.

In light of these conditions, the California Pan-Ethnic Health Network (CPEHN) undertook a community-driven research project. There is a need to establish a baseline understanding of the current state of access to mental health care. Low-income undocumented adultsⁱ do not have access to most health coverage options or mental health benefits. Medi-Cal in particular plays a crucial role in providing mental health services to immigrants in California. Nationally, Medicaid is the largest payer of mental health services. Yet in California, low-income undocumented adults continue to be locked out of Medi-Cal's mental health benefits.

While our research primarily focuses on undocumented adults, the intersectional experiences of immigrant communities means that many of our findings apply to immigrant children, refugees, citizens, LGBTQ+ individuals, and countless others whose mental health and wellbeing is currently under attack by immigration enforcement activities and political rhetoric of the federal administration.

ⁱ The term "low-income undocumented adults" may be used interchangeably with "undocumented immigrants" throughout this report.

Immigrants in California

California is home to more immigrants than any other state:

- Immigrants in the state are a diverse group: 42% are from Mexico, 35% are from Asia, 8% are from Central America, 7% are from Europe, 3% are from South America and the Caribbean, 2% are from Africa, and 2% are from the rest of the world.¹

California's immigrants have diverse and intersectional identities:

- There are an estimated 250,000 undocumented LGBTQ+ immigrants in California.²
- Among black immigrants in California, 16% are undocumented.³
- Between 2013 and 2017, more than 30,000 refugees settled in California.⁴

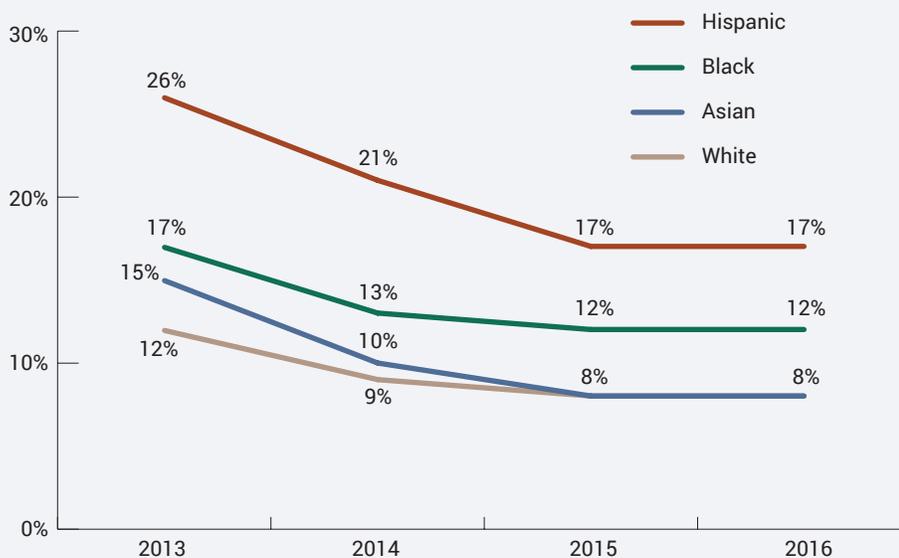
California is home to the largest undocumented population, yet most live in mixed-status households:

- Nearly one in every two California children has at least one immigrant parent, and three in four non-citizens live in households that also have citizens.⁵
- Most non-citizens (74%) live in households that also have citizens. About 81% of non-citizen Latinos live in households with citizens, while approximately 62% of Asian American, Native Hawaiian, and Pacific Islander non-citizens also live with citizens.⁶

How the immigrant experience impacts mental health and wellness

California's immigrant communities face long-standing barriers to educational attainment, economic opportunities, and access to social services and health care. Immigrants

Uninsured Rate Among Nonelderly Individuals by Race/Ethnicity, 2013–2016



Artiga, S., Foutz, J. Damico, A. (2018). Health Coverage by Race and Ethnicity: Changes Under the ACA. Menlo Park, CA: The Henry K. Kaiser Family Foundation.

and refugee communities have faced egregious violations of their rights, safety, and mental wellbeing. The Trump Administration has issued travel bans targeting Muslim-majority countries, attempted to rescind essential protections for young immigrants through attacks on the Deferred Action for Childhood Arrivals (DACA) program, and engaged in unprecedented immigration enforcement tactics.

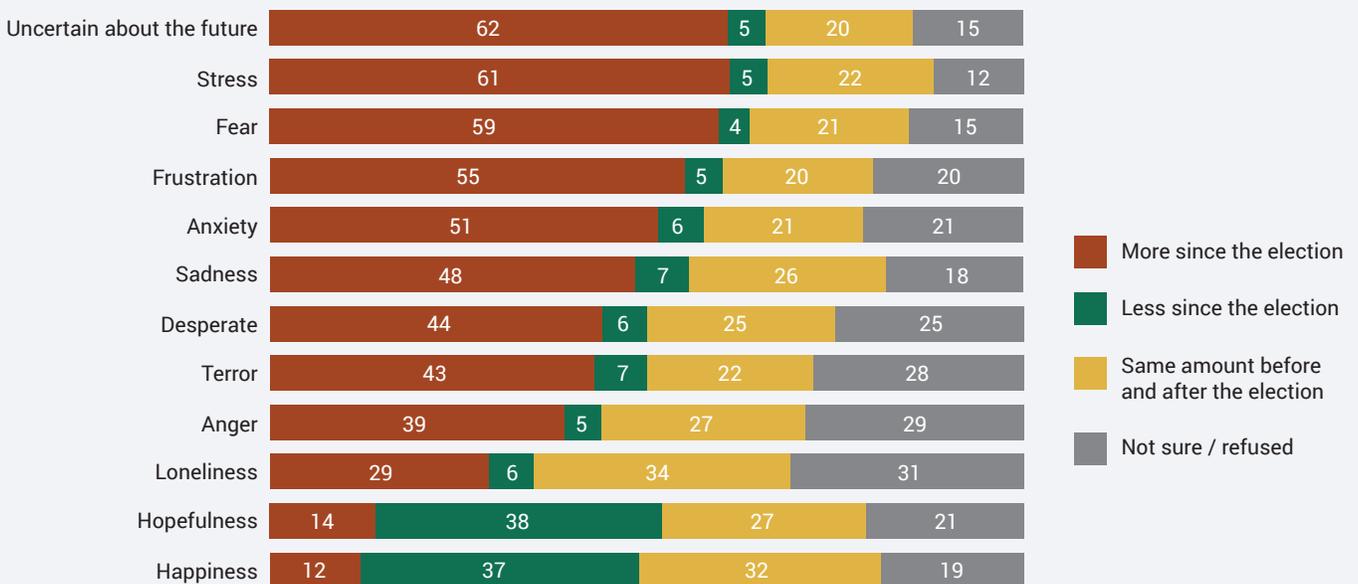
These policies and tactics create anxiety and despair, while also threatening the precarious trust between immigrant communities and government agencies. In 2017, Immigration and Customs Enforcement (ICE) deported 37 % more people living within the U.S. than it did in 2016.⁷ According to health care providers, immigrants and children of immigrants now avoid necessary care and treatment out of fear of deportation.

The current political climate’s impact on the mental health and wellbeing of immigrants is supported by the work and research of advocates across the state. **The Children’s Partnership and**

the California Immigrant Policy Center recently found that, since the 2016 election, immigrant families are experiencing an increase in several emotions across a number of key mental health and wellbeing indicators:

The documented increase in uncertainty, stress, fear, and frustration is especially challenging for low-income adults who, due to their immigration status, remain locked out of health coverage and mental-health benefits. A recent study found that “Undocumented Latinos were the least likely to have seen a mental health professional in the past year and were the least likely to have insurance that covered mental health treatment. Undocumented Latinos were the most likely not to seek help for mental health due to cost of treatment.” These findings are informative to the extent that it may reflect low utilization rates among other undocumented ethnic populations and shows that access to mental health care is inextricably tied to insurance and cost of care for low-income undocumented adults.⁸

Feelings and Emotions Experienced Among Immigrant Parents Since the 2016 Presidential Election (N=495)



Source: The Children’s Partnership & California Immigrant Policy Center (2018). Healthy Mind, Healthy Future: Promoting the Mental Health and Wellbeing of Children in Immigrant Families in California.

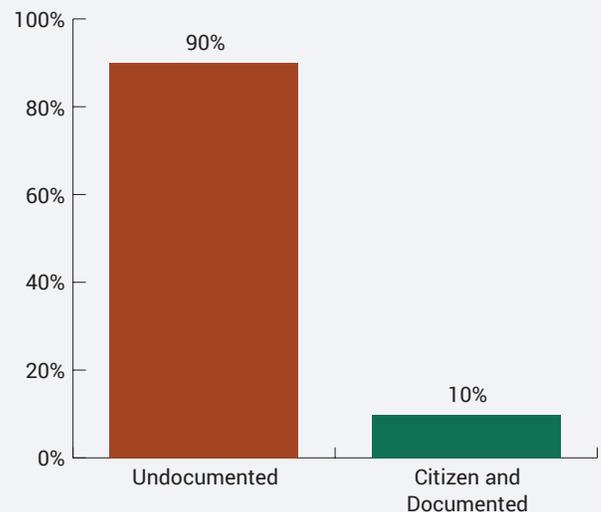
CALIFORNIA'S PUBLIC MENTAL HEALTH SYSTEM

California has introduced some of the nation's most progressive mental health policies, particularly for historically underserved populations. Today, most low-income Californians are eligible for mental health services through a variety of health coverage options, including Medi-Cal, Covered California (California's health benefit exchange), and private insurance. Following the implementation of the Affordable Care Act, mental health (including substance abuse recovery) benefits are offered in all health plans. In addition to greater coverage options and more benefits, funding for public mental health services has grown over the last decade. Communities of color and immigrant communities have experienced significant gains in health coverage since the implementation of the Affordable Care Act.

There have been enormous strides in health coverage expansion, including mental health coverage. Low-income undocumented adults still comprise the majority of those without access to full-scope Medi-Cal and its mental health benefits. Indeed, our evaluation of California's public mental health services reveals that large segments of immigrant communities, especially undocumented communities, go without mental health care in times of increased risk and despair, often relying on partial coverage and fragmented paths to coverage.

All pregnant women on Medi-Cal (full-scope or “pregnancy-related”) get full mental health and substance abuse recovery benefits, regardless of immigration status.

Uninsured Rate, by Citizenship Status
Low-Income Adults, California, 2015–2016

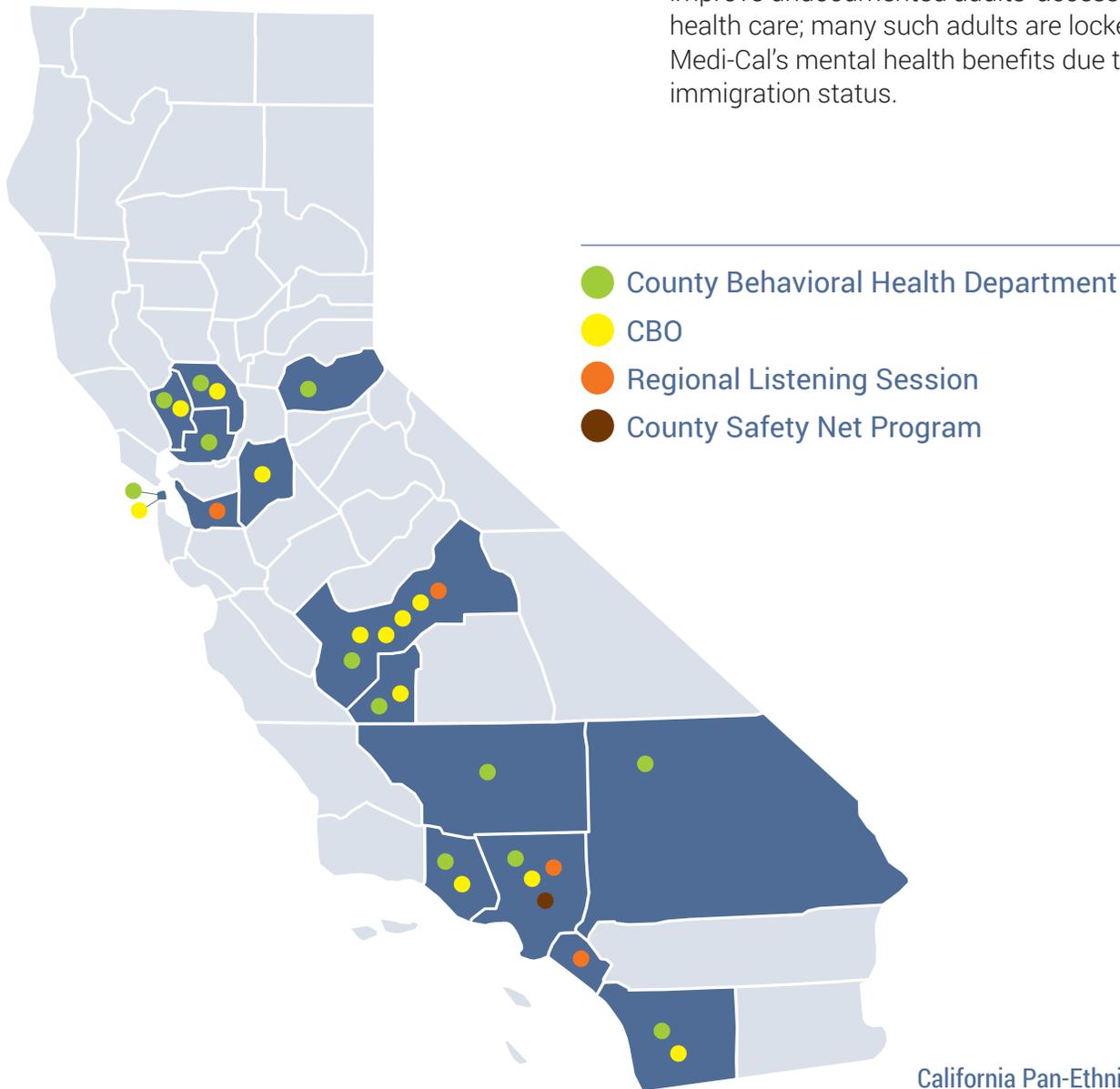


Source: UCLA Center for Health Policy Research. Analysis of California Health Interview Survey (CHIS) 2015-2016.

RESEARCH METHODOLOGY

In ***“Access to Mental Health Care in the Shadows: How Immigrants in California Struggle to Get Needed Care,”*** CPEHN sets the groundwork for local and statewide opportunities. Public mental health advocates and policymakers are invited to become allies in the fight to expand access to mental health care for all Californians, regardless of their immigration status.

Geographic Distribution of Subject Matter Experts



After an extensive literature review, our research reveals there is minimal analysis of how public mental health policy impacts access to mental health care for immigrants, especially undocumented immigrants, and the providers who serve them.

In summer 2018, CPEHN conducted semi-structured interviews, regional listening sessions, and collaborative meetings. The goal was to understand the experiences of public mental health care providers who serve undocumented immigrants. CPEHN sought recommendations to improve undocumented adults’ access to mental health care; many such adults are locked out of Medi-Cal’s mental health benefits due to their immigration status.



Figure 2: Behavioral Health Equity Collaborative

Behavioral Health Equity Collaborative

In 2017, the Behavioral Health Equity Collaborative prioritized the issue of undocumented immigrants' access to mental health services. An expanding political climate of hate and bigotry has a direct impact on individuals and families. The Behavioral Health Equity Collaborative (BHEC), comprised of local and state advocates, was launched by CPEHN in 2016. The mission is to pursue greater investments into appropriate and quality mental health services for communities of color and other historically underserved communities. The Collaborative tasked CPEHN with better understanding barriers affecting immigrant communities' access to mental health. In 2018, the Collaborative reviewed the findings of CPEHN's research and provided their own recommendations, which are listed at the end of this report.⁹

Regional Listening Sessions

In August 2018, CPEHN hosted a series of four regional listening sessions—in Los Angeles, Santa Ana, Fresno, and Oakland—to discuss local advocates' regional policy issues, including the state of mental health in immigrant communities. The listening sessions confirmed the urgent mental health issues affecting the wellbeing of

immigrant communities, including undocumented communities. Attendees identified barriers to mental health care for immigrant communities and provided their own recommendations, which are listed at the end of this report.¹⁰



Figure 3: Fresno Regional Listening Session

County and Stakeholder Interviews

CPEHN recognizes the crucial role of California's county behavioral health departments. They are both safety net and primary provider of mental health services. Given the breadth and diversity of local communities, we conducted interviews with fifteen county behavioral health leaders from twelve California County behavioral health departments. We additionally conducted stakeholder interviews with non-profit mental health providers, legal aid organizations, community-based organizations, and other health care entities.

We have expanded and seen the need to find resources for these families to make sure they get adequate professional help.

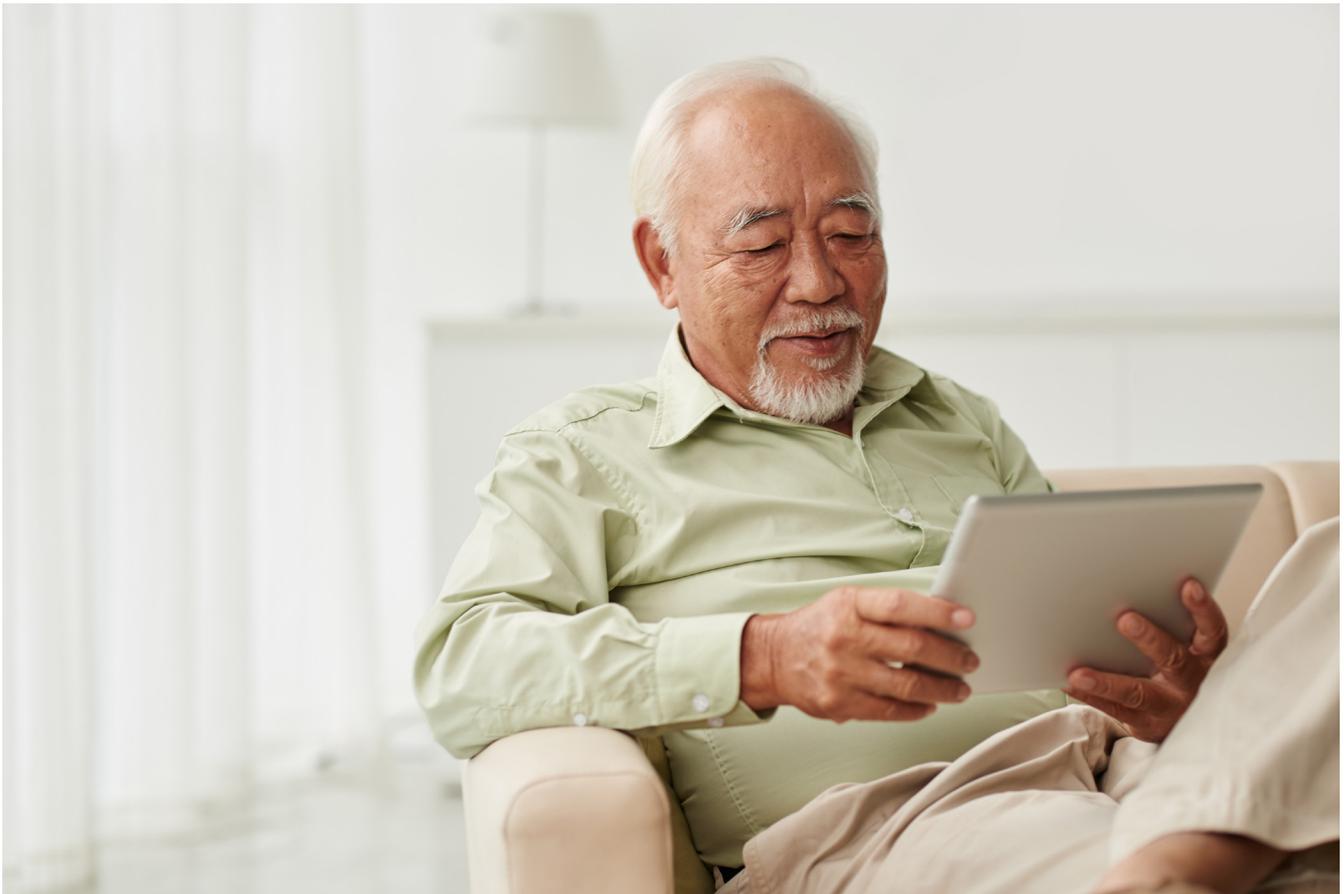


– Community-Based Organization

Research Questions

CPEHN's interviews and dialogues with stakeholders sought to answer the following questions:

- How are the specific mental health needs of immigrant communities being assessed by county behavioral health departments and providers?
- How are county behavioral health departments, providers, and community-based organizations conducting outreach to immigrant communities? Are these strategies effective?
- What kinds of mental health services and funding sources are available to undocumented immigrants and how are these services currently provided?
- What are the barriers to providing culturally and linguistically competent mental health care to undocumented Californians, and how can these barriers be addressed?
- What steps are mental health providers, including county behavioral health departments, taking to protect undocumented clients from immigration enforcement?
- What recommendations do mental health providers, community-based organizations, and county behavioral health departments have to improve access to mental health care for undocumented immigrants?





FINDINGS

Assessing the Needs of Immigrant Communities

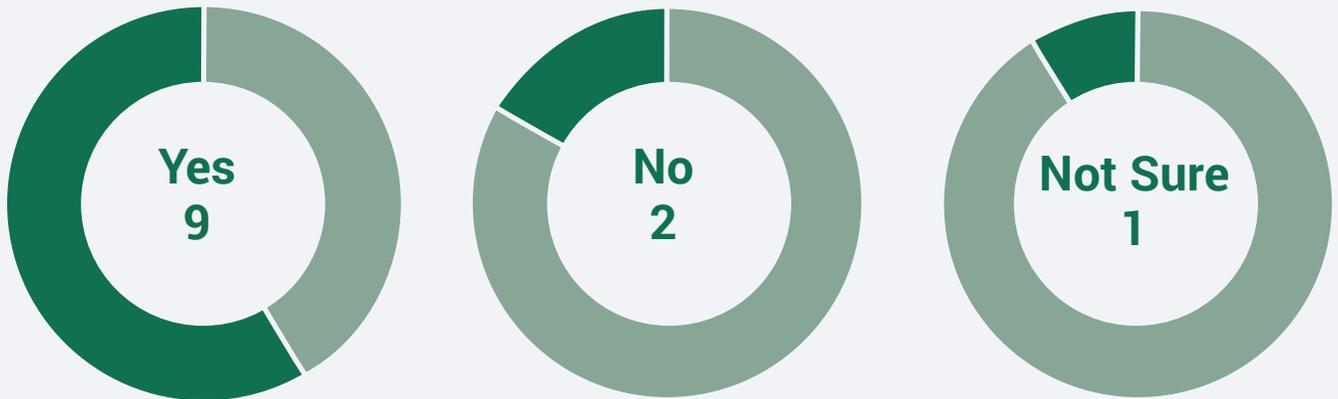
Immigrants—including low-income undocumented adults—face many barriers to physical and mental health care. Not least of these is increased mental distress and anxiety experienced by immigrant families since the 2016 election. The stigma of mental health issues is the backdrop to the daily fear of detention and deportation; it isolates immigrants who may need critical mental health care resources for the health and wellbeing of themselves and their families. Individual mental health assessments are key in identifying needs and creating a treatment plan. But a formal needs assessment, at the county or state level, is a crucial first step to developing programs and strategies that meet the diverse and complex needs of immigrants, including low-income undocumented adults. In our interviews, stakeholders overwhelmingly saw great value in conducting formal needs assessments of these individuals. But there are a number of key challenges to such an assessment's formation and implementation.

The majority of county behavioral health departments see a reason to conduct a formal needs assessment of the mental health of immigrants and immigrant families, including those low-income undocumented adults who remain ineligible for Medi-Cal's mental health benefits.

[a formal needs assessment] would be helpful because we could tailor services to target those populations because there are certain areas impacted more than others.

— County Behavioral Health Department

Do you see a reason in doing a formal assessment of the mental health needs of immigrants and immigrant families, including adults who do not have access to full-scope Medi-Cal due to their immigration status? Why or why not?



Note: Missing response from San Francisco county.

The majority of community-based organizations also see a reason to conduct a formal needs assessment of the mental health of immigrants and immigrant families, including those low-income undocumented adults who remain ineligible for Medi-Cal’s mental health benefits due to their immigration status.

However, the majority of county behavioral health departments have not actually conducted a formal needs assessment of the mental health of immigrants and immigrant families, including low-income undocumented adults who remain ineligible for Medi-Cal’s mental health benefits due to their immigration status.

[A formal needs assessment] will give us tools and data to show county mental health department[s] why it is needed to do more mental health outreach to the community in a formal manner.



– Community-Based Organization

Challenges

County behavioral health departments do use other formal assessment tools to evaluate the mental health needs of immigrants and immigrant families and address any necessary programmatic changes. Findings from many other formal assessments have resulted in ongoing programmatic improvements and, in some cases, increases in penetration rates among underserved populations such as immigrants. Among other topics related to immigrant mental health needs, county behavioral health departments assess language preferences, race/ethnicity, and cultural competence with the use of other assessment tools. Among these are informal discussions, the community planning process, and cultural competency plans. However, our stakeholder interviews reveal that county behavioral health leaders are struggling with an extraordinary dilemma. How do mental health policymakers and advocates balance the potential risks to immigrant and undocumented immigrants', safety with the value of a formal needs assessment of the mental health of immigrants, including undocumented immigrants?

Cultural Competency Plan Requirements (CCPRs)

While most county behavioral health departments have not conducted formal needs assessments of the mental health of immigrants and immigrant families, county behavioral health departments are required to develop and submit Cultural Competency Plans (CCPs) to the Department of Health Care Services. These plans cover all public mental health services and are required to assess and address disparities.¹¹ These plans aim to develop culturally and linguistically competent programs and services, to meet the needs of California's diverse racial, ethnic, and cultural communities in the public mental health care system, including immigrant communities. Through cultural competency plan requirements, county behavioral health departments are required to conduct an updated assessment of their communities' service needs.

Eight criteria were developed to encompass the revised CCPR (2010) and assist county behavioral health departments in identifying and addressing disparities across the entire mental health system¹²:

- Criterion I: Commitment to Cultural Competence
- Criterion II: Updated Assessment of Service Needs
- Criterion III: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
- Criterion IV: Client/Family Member/Community Committee: Integration of the Committee Within The County Mental Health System
- Criterion V: Culturally Competent Training Activities
- Criterion VI: County's Commitment To Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff Criterion
- Criterion VII: Language Capacity
- Criterion VIII: Adaptation of Services

Recommendations

- County behavioral health departments should do formal needs assessments of the mental health needs of immigrants and immigrant families. County behavioral health departments should work through the inherent difficulties associated with data collection and outreach among undocumented immigrants.
- The State should provide greater direction to county behavioral health departments. What metrics can they safely use to evaluate mental health disparities among all immigrant communities, including undocumented immigrants?

I think one of the things that might be of interest would be to get a better handle on this so-called indigent population. Even with the ACA, the numbers have even dipped a little bit since the federal administration change, it begs the question . . . who is accessing health care and medical services? Who is this population? I don't know if there is a way to tease that out that doesn't seem intrusive to these communities. This could be something that oversight might want to be interested in.

– County Behavioral Health Department

County behavioral health departments are required to submit, in their cultural competency plans, data on the demographics of the remaining uninsured. However, the plan fails to conduct a discreet needs assessment of one key cultural group: undocumented immigrants.

- The State should reform the Cultural Competency Plan Regulations and include a discrete needs assessment of the mental health care needs of low-income undocumented adults who remain ineligible for Medi-Cal's mental health benefits due to their immigration status. The state also should convene its major agencies to sponsor

a statewide formal needs assessment of the mental health needs of immigrants, including undocumented immigrants.

Outreach and Referrals

Long before the federal administration's downpour of anti-immigrant policies, county behavioral health departments recognized the central role of outreach in achieving stigma reduction, prevention, and linkages to care in immigrant communities. County behavioral health departments have developed, reformed, and expanded outreach efforts in immigrant communities. County behavioral health departments have deployed Culturally Based Access Navigators; invested in population-specific outreach staff; partnered with consulates, faith-based institutions, schools, and community health centers; conducted media and communications campaigns; hired community health workers and promotoras; and invested in capacity building and technical assistance of trusted ethnic-based organizations.

Data. We really need data on mental health needs of the My Health LA population. [We need] data on if they do get treatment and finalize this treatment. We know nothing about whether, or where, they are getting served for mental-health needs.

– County Safety Net Program



Challenges

The unprecedented anti-immigrant climate has forced county behavioral health departments to revisit the effectiveness of their outreach strategies, ones long thought to meet the communities' need. Our stakeholders noted that community-based organizations lack the referral tools, basic information about services, and eligibility criteria to facilitate linking mental health services to immigrants, especially those low-income undocumented adults who remain ineligible for Medi-Cal. Stakeholders shared that county behavioral health departments also face a long list of struggles, including recruitment and retention of bilingual and bicultural staff, partnerships with the agricultural community, and threats from local decision makers to vulnerable communities, including undocumented immigrants' funding and services.

We take care of undocumented people that come. But I don't think we do a great job at outreaching. There is a fine line between us not wanting to do something like advertise that we serve the undocumented population as this could put our current patients at risk.



— County Behavioral Health Department

What works best for our community is not just “here is a phone number” and call, but saying “when you get to this office, you’re going to talk with this person.” We have those direct connections with other providers, but not for mental health.

— Community-Based Organization

Recommendations

- County behavioral health departments should partner with community-based organizations in early outreach planning stages, needs assessments, and programs. This facilitates inclusion of undocumented immigrants by trusted partners, inside and outside the health system.
- The State should provide county behavioral health departments with legal support to discuss and evaluate safe mental health outreach strategies to immigrants, including undocumented immigrants.
- The State should provide county behavioral health departments with legal support to develop and distribute mental health resource directories, which include comprehensive and no-cost mental health services for those low-income undocumented adults who remain ineligible for Medi-Cal.
- Undocumented immigrants depend heavily on legal aid organizations for information and resources. To provide mental health care, county behavioral health departments should pursue opportunities to partner with immigrant legal defense services.

Safe Space Policies

SB 54: The California Values Act

California has pioneered policies to protect immigrants and undocumented immigrants from detention and deportation, most recently in 2017 with the passage of SB 54: The California Values Act. The California Values Act represents a major stride forward in the state's commitment to the safety and wellbeing of immigrants in public facilities. It requires all public schools, health facilities operated by the state or political subdivision of the state, and courthouses, among others, to implement policies that ensure their services and facilities remain accessible to all Californians, regardless of immigration status. It specifically puts forth model policies for public health facilities, including county mental health facilities. To meet the law's requirements, the California attorney general published model policies for public health facilities on September 28, 2018.¹³

As of August 2018, 8 out of 12 counties have NOT implemented safe space policies at their county mental health facilities.

We are seeing an increase in hesitation to access [mental health] services because they will ask, will ICE ask? Will you alert ICE?



— County Behavioral Health Department

The Role of Public Mental Health Services in Public Charge

For over a hundred years, the government has recognized that supports like health care, nutrition, and housing assistance help families thrive and remain productive. And decades ago, the government clarified that immigrant families can seek health care, nutrition, and housing assistance without fear that doing so will harm their immigration cases.

But on October 10, 2018, the Department of Homeland Security (DHS) posted a proposed public charge regulation (A Notice of Proposed Rulemaking) in the Federal Register. The proposal expands the types of benefits that could be considered in a "public charge" determination to include key programs that provide no income support but merely help participants address their basic needs.

Should they go into effect, these regulations would jeopardize the status of millions of California's immigrants, including those who use mental and general health, housing, nutrition, and other key safety net services.

Advocates, policymakers, and families across the nation submitted hundreds of thousands of comments speaking out against this dangerous proposal. As of December 2018, it is unclear if this proposed rule change will go into effect.

Public mental health services can play a central role in the dissemination of accurate information, tools, and resources to clients who may be impacted by this harmful policy.

Challenges

The state and a number of counties have taken steps to protect immigrants from detention at public health facilities. Yet, the path to implementation remains unclear. The attorney general's model policies include minimal information about sample protocols, oversight, or enforcement at either county mental health facilities or mental health entities that voluntarily choose to comply. The California Values Act provides only "optional" compliance for private nonprofit mental health organizations. This encourages minimal impact in those larger county behavioral health departments where the bulk of mental health service is provided.

Our stakeholders shared that county behavioral health departments do follow important ethical codes and patient privacy laws. However, many stakeholders indicated they had never received trainings to prepare for an encounter with Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP), despite incidences in surrounding communities. Stakeholders expressed the desire for correct information and training to support immigrant clients.

SPOTLIGHT: **San Bernardino County**

To promote safety and access to the mental health planning process, San Bernardino County Department of Behavioral Health hosts MHSA public stakeholder meetings at the Consulate of Mexico for community conversations about the future of mental health policy in their county.

Recommendations

- Community health centers, community-based organizations, and county behavioral health departments have observed immigrants' increased anxiety and fear about accessing public programs. This includes accessing services at county mental health facilities. California should take a leadership role in the full implementation of the California Values Act at all county mental health facilities.
- The state should issue and monitor additional county mental health facilities' and private non-profit mental-health organizations' safe-space policy directives. These directives may include: preparation on encounters with Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP), personnel training and frontline desk protocols, patient privacy and protections, patient materials, messaging, etc.¹⁴
- County behavioral health departments should partner with community-based and legal aid organizations, developing sample messaging that communicates safe space policies to all stakeholders, especially county mental health facilities, private non-profit mental health organizations, and clients themselves.
- In addition to safe space policies, the state should pay special attention to designing data systems and community outreach programs clarifying to immigrant communities whether mental health programs constitute a public charge, and how to safely access care.¹⁵

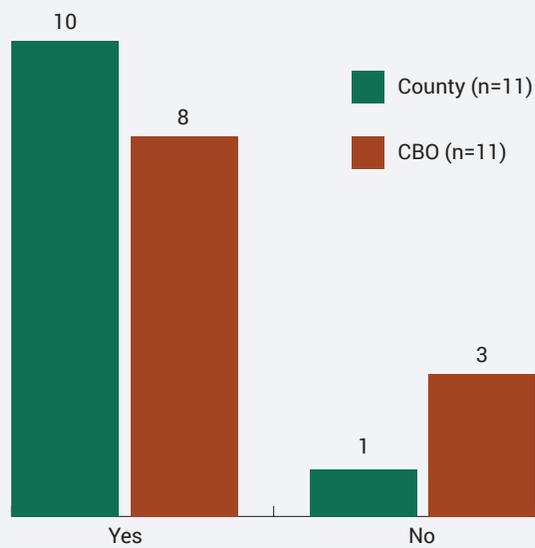
County Safety Net Programs and Care Coordination

Today, county safety net programs are an important source of care for low-income undocumented adults who remain ineligible for most health coverage options due to their immigration status.ⁱⁱ Each county has the

ii Including county indigent health programs and public hospitals



Do you make referrals to your county safety-net programs?



Note: Missing response from San Francisco County and My Health LA (LA).
Napa County indicated they were unsure (data not represented in the graph above).

discretion to define eligibility, benefits, and services to establish the scope of their county safety net program.¹⁶ All California counties serve as the “providers of last resort” for residents with no other source of care.¹⁷ County safety net programs represent a critical opportunity to screen and refer undocumented immigrants for mental health care.

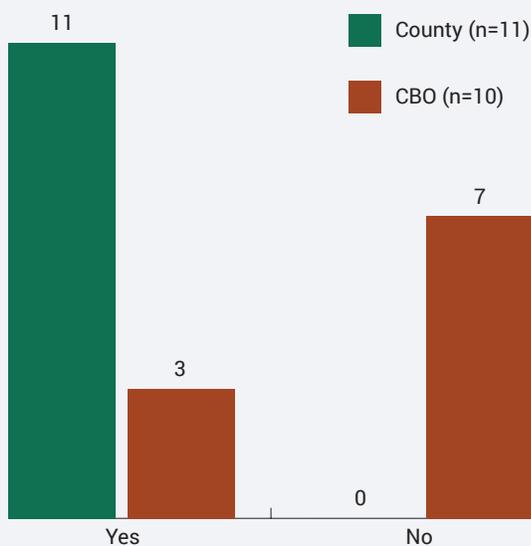
Our stakeholder interviews show that, while county behavioral health departments and community-based organizations have existing relationships with their county safety net programs, referral pathways are inconsistent between county behavioral health departments, community-based organizations, and county safety net programs. The lack of formal or consistent referral pathways represents a missed opportunity in ensuring mental health care access and coordination among all entities constituting the total safety net for undocumented immigrants.

Challenges

While county safety net programs provide essential access to health care for indigent residents, most county safety net programs do not cover undocumented immigrants.¹⁸ In addition, San Francisco is the only county indigent health program that includes mental health as a covered benefit. It is important to differentiate this from county mental health services, which are discussed in detail throughout this report. Although counties have both health care and mental health programs, these are not integrated. Access to mid-level mental health services for the uninsured is limited.

In addition, community-based organizations, county safety net programs, county behavioral health departments, and providers continue to experience a lack of cohesive care coordination standards across multiple systems of care. Stakeholders noted a number of obstacles to implementation: incompatible electronic

Do you receive referrals to your county safety-net programs?



Note: Missing response from San Francisco County and My Health LA (LA), Organizacion Latino Americana de Liberacion Economica (Napa), and San Joaquin Fathers and Families (San Joaquin). Napa County indicated they were unsure (data not represented in the graph above).

health records, complex mental health funding streams, poor communication among mental health practitioners in different settings, different assessment tools, scope of practice tension(s), and a lack of resources.

improve mental health care connection and access for undocumented immigrants. Community-based organizations should be resourced to provide care coordination services.



Figure 4: Referral Pathways

Recommendations

- County indigent health care programs should expand access to care for undocumented residents and should strengthen referral pathways into county behavioral health departments. County indigent health programs should also add mental health as a covered benefit.
- The state should leverage or expand existing statewide workgroups aimed at addressing barriers to care coordination. These should include a specific evaluation of the mental health and care coordination needs of undocumented immigrants.¹⁹
- County behavioral health departments should develop memorandums of agreement with community-based organizations, legal aid organizations, and county safety net programs—such as public hospitals and county indigent health care programs—to

Mental Health Funding and Access to Care

Low-income undocumented immigrant adults remain systematically excluded from Medi-Cal’s mental health benefits, except in cases of pregnancy or emergency. Millions of dollars have accrued in unspent mental health funds.²⁰ Emerging findings on the mental health needs of immigrants and undocumented immigrants, since the 2016 presidential election, points to an essential question: Outside of Medi-Cal, are there any restrictions on mental health funding sources that prevent county behavioral health departments from providing care to undocumented immigrants? The majority of county behavioral health departments say no.

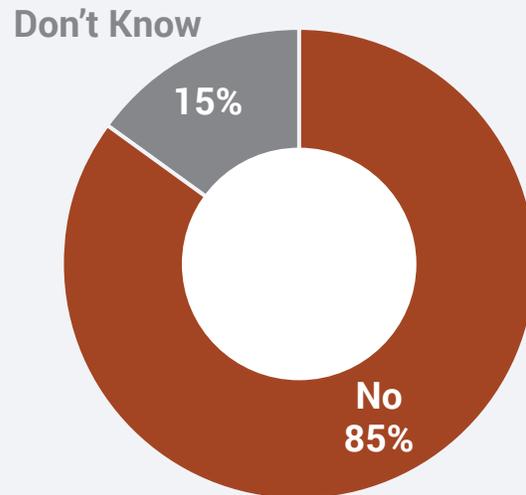
Realignment and the Mental Health Services Act were the most commonly cited funding sources outside of Medi-Cal.

Medi-Cal

Medi-Cal was created by the federal government in 1965 to provide health coverage to low-income families, children, pregnant women, and persons with disabilities. Historically, mental health services in Medi-Cal were only available to beneficiaries meeting specified diagnostic criteria, and were primarily provided by California’s counties. With the passage and implementation of the Affordable Care Act in 2010, California expanded Medi-Cal coverage for millions of low-income residents. From 2012 to 2015, the number of adults receiving specialty mental health services through Medi-Cal has increased by nearly 50 %, coinciding with the expansion of Medi-Cal eligibility.²¹ In addition, California

Evaluation of Restrictions on Public Mental Health Funding

Outside of Medi-Cal, do you believe there are any restrictions on funding that prevent you from providing mental health services to undocumented adults? (n=13)



expanded the mental health services available through Medi-Cal, adding mental health services for mild to moderate mental health needs largely through Medi-Cal managed care health plans.²² Most recently, Health4AllKids expanded Medi-Cal coverage to all undocumented children under the age of 19. The law makes California one of only a handful of states providing health care benefits to undocumented children, including mental health benefits.

Realignment

The Realignment Acts of 1991 and 2011 recognize the need for California's counties to serve a safety net function, including the provision of mental health services for those in need, and the remaining uninsured. Under these laws, counties receive dedicated revenues and are able to determine local programs and levels of service.

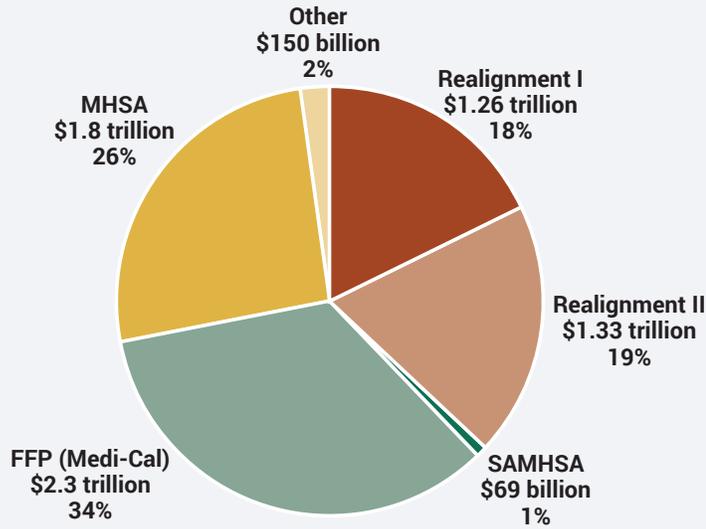
Realignment-funded services can be made available to county residents, regardless of immigration status. However, these funds are

often used to fund the non-federal share of Medi-Cal, creating barriers to serving non-Medi-Cal eligible populations. In addition, due to the flexibility counties have to design their own local programs, there is no statewide standard for availability of mental health services for those who remain ineligible for Medi-Cal.

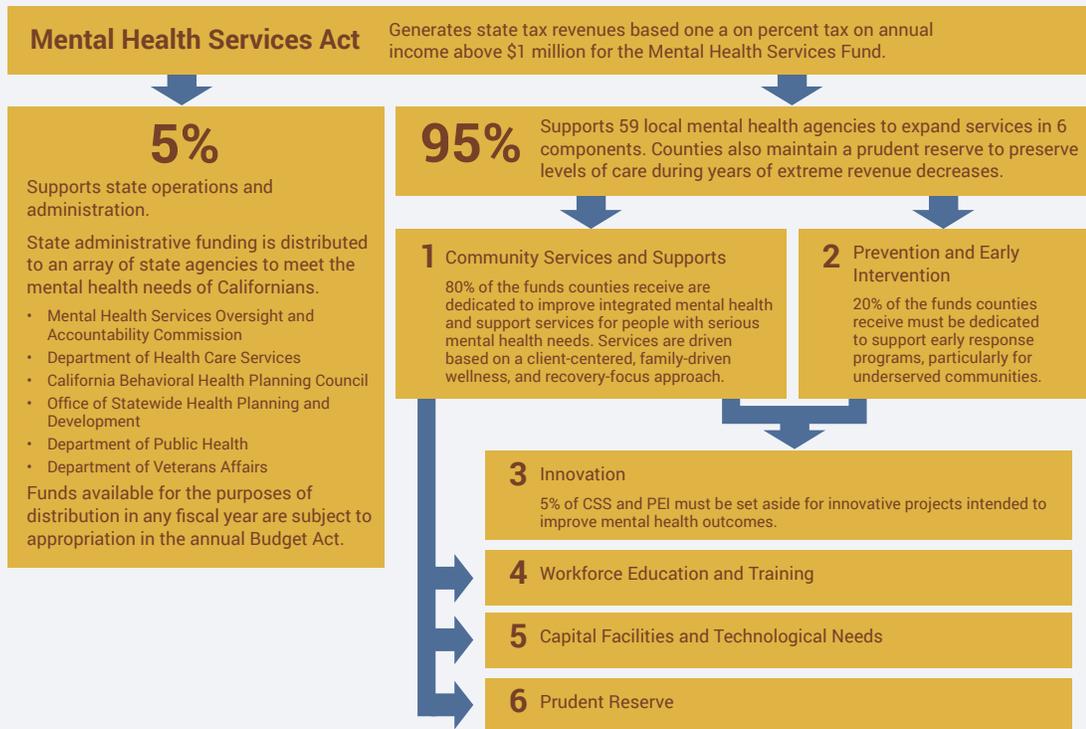
Mental Health Services Act

The 2004 passage and implementation of the Mental Health Services Act (MHSA) by California voters represented a paramount shift in the orientation and funding of California's public mental health services toward increased availability of community-based services. The Act imposes a 1% tax on personal income over one million dollars and dedicates the revenues to public mental health services. The MHSA provides an important opportunity to provide care to undocumented immigrant residents because it is not bound by the restrictions of Medi-Cal. Our stakeholders shared that county behavioral health departments can use Community Services

Local Mental Health Funding in Fiscal Year 2016/17



Source: Mental Health Services Oversight and Accountability Commission (2018). Biennial Report FY 2016 & FY 2017.



Source: Mental Health Services Oversight and Accountability Commission (2018). Biennial Report FY 2016 & FY 2017.

and Supports (CSS) programs to cover cost of intensive mental health treatment for persons with more serious mental health conditions—when no other funding source is available, including those ineligible for Medi-Cal due to their immigration status.

Stakeholders also cited the countywide education opportunities in unserved and underserved populations through the Prevention and Early Intervention (PEI) component as a critical intervention to improving stigma reduction and suicide prevention in immigrant communities.

MHSA funding has allowed our statewide mental health system to provide services that aren't necessarily billable to Medi-Cal. Outreach and engagement have been very beneficial in serving our entire community, not just those with Medi-Cal.

– County Behavioral Health Department

If the mental health of undocumented immigrants is stigmatized at the county level, then how can we expect it not to be stigmatized at the individual level?

–Listening Session Participant



The advantage [of CSS] is that you get to serve a population that is normally not accounted for, or recognized as clients, by others due to their immigration status. You get to reach out to individuals who have a better prognosis in their recovery, thanks to the services that MHSA has provided, and have a better quality of life.



– County Behavioral Health Department

Community Clinics

Community clinics play an essential role in providing accessible culturally and linguistically competent mental and general health care. Gaps in access to mental health care for low-income undocumented adults are partially addressed by community health centers. By law, community health centers must provide care to the state's most vulnerable individuals and families, including the uninsured, those with limited English proficiency, people experiencing homelessness, seasonal agricultural workers, and residents of public housing.²³ Community health centers are often utilized by immigrant and undocumented communities due to their accessibility in underserved communities, and the provision of culturally and linguistically relevant care. Community health centers also are a model of integration because they provide physical health care and mental health care within the same setting. In 2017, SB 323 (Mitchell) was signed into law, clarifying that community health centers may contract with county behavioral

health departments to provide specialty mental health and substance use disorder treatment services. Beginning in 2018, community health centers are able to utilize marriage and family therapists to provide mental health services in addition to previously authorized providers, such as psychologists. However, community health centers continue to face barriers to providing long term or intensive mental health services as a result of funding challenges.

SPOTLIGHT: Kings County

In 2018, Kings County made department-wide efforts to expand access to psychiatric care for underserved and unserved communities, including immigrant communities who live in remote regions of the county.

The challenges in serving undocumented population[s] through the MHSA funds is that we can only serve them when they are at the highest level of care, as they get better, and they are ready for a step-down service that is not as intense, there are no services that can take on the work that the [full service partnership] is doing.

– County Behavioral Health Department

Challenges

Although there are no restrictions on funding sources outside of Medi-Cal, stakeholders recognize there are barriers to unrestricted access and coverage for undocumented immigrants who remain ineligible for Medi-Cal’s mental health benefits. Our stakeholders frequently noted that the Department of Health Care Services (DHCS), the oversight entity for county mental health plans, only references Medi-Cal eligible persons (“beneficiaries”) in their policies, regulations, and publications.

Stakeholders also noted the longstanding influence of the Medi-Cal system. Complex billing structures and reporting requirements, and public scrutiny over spending patterns, negatively impact county behavioral health departments’ willingness to take on public leadership, and complete fiscal responsibility for, the mental health care of undocumented immigrants.

Despite MHSA’s aim to provide full spectrum mental health care to underserved populations, our stakeholder interviews reveal some county behavioral health departments interpret their responsibility to provide mental health care to undocumented immigrants under only the most severe conditions (e.g. psychosis, suicidal ideation, or hospitalization). County behavioral health departments lack clarity on the flexibility and use of MHSA funds to support undocumented immigrants who fall short of specialty mental health criteria.

County behavioral health departments face other barriers to the provision of intensive mental health treatment: a lack of treatment capacity and care coordination for undocumented immigrants who may need a higher or lower level of care.

We can't just go around and educate people about mental health if you don't have anyone to treat it, and you need those people doing the services who look like them. We've been working on creating all those cultures. There is a huge culture shift going on in our county from an idea that we need to educate everybody to the idea that we can have all the education in the world [but] if you can't treat it. . . .

— County Behavioral Health Department

Recommendations

- First and foremost, California should expand access to full-scope Medi-Cal and its mental health benefits for low-income undocumented adults.
- In order to communicate the right of county behavioral health departments to serve the undocumented population, with Realignment and MHSA funds, the state should take additional administrative and legislative action. Either a County Information Notice²⁴ to county behavioral health departments or an amendment to MHSA regulations should specify their right to serve all residents in California, regardless of immigration status.
- The state should evaluate opportunities to reform billing practices that negatively impact

county behavioral health departments and community-based organizations' mental health outreach, engagement, and treatment of low-income undocumented adults who remain ineligible for Medi-Cal's mental health benefits due to their immigration status.

- The state should continue expanding the role of community health centers in providing mental health services to low-income residents, including low-income undocumented adults ineligible for Medi-Cal's mental health benefits due to their immigration status, by eliminating barriers to contracting with counties.
- Finally, the state should reform or expand programs and policies that address disparities among undocumented immigrants. For example, the state should consider how to update payment methodology for county mental health. This would incentivize county behavioral health departments and providers to reduce disparities and improve quality of services among underserved populations, including undocumented immigrants. This could mean shifting away from a fee-for-service model and embracing managed care in public mental health services.

There needs to be a message at a state level to let people know these services need to be used and are available. . . . Nobody wants to put their name on this but this is a good and well-needed message.

— County Behavioral Health Department

To the extent that they could make the mental health dollars, they could make it more flexible [and] more . . . innovative outreach and engagement with clients. At the end of the day, everything has to be billable. If you're dispatching a case manager or community health worker to start to build the relationship, that [work] is not often compensated.

– Community-Based Organization

Social Determinants of Mental Health

Amid the panic, fear, and harm created by the federal administration and its collaborators, community-based organizations are on the frontier of addressing the environmental and economic factors negatively impacting undocumented immigrants' mental health. Community-based organizations have maximized their resources and staff to minimize the systemic stressors on undocumented immigrants' mental health—through legal aid, health coverage navigation services, food banks, support groups, community meetings, organizing, and countless other programs.

Challenges

Undocumented immigrants continue to face unprecedented challenges to mental health and wellbeing, including high rates of poverty; lack of access to affordable, safe housing; lack

SPOTLIGHT: Solano County

In 2016, Solano County used their MHSAs Innovations funds to increase culturally appropriate services for county-specific unserved or underserved populations with low mental health service utilization rates: Latino, Filipino, and LGBTQ+.

The state should have a policy or program at each mental health county department that addresses the issue of undocumented [immigrants].

– Community-Based Organization

of health care; and lack of social supports. Our stakeholders regularly noted that the public mental health system in their county often falls short of assessing or addressing the social determinants of mental health. This results in unmet needs that community-based organizations themselves cannot fully address through their limited capacity, resources, or scope of work. These hardships are further complicated by the realities of immigration, war, migration, detention, and other examples of trauma. Research shows trauma causes depression, anxiety, or other traumatic stress symptoms.²⁵ Stakeholders shared that their undocumented immigrants' symptoms often go undetected or undisclosed to county behavioral health departments for fear of harm, exposure, detention, or deportation.

We as an organization . . . understand that, even though we are not counselors or licensed professionals, we know the value of, for example, reliable, accurate, and competent legal representation or legal consultation on items like immigration . . . A lot of families hear [inaccurate] things in the media—or from organizations or outlets that are not verifiable. So we provide a pro-bono consultation to families because we know it benefits not only the person getting the consultation but the whole household.

– Community-Based Organization

I think one of the challenges is that, as mental health professionals, we can't become this silo of treating your depression and anxiety. But by the way you're also seeing violence, and living in someone's house [only] until next month.

– Community-Based Organization

Cultural and Linguistic Competency

Public mental health services have made significant investments in the expansion of the workforce through the Mental Health Services Act, and other mechanisms to improve cultural and linguistic competency. County behavioral health departments demonstrate their commitment to cultural and linguistic competency through the development and submission of the previously described Cultural Competence Plans to the Department of Health Care Services.

Challenges

County behavioral health departments struggle to meet immigrant families, particularly undocumented immigrants,' depth of health and mental health needs. Our stakeholders shared examples and challenges in the quality of mental health care provided by county behavioral health departments to immigrants, especially undocumented immigrants.

County behavioral health departments sometimes lack the tools, training, and capacity to conduct a culturally and linguistically appropriate assessment of the mental health needs of

Recommendations

- The state should expand eligibility for county mental health care among undocumented immigrants, beyond criteria for serious mental illness, to include risk assessments based upon other social determinants of health. These should include exposure to trauma, housing insecurity, food insecurity, exposure to violence, and lack of access to health coverage.

SPOTLIGHT:
San Diego County

In order to address the depth and diversity of trauma experienced by immigrants and refugees around the world, San Diego County has partnered with an MHSA-funded program, “Survivors of Torture, International”, which provides a spectrum of care to torture survivors regardless of race, religion, gender, national origin, sexual orientation, or legal status.

When you talk about meeting the gap, I was the only Spanish speaking clinician and 100% of clients were undocumented.

– County Behavioral Health Department

immigrants, especially undocumented immigrants. Providers lack knowledge and training regarding the impact of immigration status on mental health, wellbeing, and trust. Immigrant communities may present their mental health challenges differently to the mental health system than to other individuals. Immigrants may present physical complaints in a primary care setting. Or they may reach out for support when their mental health is suffering due to a lack of basic needs, scenarios that may not meet the county’s definition of a mental health crisis. Our stakeholders emphasized that the lack of culturally and linguistically appropriate care is another reason many immigrants are not identified as “severe” enough to qualify for services or decline services.

For young adults, they’ve sought out therapy due to the issues they’re having, including their undocumented status.



But the therapist is asking them how they came into this country and what they’re status is. The undocumented young adult has to educate the therapist on the whole immigration system.

– Community-Based Organization

It is common to see a middle-aged Latina with severe depressive needs. She is not psychotic just [dealing with] a lot of internalization, and somehow managing to keep functioning . . . The mental health system does not recognize the impact of [this type of client’s] psychiatric needs . . . being as severe as what they actually are.

– Community-Based Organization

Recommendations

- The state should review existing population and service assessment tools, such as the cultural competency plans, to determine the extent to which they meet the needs of undocumented immigrants.
- County behavioral health departments should invest in the countless California Reducing Disparities Project(s) across the state, delivering culturally and linguistically appropriate care to immigrant communities with intersectional identifies—including African-American, Asian and Pacific Islander, Latino, LGBTQ+, and Native American communities.²⁶
- County behavioral health departments should adapt their client assessment tools to be culturally and linguistically appropriate, given the diversity of immigrant populations across California.

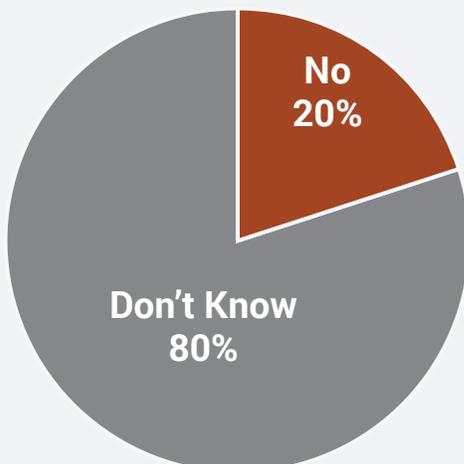
- County behavioral health departments should expand their investments in community health centers, a trusted source of health and mental health care for undocumented immigrants.

Local Advocacy

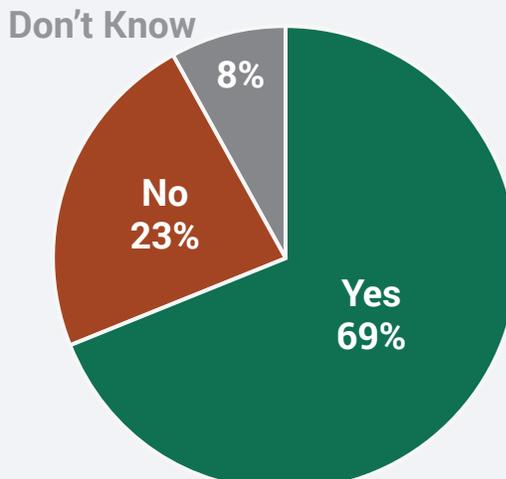
Public mental health services are primarily designed and administered by local governments. Local advocacy plays an essential role in any efforts to improve access to mental health care for undocumented immigrants. Community-based organizations have a real-time evaluation of what's working, what's not working, and what needs to change in access to mental health care for undocumented immigrants. Although county behavioral health departments are engaged with other county entities regarding the mental health needs of immigrants, community-based organizations are often not part of these conversations.

Has your county engaged with other county entities, including the board of supervisors or district attorney's office, about the mental health needs of immigrant communities and the strategies to provide these?

CBO (n=12)



County (n=13)



SPOTLIGHT:

Special Services for Groups in Los Angeles County

Special Services for Groups, a Los Angeles area mental health organization, plans to launch a technical assistance academy for training in culturally competent care, evidence-based practices, communications with the department of mental health, and setting up claims departments for providers in the area. Special Services for Groups regularly engages with the Board of Supervisors and mental health funders to present education on the demands and determine the type of services needed.

The majority of community-based organizations are not aware of discussions among county entities about the mental health needs of immigrants and immigrant communities.

We need our funders to speak up.

– Community-Based Organization



Challenges

Community-based organizations face a number of barriers to full participation in local advocacy efforts to improve mental health care for immigrants, including undocumented immigrants. Stakeholders stressed that the overwhelming number of policies harming, threatening, and confusing immigrants—coupled with the realities of limited staffing and resources—is prohibitive. Stakeholders shared they must often prioritize the immediate and dire needs of clients over long-term systems advocacy. Importantly, stakeholders shared that they also lack direction and clarity from funders on the role of advocacy in their work.

Recommendations

- Funders, including county behavioral health departments, should provide clear guidelines to community-based organizations regarding their rights and responsibilities to provide mental health care to undocumented immigrants.
- County behavioral health departments should organize and extend invitations to legal aid, immigrant rights, outreach and enrollment, and other types of organizations to engage in local advocacy with other county entities on the issue of mental health care for undocumented immigrants.

I think there needs to be more dialogue with the county. Talking to [the county] about the issues of the undocumented population . . . there can be more weight on this front and they can relay this to the Board of Supervisors. This relationship and collaboration can help.

– Community-Based Organization

We've become pseudo-paralegal social workers. We've had to be on top of the policies as they change daily for the Latino community, for the Afghani and Indian refugees.

– County Behavioral Health Department





CONCLUSION

There is widespread recognition across communities, county behavioral health departments, providers, and others that California's immigrant communities—particularly undocumented communities—are facing unprecedented stress and anxiety during the Trump Administration. Immigrant communities require additional attention in terms of their mental health care.

California faces a tremendous opportunity to improve immigrant communities' access to, and quality of, mental health care. Our report indicates there is growing agreement that gaps do exist in many parts of California's public mental health system. The challenges experienced by vulnerable

communities, such as undocumented immigrants, should embolden, not discourage, California to make bold improvements to our public mental health system. Indeed, California has the funding streams to support such improvements.

It is incumbent upon policymakers, advocates, and county behavioral health departments to adopt the recommendations put forth in this report. These recommendations, put forth in this report, represent a clear desire, among all stakeholders, for California to assume a public leadership role on the issue of mental health care for immigrant communities, including undocumented immigrants.

RECOMMENDATIONS

Formal Needs Assessment

- County behavioral health departments should do formal needs assessments of the mental health needs of immigrants and immigrant families, including low-income adults who remain ineligible for Medi-Cal's mental health benefits due to their immigration status. County behavioral health departments should work through the inherent difficulties associated with data collection and outreach among undocumented immigrants.
- The state should provide greater direction on metrics county behavioral health departments can safely use to evaluate mental health disparities among all immigrant communities, including undocumented immigrants.
- The state should reform the Cultural Competency Plan Regulations, and include a discrete needs assessment of the mental health care needs of low-income undocumented adults who remain ineligible for Medi-Cal's mental health benefits due to their immigration status. The state should also convene major state agencies to sponsor a statewide formal needs assessment of the mental health needs of immigrants, including undocumented immigrants.

Outreach and Referrals

- County behavioral health departments should partner with community-based organizations in the early planning stages of outreach plans, needs assessments, and programs to facilitate inclusion of undocumented immigrants by trusted partners, inside and outside the mental health system.

- The state should provide legal support for county behavioral health departments to safely discuss and evaluate mental health outreach strategies to immigrants, including undocumented immigrants.
- The state should provide legal support to county behavioral health departments to develop and distribute mental health resource directories that include comprehensive and no-cost mental health services for low-income undocumented adults who remain ineligible for Medi-Cal's mental health benefits due to their immigration status.
- Given that undocumented immigrants depend heavily on legal aid organizations for information and resources, county behavioral health departments should pursue opportunities to partner with immigrant legal defense services to provide mental health care.

Safe Space Policies

- The state should issue and monitor additional directives regarding safe space policies to county mental health facilities and private non-profit mental health organizations. These directives may include: preparation on encounters with Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP), personnel training and frontline desk protocols, patient privacy and protections, patient materials and messaging, etc.
- County behavioral health departments should partner with community-based organizations and legal aid organizations to develop sample messaging that communicates safe space policies to all stakeholders: county mental health facilities, private non-profit mental health organizations, and clients themselves.

- In addition to safe space policies, the state should pay special attention to designing data systems and community outreach programs that clarify to immigrant communities which mental health programs constitute a public charge and which do not.

County Safety Net Programs and Care Coordination

- County indigent health care programs should expand access to care for undocumented residents and should strengthen referral pathways into county behavioral health departments. County indigent health programs should also add mental health as a covered benefit.
- The state should leverage or expand existing statewide workgroups aimed at addressing barriers to care coordination, including a specific evaluation of the mental health and care coordination needs of undocumented immigrants.
- Counties' behavioral health departments should develop memorandums of agreement with community-based organizations, legal aid organizations, and county safety net programs—such as public hospitals and county indigent health care programs—to improve connection and access to mental health care for undocumented immigrants. Community-based organizations should be resourced to provide care coordination services.

Mental Health Funding and Access to Care

- First and foremost, California should expand access to full-scope Medi-Cal and its mental health benefits for low-income undocumented adults.

- To communicate the right of county behavioral health departments to serve the undocumented population with realignment and MHSA funds, the state should take additional administrative and legislative action. A County Information Notice²⁷ to behavioral health departments, or an amendment to MHSA regulations, should specify their right to serve all residents in California, regardless of immigration status.
- The state should evaluate opportunities to reform billing practices that negatively impact county behavioral health departments and community-based organizations mental health outreach, engagement, and treatment of low-income undocumented adults who remain ineligible for Medi-Cal's mental health benefits due to their immigration status.
- The state should continue to expand the role of community health centers in the provision of mental health services to low-income residents, including low-income undocumented adults ineligible for Medi-Cal's mental health benefits due to their immigration status.
- Finally, the state should reform or expand programs and policies that address disparities among undocumented immigrants. For example, the state should consider how to update payment methodology for county mental health services. This would incentivize county behavioral health departments and providers to reduce disparities and improve quality of services among underserved populations, including undocumented immigrants. This could mean shifting away from a fee-for-service model and embracing managed care in public mental health services.

Social Determinants of Mental Health

- The state should expand eligibility for county mental health care among undocumented immigrants, beyond criteria for serious mental illness, to include risk assessments based upon other social determinants of health: exposure to trauma, housing insecurity, food insecurity, exposure to violence, and lack of access to health coverage.

Cultural and Linguistic Competency

- The state should review existing population and service assessment tools, such as the cultural competency plans, to determine the extent to which they may meet the needs of undocumented immigrants.
- County behavioral health departments should invest in the countless California Reducing Disparities Project(s) across the state to deliver culturally and linguistically appropriate care to immigrant communities with intersectional identities, including African-American, Asian and Pacific Islander, Latino, LGBTQ+, and Native American communities.²⁸

- County behavioral health departments should adapt their client assessment tools to be culturally and linguistically appropriate given the diversity of immigrant populations across California.
- County behavioral health departments should expand their investments in community health centers, a trusted source of health and mental health care for undocumented immigrants.

Local Advocacy

- Funders, including county behavioral health departments, should provide clear guidelines to community-based organizations on their rights and responsibilities to provide mental health care to undocumented immigrants.
- County behavioral health departments should organize and extend invitations to legal aid, immigrant rights, outreach and enrollment, and other organizations so that undocumented immigrants could engage in with other county advocates on issues of mental health care.

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Sonia Martinez, Senior Policy Associate, The Children's Partnership

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The Behavioral Health Equity Collaborative

Communities of color and other vulnerable populations have historically been unserved, underserved, and inappropriately served by California's mental health care system. CPEHN launched the Behavioral Health Equity Collaborative in 2016 to provide more investment into appropriate and quality mental health services, bringing a consumer voice to state policymaking. The Collaborative includes state and local organizations that each represent a different community, including immigrant, refugee, youth, LGBTQ+, and people of color. The Collaborative engages in policy change efforts through policy development, capacity building, plus advocacy with state agencies and legislature.

In 2017, Behavioral Health Equity Collaborative prioritized the issue of the access/availability of mental health services for undocumented immigrant adults, due to a growing political climate of hate and bigotry and witnessing its direct impact on children and families. The collaborative tasked California Pan-Ethnic Health Network and CIPC to better understand this issue.

Asian Americans Advancing Justice—LA

California Immigrant Policy Center

California School Based Health Alliance

California Youth Connection

California Latinas for Reproductive Justice

California LGBT Health and Human Services Network

California Pan-Ethnic Health Network

Fathers and Families of San Joaquin Valley

Korean Community Services Inc.

Mixteco/Indigena Community Organizing Project

Orange County Multi-Ethnic Collaborative of Community Agencies

Southeast Asia Resource Action Center

Listening Sessions Attendees

In August 2018, CPEHN hosted a series of four regional listening sessions—in Los Angeles, Santa Ana, Fresno, and Oakland. The meetings brought together local advocates to discuss regional policy issues, including the state of mental health in immigrant communities.

Orange County

Cambodian Family
Coalition of Humane Immigrant Rights – LA (CHIRLA)
Community Health Initiative of Orange County (CHIOC)
Korean Community Services
Legal Aid Society of OC
LGBT Center OC
Multi-Ethnic Collaborative of Community Agencies (MECCA)
National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
OMID Institute
Resilience OC
South Asian Network
Southeast Asian Resource Action Center (SEARAC)
Southland Integrated Services
The California Endowment
The GREEN Foundation

Greater Los Angeles Area

API Equality LA
Asian Americans Advancing Justice LA
Community Health Councils
Empowering Pacific Islander Communities (EPIC)
Esperanza Community Housing
Instituto de Educacion Poplar del Sur de California (IDEPSCA)
Kids Community Dental Clinic

Mixteco/Indigena Community Organizing Project (MICOP)
National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
PALS for Health
Southeast Asian Resource Action Center (SEARAC)

Fresno/Central Valley

Act for Women and Girls
Central California Asthma Collaborative
Central California Environmental Justice Network (CCEJN)
Central Valley Immigrant Integration Network (CVIIC)
Central Valley Urban Institute
Centro Binacional para el Desarrollo Indigena Oaxaqueno (CBDIO)
Centro La Familia Advocacy Services
El Quinto Sol
Fathers and Families of San Joaquin
Fresno Center
MiFamiliaVota
Services, Immigrant Rights, and Education Network (SIREN)
Southeast Asian Resource Action Center (SEARAC)

Oakland/Bay Area

ACCESS Women's Health Justice
Alameda Health Consortium
Asian Health Services
CA School-Based Health Alliance
Filipino Advocates for Justice
Korean Community Center of East Bay
Nutrition Policy Institute
Regional Asthma Management and Prevention
Roots Community Health Center
Southeast Asian Resource Action Center (SEARAC)
Street Level Health Project

ADDENDUMS

Addendum I: Listening Sessions

Recommendations to Improve Public Mental Health Services' Impact on Immigrant Mental Health

Public mental health services should improve the development and execution of a formal needs assessment through:

- The collection and disaggregation of data
- Greater systematic education on the role of cultural beliefs, structures, and stigma
- The provision of opportunities for community-based organizations to co-author findings

Public mental health services should improve mental health outreach and referrals in immigrant communities through:

- Greater clarity on where individuals who are uninsured can go to get care
- Partnerships with more faith-based organizations
- Updates to local provider directories
- Targeted outreach in non-traditional locations (i.e. "mercados" or libraries, etc.)
- The launch of a massive education campaign ("Mental Health For All" campaign)
- Deeper investments in media messaging on the availability and scope of mental health care

Public mental health services should improve coordination of care among county safety net programs, health care providers, and mental health through:

- Investments in health navigators, including community health workers

- Better transitions for immigrant children and youth involved in the child welfare system
- Partnerships with community health centers, schools, and housing

Public mental health services should improve the cultural and linguistic competency of providers through:

- Increases in the diversity and representation of the mental health workforce, especially in psychiatry and specialty mental health
- Changes in language (e.g. "wellness mentor" not "counselor").
- Provision of multilingual services
- Investments in learning how communities discuss mental health
- Trainings for trusted leaders in the community
- Trainings on intersectionality

Public mental health services should address the social determinants of mental health through:

- Provider education on Adverse Childhood Experiences (ACES)
- Elimination of structural inequities that impact health and mental health, including lack of affordable housing
- Intervention at younger stages, including the perinatal and early childhood stages of development
- Consumers and provider education on topics like ACES scores
- Consumer and provider education on topics such as historical, intergenerational, and secondary trauma

- Collectivization of mental health care, particularly in agricultural and/or day worker communities

Public mental health services should improve the effectiveness of the Mental Health Services Act through:

- Greater investments in community-based organizations
- Greater transparency regarding MHSA funding allocations
- Greater utilization of the innovative component to address gaps in a mental health system largely based on diagnosis
- Greater education on the use of prevention and early intervention (PEI) funds
- Greater investments in mental health education
- Greater distribution of prevention and early intervention funds for populations across a lifespan, not only youth

Public mental health services should improve access to care through:

- Greater flexibility for community health centers to provide mental health care
- Increases in Medi-Cal reimbursement rates
- Expand the menu of mental health services available through insurance plans
- Mental health training for students in medical school
- Simplification of county mental health Request for Proposals (RFPs) processes
- Expansion of services outside of the office, clinic or facility
- Expansion of Telehealth and mobile clinics
- Expansion of home-based, mental health visits

- Creation of funding opportunities and access to services that are preventive and community-centric, including practices that are not formally “evidence-based”

Public mental health services should improve their safe spaces through:

- The designation of mental health facilities as safe spaces
- Community education for consumers, providers, and counties

Public mental health services should engage in greater local advocacy through:

- Communications to mental health organizations, counties, and community-based organizations regarding the potential impact of public charge on clients
- Greater communication with community-based organizations about changes in mental health policy
- Greater training and advocacy on the role of equity in mental health care
- Additional trainings on equity within mental health spaces, and the provision of broader, greater education to providers on tools, resources, and opportunities to engage in local advocacy

Addendum II: Behavioral Health Equity Collaborative Recommendations

Recommendations to improve Public Mental Health Services' Impact on Immigrants Mental Health

The state should create a needs assessment methodology library, sharing best practices in data collection, to address the barriers associated with data collection in immigrant communities.

The state should expand the definition of who qualifies for mental health services, and make one-stop-shops to address the discrepancies between immigrant communities' experience of a crisis and county's definition of a crisis.

Counties should partner with community-based organizations through contracted and state-mandated work to support the creation and execution of a formal needs assessment.

Counties should strengthen referral networks between county providers and community mental health workers to address the lack of an appropriate culturally, and linguistically competent mental health workforce serving immigrants, including undocumented immigrants.

Counties should do community education and provide county funding for peer education models (e.g. mental health support groups) to address the lack of appropriate, culturally and linguistically competent providers serving immigrants, including undocumented immigrants.

Through community education and local policy, there should be a cultural shift within counties about gathering "data" (not just looking at claims or intake data) to address the barriers associated with data collection.

Through community education, providers and counties should tap into trusted sources to understand how immigration status affects mental health. They should address the challenges associated with counties and providers lacking tools, training, and resources about the role immigration status plays in undocumented immigrants' mental health and wellbeing.

To address the inconsistent communication and referrals between county safety net programs and public mental health services, advocates, providers, and counties should use existing statewide networks (e.g. Each Mind Matters, large community-based organizations) to share information on emerging mental health needs among the diverse immigrant population(s) of California.

ENDNOTES

- 1 California Immigrant Policy Center (2017). *Resilience in an Age of Inequality: Immigrant Contributions to California*. Los Angeles, CA. Retrieved from <https://www.caimmigrant.org/press-room/resilience-in-an-age-of-inequality/>
- 2 Retrieved from Equality California at <https://www.eqca.org/equality4all/>
- 3 Black Alliance for Justice Immigration. *The State of Black Immigrants in California*. Retrieved from <http://stateofblackimmigrants.com/>
- 4 Retrieved from http://www.cdss.ca.gov/Portals/9/Refugee/Arrivals/arrivals_by_county_and_year_since_1975.pdf?ver=2018-05-23-154958-877
- 5 Same as above
- 6 Same as above
- 7 U.S. Immigration and Customs Enforcement. *ICE Impact in FY 2017*. Retrieved from: <https://www.ice.gov/topics/fy2017>
- 8 Ortega, A. N., McKenna, R. M., Kemmick, P. J., Langellier, B. A., Roby, D. H., Pourat, N., . . . Wallace, S. P. (2018). *Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California*. *Medical Care*, 916-926. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/30216201>
- 9 For the complete list of the Behavioral Health Equity Collaborative recommendations, please see addendum II.
- 10 For the complete list of Listening Sessions Recommendations, please see addendum I.
- 11 Per California Code of Regulations, Title 9, Section 1810.410
- 12 Retrieved from <https://www.dhcs.ca.gov/services/MH/Documents/CCPR10-17Enclosure1.pdf>
- 13 For more information about the California Values Act: <http://www.iceoutofca.org/ca-values-act-sb54.html>
- 14 Advocates' recommendations and draft model policy templates to support the Attorney General in fulfilling the requirements of SB 54 (Leon) on September 12, 2018 to the Office of the Attorney General Xavier Becerra. For additional resources, https://www.cpc.org/CPCA/CPCA/Health_Center_Resources/IMMIGRANT_RESOURCES/CPCA/HEALTH_CENTER_RESOURCES/Immigration_Resources.aspx?hkey=2bf73d19-8d61-4cf4-b92e-f2b5db2424e4
- 15 For additional information about Public Charge, Go to: www.protectingimmigrantfamilies.org
- 16 Kelch, D. R. (2015). *Locally Sourced: The Crucial Role of Counties in the Health of Californians*. Oakland, CA: California Health Care Foundation. Retrieved from <https://www.chcf.org/publication/locally-sourced-the-crucial-role-of-counties-in-the-health-of-californians/>
- 17 California Welfare and Institutions Code, §17000. (1965).
- 18 Health Access. (2016). *Profiles of Progress: California Counties Taking Steps to a More Inclusive and Smarter Safety-Net*. Sacramento, CA. Retrieved from https://health-access.org/images/pdfs/2016_Health_Access_Profiles_of_Progress_County_Report_5_31_16.pdf
- 19 Such as DHCS' Care Coordination Assessment Project or the Health in All Policies Taskforce
- 20 iii California State Auditor. *Mental Health Services Act: The State Could Better Ensure the Effective Use of Mental Health Services Act Funding*. February 2018. Retrieved from <https://www.auditor.ca.gov/pdfs/reports/2017-117.pdf>
- 21 Holt, W. (2018). *Mental Health in California: For Too Many, Care Not There*. Oakland, CA: California Health Care Foundation. Retrieved from: <https://www.chcf.org/publication/mental-health-in-california-for-too-many-care-not-there/>

- 22 California Health Care Foundation (2016). *The Circle Expands: Understanding Medi-Cal Coverage for Mild-to-Moderate Mental Health Conditions*. Oakland: CA. Retrieved from: <https://www.chcf.org/wp-content/uploads/2016/08/CircleMediCalMentalHealth.pdf>
- 23 Health Resources & Services Administration. *What is a Health Center?* Retrieved from <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>
- 24 Information Notices are the means by which the Department of Healthcare Services (DHCS) conveys information or interpretation of changes in policy or procedure at the federal or state levels, and provides instruction to contractors, if applicable on how to implement these changes on an operational basis. Retrieved from: <https://www.dhcs.ca.gov/formsandpubs/pages/letters.aspx>
- 25 For more information about the impact of trauma on mental health, please visit the National Child Trauma Stress Network <https://www.nctsn.org/resources/traumatic-separation-and-refugee-and-immigrant-children-tips-current-caregivers>
- 26 California Pan-Ethnic Health Network. (2018). *California Reducing Disparities Project: Plan to Reduce Mental Health Disparities*. Oakland, CA. Retrieved from https://cpehn.org/sites/default/files/crdp_strategic_plan.pdf
- 27 Information Notices are the means by which the Department of Healthcare Services (DHCS) conveys information or interpretation of changes in policy or procedure at the Federal or State levels, and provides instruction to contractors, if applicable on how to implement these changes on an operational basis. Retrieved from: <https://www.dhcs.ca.gov/formsandpubs/pages/letters.aspx>
- 28 California Pan-Ethnic Health Network. (2018). *California Reducing Disparities Project: Plan to Reduce Mental Health Disparities*. Oakland, CA. Retrieved from https://cpehn.org/sites/default/files/crdp_strategic_plan.pdf



California Pan-Ethnic Health Network