



National Alliance on Mental Illness

# NAMI California

## 2015 NAMI California Affiliate Annual Survey

In November 2015, NAMI California surveyed 45 affiliates regarding local opportunities and challenges. The following summarizes the results of the survey. We thank all of our affiliates who responded to the survey and provided the valuable information that allowed us to compile this report and continue to do our statewide work for mental health care.

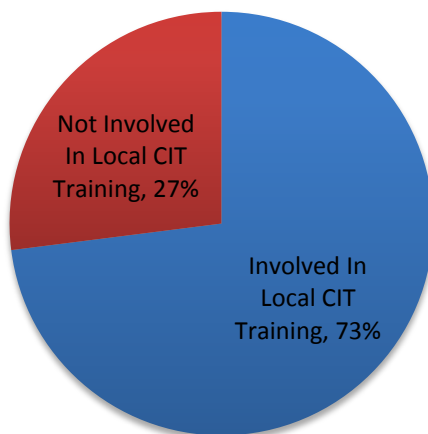
### Participating affiliates:

Alameda County South	San Bernardino
Amador	San Fernando
Antelope Valley	San Francisco
Butte	San Gabriel Valley
Contra Costa	San Joaquin County
East Bay	San Luis Obispo
El Dorado	San Mateo County
Fresno	Santa Clara
Gold Country	Santa Cruz
Humboldt	Shasta
Kern	Solano
Lassen	Sonoma
Los Angeles County Council	South Bay
Marin	Southern Santa Barbara
Mendocino	Stanislaus
Merced	Tehama
Monterey	Tri-Valley
Mt. San Jacinto	Tulare
Nevada County	Tuolumne
North Coastal San Diego	Ventura
Orange	Westside Los Angeles
Placer	Yolo
Sacramento	

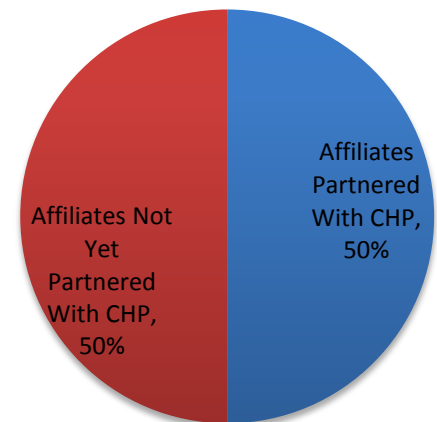
## Law Enforcement Training:

In 2015, NAMI California and local affiliates worked to establish a statewide minimum standard for law enforcement training in SB 11 and 29 (Beall). Additionally, NAMI California and affiliates have been working for years with individual law enforcement agencies to advocate for and provide training. NAMI California affiliates reported that dozens of local law enforcement agencies receive mental health and crisis response training. 73% of affiliates are involved with creating and providing this training throughout the state.

### Affiliates Involved In Local CIT Training



### Affiliates Partnered With CHP



NAMI California has established a partnership with the **California Highway Patrol (CHP)** to provide training and support to officers throughout the state. Although the collaboration is still in the early stages, 50% of affiliates are now partnering with the CHP. Some examples of collaboration include:

- Provide trained consumer and family member speakers through the NAMI program model for CHP trainings.
  - Give officers cards on “How to Communicate with Someone Living with a Mental Illness”.
  - Participate in workgroups to connect consumers that law enforcement encounters to mental health services available in the community.
  - Plan Crisis Intervention Trainings (CIT).
  - Help CHP divisions to secure additional funding to continue to provide mental health training for officers.
  - Partner with CHP divisions for local NAMI Walk fundraisers.
- Provide “white cards” for consumers to carry with information about their own mental illness.
- “Our strength is being strength-based and collaborative, helping to support everyone's needs while being a strong voice of experience and science-based knowledge.”



## MHSA Planning Process:

Most NAMI California affiliates are involved with County Behavioral Health Departments in annual planning for Mental Health Services Act (MHSA) funded programs. This includes 37 counties based on our survey of 45 affiliates. Experiences with this process are mixed, but there is room for improvement.

### NAMI Affiliates Involved in MHSA Planning Process



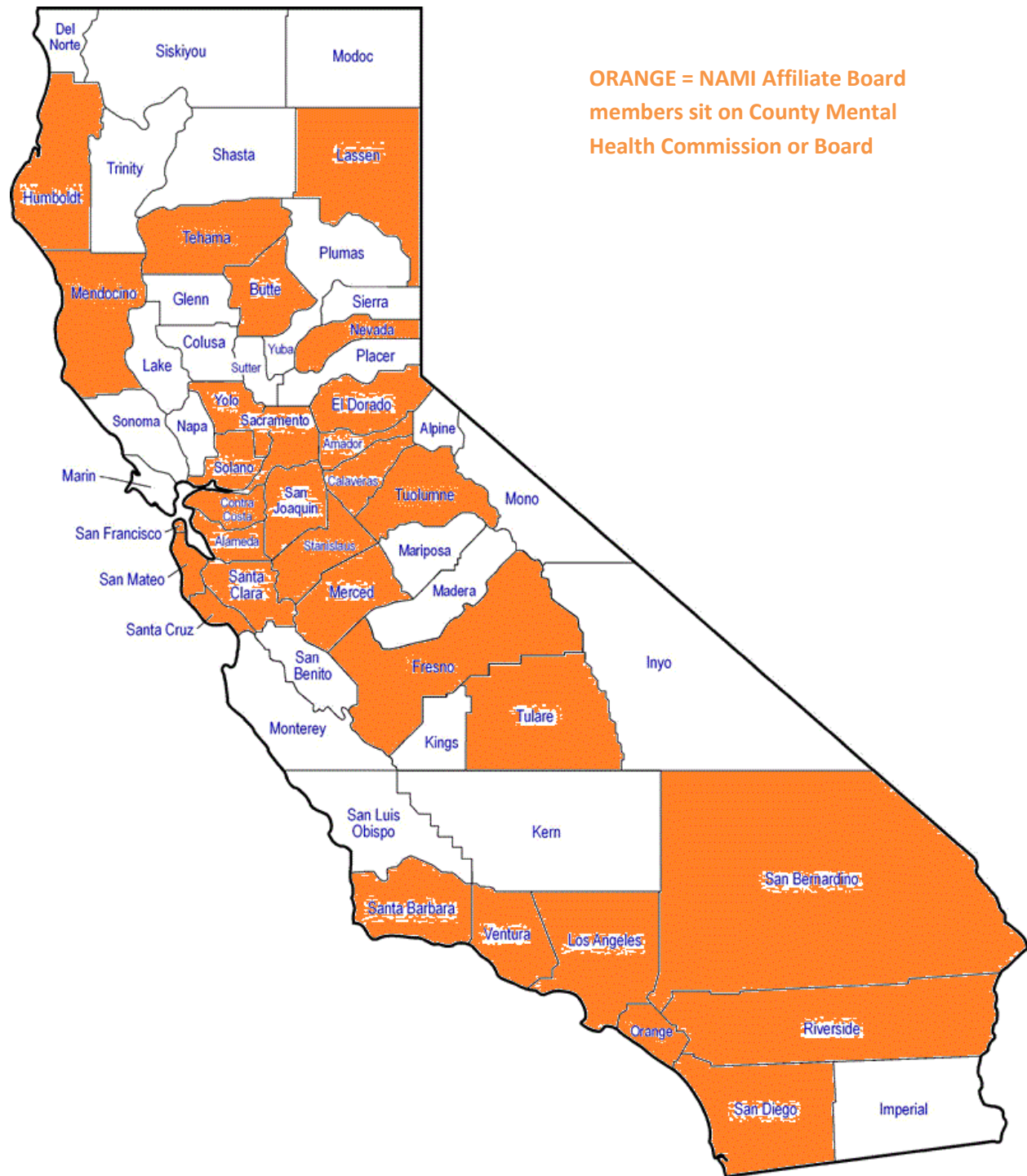
**GREEN = NAMI Affiliate is involved in the  
county's MHSA planning process.**

### Comments on MHSA Planning Process:

- *"We find our county mental health department's actions are usually driven by cost and budget."*(Yolo)
- *"Our voice is to remind Alameda County that we in the East county are not to be forgotten."*(Tri-Valley)
- *"They do the programs they want to do with little public input."*(Mt. San Jacinto)
- *"Updates have been done by attendance at various meetings, sort of haphazardly."*(Amador)
- *"All community meetings are well attended and there are regular updates and reports."*(San Bernardino)
- *"Recent changes in how public input for the MHSA planning process is gathered has resulted in a huge increase over prior years and feedback on the process has been positive."* (El Dorado)
- *"We have a county stakeholder leadership committee and a very open process..."*(Santa Clara)
- *"It's very integrated with community input."*(San Fernando Valley)
- *"We are integral stakeholders and community partners with the County. We enjoy a strong relationship and are heard."* (Nevada)
- *"Planning process good. Good outreach, responsive plan for Innovative Project."* (Santa Cruz)

## Mental Health Commissions/Boards

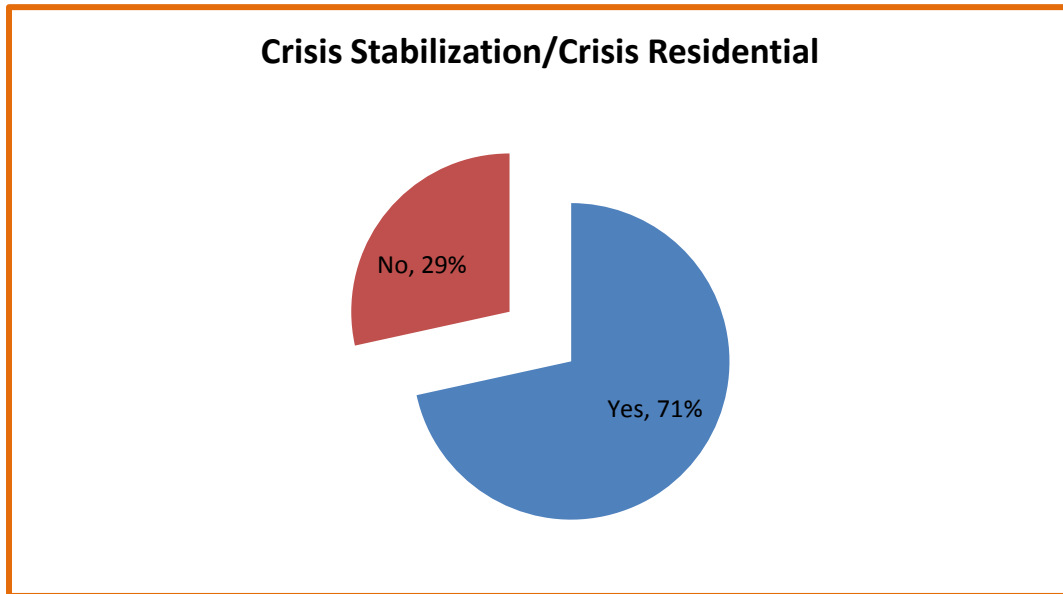
73% of NAMI affiliates are represented on County Mental Health Commissions/Boards, although some in an advisory capacity only. This includes 31 counties, based on our survey of these 45 affiliates alone.



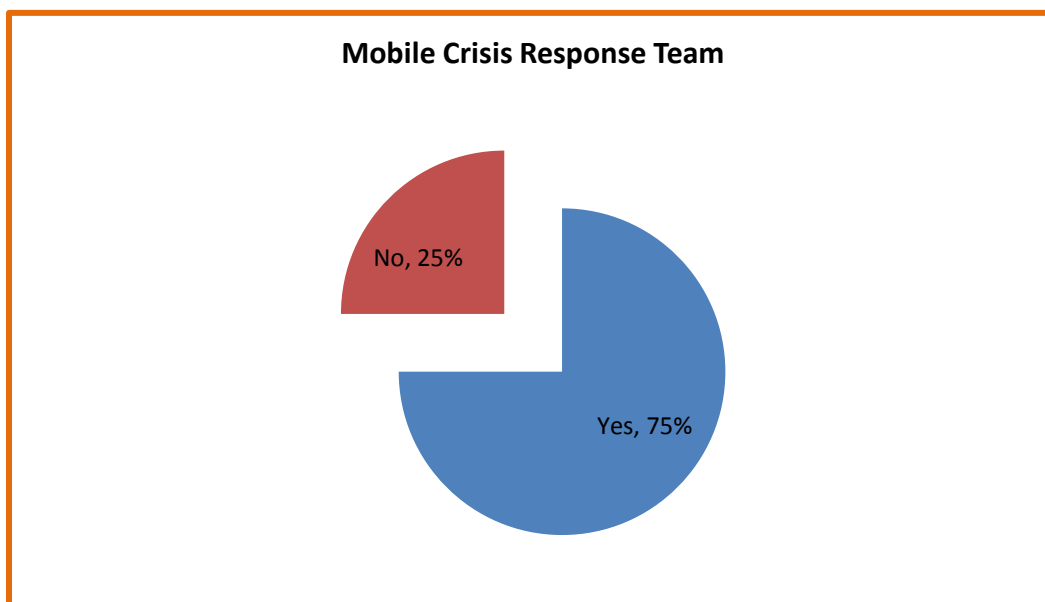
### Crisis Capacity:

NAMI California members and affiliates often cite crisis care and capacity as one of the most pressing needs in mental health care. In this survey, NAMI California asked affiliates to provide updates on the status on various care options, in addition to the law enforcement training reported earlier in this document.

**73% of affiliates report that their county currently has a crisis stabilization and/or crisis residential facility.**



**75% of affiliates report that their county currently has a mobile crisis response team.**



**NAMI California members report challenging experiences with local hospital emergency departments, and signal significant need for improvement:**

- *“Local hospital emergency departments are not staffed with psychiatric professionals; most do not have private sections for psychiatric clients in crisis--a stigmatizing experience.”*
- *“Sometimes loved ones spend days in the ER before being transferred to a [psychiatric hospital].”*
- *“The local hospital emergency room staff [are] complacent, uninformed, and generally project an attitude of not caring when encountering a person with mental illness.”*
- *“Services are located over a range of hills of which are very difficult to reach even with public transportation. The only hospital in the area, Valley Care, does not support psych emergencies, and may or may not have a psychiatrist on-call.”*
- *“Overcrowded, not enough staff, lots of seclusion and restraints. Local hospital handcuffs people to gurney for 72 hours in ER.”*
- *“Unsafe discharges, lack of available beds for admission so patients get discharged before stabilization.”*
- *“South Lake Tahoe, Barton Hospital is very proactive in serving mental health patients. Marshall Hospital has been poor. No separate space for psychiatric patients and no psychiatric staff.”*
- *“It's slow, overwhelmed and frequently on diversion.”*
- *“At one hospital, Mercy Medical, people who suffer from mental illness are treated very poorly. We have had many discussions with them about improving their service. People are shamed, made to wait a very long time, not given even basic comforts like pillows and blankets.”*
- *“At Shasta Regional Hospital the CEO has committed to having all given CIT class, starting with the emergency room.”*
- *“County hospitals have issues with long waiting times, admission, and insurance parity.”*
- *“[Experience is] varied, complex - depends on circumstances.”*
- *“[Experience is] mixed, but mostly positive.”*
- *“None have a psychiatrist on staff and they wait a very long time if an individual must be hospitalized. Oftentimes, patients are released without treatment and end up in jail.”*
- *“We have had several patients who were awaiting a placement walk away from the ED, and one of those individuals died.”*

**52% of NAMI California affiliates partner with local hospitals; these efforts may improve the experiences noted above. Partnerships include:**

- Participating in a training program for primary care physicians regarding mental health.
- Participating in crisis intervention training for staff.
- Receiving referrals from hospitals for Family to Family and support group participants.
- Providing In Our Own Voice presentations to staff and patients.
- Providing NAMI in the Lobby.
- Receiving free or low cost space for meetings and events, and receiving grants to support programs.



## Looking Forward:

NAMI California affiliates recommended that the following issues be 2016 priorities:

- Increase the capacity of acute care and inpatient services.
- Increase the capacity of crisis stabilization services.
- Provide stable funding for NAMI programs.
- Ensure mental health parity is enforced.
- Increase the availability of peer and family support programs.
- Ensure that individuals in crisis can receive appropriate hospital services.
- Provide appropriate mental health training for school professionals.
- Implement mental health training for law enforcement.
- Improve and expand stigma reduction programs.
- Reform the criminal justice system to ensure that individuals living with mental illness receive treatment.
- Increase the availability of early intervention programs.
- Increase the availability of supportive and affordable housing.
- Ensure robust outcomes from MHSA funded programs.
- Improve training for mental health and primary care providers, including suicide prevention training.