

***Cross-cutting Issue 5: The Connection between the Mental Health System and (a) Physical Health Care and Human Services and (B) Social and Health Policy (e.g., Lead Poisoning).***

*Issue Statement*

The inadequate connection between the mental health system and (a) physical health care and human services and (b) social and health policy results in untimely or inadequate care, or care provided at an avoidably higher or costly level.

- Several conditions exacerbate the connection between the mental health system and physical health care and human services, driving a growing number of individuals towards various public human service agencies. The following key options address this issue:
  1. Establish a unified authoritative voice to deliver a consistent message regarding the definition of terms about mental illness (e.g., “danger to self & others,” “serious mental illness”) and their application, which will help to reduce the disparity in the way individuals are treated, geographically and by other demographic considerations, as well as by and among the various agencies;
  2. Define and implement a comprehensive, standardized, and interconnected statewide continuum of care (acute, intermediate, long-term, and co-occurring disorder services);
  3. Address mental health parity, and the systemic erosion of mental health insurance coverage in the private sector, which has led to: insurance discrimination, more individuals needing acute treatment, and the public subsidy of private insurers, which drains state general funds;
  4. Increase the level of integration between mental health treatment and primary care, which will support more available and effective early assessment, detection and intervention, making it more likely that problems are addressed before they become more serious;
  5. Increase the availability of effective diversion mechanisms and criminal/juvenile justice alternatives, and CMH treatment options for otherwise ineligible FIA clients, for first responders in order to direct a person to the most appropriate care option;
  6. Create a (“safety net”) mechanism for reaching out in a timely manner, in order to assist members of known at-risk populations who are not receiving treatment; and
  7. Address stigma, which erroneously presumes that mental health is quantitatively different from other physical illness, and prevents individuals from seeking timely and appropriate treatment, and which also impacts how individuals are directed towards services at their point of first agency contact (e.g., human services, law enforcement, criminal/juvenile justice).
- Within the human services system, clients must be provided with adequate mental health services. Many of those clients (50% of children in foster care & 80–85% of children in juvenile justice) have significant mental health problems, yet services are difficult to find. Children often enter the system because adequate mental health care

was not available, and their parents have no other ways of accessing resources. The criminal and juvenile justice systems also often serve as the reception point for individuals who could be more appropriately treated for mental health needs. Whatever door a client enters into, they must be provided access to services. Roadblocks to services can be addressed by the following options:

1. Integrate service systems (CMHSPs, schools, courts, FIA), and use blended/braided funding approaches to address funding stream barriers and to insure comprehensive and effective delivery of services;
  2. Increase the availability of services for persons with prevention and early intervention needs, or those who are not in poverty, by addressing the limits of Medicaid funding as being for only eligible clients and persons defined as being 'in-crisis';
  3. Address CMH funding discrepancies, which lead to disparate access; and
  4. Assure access to mental health services by means other than by criminalizing a person (e.g., judges and children).
- Recovery and community reintegration deficiencies can be addressed by more fully integrating recovery model services, for clients with supportive housing, employment, and education needs.
  - The connection between the mental health system and social and health policy can be strengthened by interagency utilization of available health information, such as that which could positively impact upon social, public health, and mental health policy. Lead poisoning prevention and treatment is an excellent example of the need for jointly developed policies and interventions across mental health, health care, and public health, particularly environmental health.