



**Cultural and Linguistic Competence
Committee Report
February 27, 2009
Richard Van Horn, Chair
Eduardo Vega, Vice-Chair**

Tab 6: Disparities Report



Issue:

- CLCC developed report, “Addressing Mental Health Disparities in the Mental Health Services Act”
- Report recommends a focus on disparities for racial, ethnic, cultural populations that may be unserved, underserved, or inappropriately served
 - Access
 - Quality
 - Outcomes



Objective

- Provide clearer understanding of these concepts to inform the implementation of mental health policy
- Inform the MHISOAC in addressing concerns regarding fairness and equity in resource allocation
- Engage in next steps to further activities to address mental health disparities



Background

- CLCC mission: to ensure that the MHISOAC has an ongoing focus in the area of access, quality, and outcomes disparities in mental health service provision to unserved, underserved, and inappropriately served communities with historical disparities.
- October 2007 – CLCC presented work plan to MHISOAC
- MHISOAC directed CLCC to clarify the terms unserved, underserved, inappropriately served



Background (continued)

- CLCC prepared report to describe ambiguity regarding the terms unserved, underserved, inappropriately served and to recommend focus on disparities
- These terms have surfaced in recent MH Funding Committee discussions
 - “Two-tiered” system (served/underserved)
 - “Multi-tiered” system (served/underserved/unserved)
 - Flexibility



The Problem

- Unserved,” “underserved,” & “inappropriately served” not used consistently in MHSA policy documents
- Regulations define only “unserved” and “underserved”
- Some stakeholders believe individuals currently receiving non-MHSA services should be eligible for MHSA services too (eg, those receiving less than ideal services in their communities; those living in board/care facilities with minimal supports/resources)



The Problem (continued)

- Mental Health services to racial, ethnic, and cultural communities are inadequate, inappropriate or nonexistent
 - poor engagement and outreach
 - limited language access
 - limited access in rural areas
 - lack of culturally competent programs within existing mental health services



Recommended Next Steps included in Report

1. CLCC work with Evaluation Committee to develop outcome indicators to measure disparities
 - Are more racial, ethnic, cultural communities being served by MHSA?
 - Are counties engaging previously unserved racial ethnic, and cultural communities?
 - How are counties monitoring their plans for quality improvement?
 - Establish benchmarks for accountability



Next Steps (Continued)

2. Address emerging issue of “community-defined evidence” to use as evidence-based practices for racial, ethnic and cultural communities
 - Support growth of new approaches to improve quality of care
 - Support developing capacity and growth in innovative approaches
 - Move to culturally/linguistically appropriate services and develop effective performance outcomes
 - Clearly distinguish between access versus quality



Next Steps (Continued)

3. CLCC work with Client and Family Leadership Committee to discuss the broad application of the terms unserved, underserved and inappropriately served and how to apply these terms to all individuals and communities in California



Recommendation

- Adopt the recommendation in the report:
 - that the MHISOAC promote a focus on disparities in access, quality, and outcomes to racial, cultural and ethnic communities whose members may be unserved, underserved, or inappropriately served
- Direct the CLCC to address the next steps outlined in the report



Proposed Motion:

The MHSOAC will promote a focus on disparities in access, quality, and outcomes to racial, ethnic, and cultural communities whose members may be unserved, underserved or inappropriately served. The MHSOAC directs the Cultural and Linguistic Competence Committee to address next steps as outlined in the report.