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TAB SECTION: 6

X ACTION REQUIRED

DATE OF MEETING: 2/27/09

PREPARED BY: Whitcomb

DATE MATERIAL PREPARED: 2/17/09

AGENDA ITEM: Cultural and Linguistic Competence Committee Report – Disparities Report

ENCLOSURES: • Draft Report: Addressing Mental Health Disparities in the Mental Health Services Act, January 2009

OTHER MATERIAL RELATED TO ITEM:

Issue:

The Cultural and Linguistic Competence Committee drafted the enclosed report, *Addressing Mental Health Disparities in the Mental Health Services Act*, for MHSOAC to adopt.

Background:

Section 2(e) of the MHSA (Findings and Declarations) describes how successful and innovative programs, including services that are culturally and linguistically competent, can address services to underserved populations.

Section 3(c) of the MHSA (Purpose and Intent) includes expanding successful, innovative programs for Californians, including culturally and linguistically competent approaches for underserved populations.

Previous MHSOAC Actions:

At the October 2008 MHSOAC meeting, the CLCC presented its work plan to the MHSOAC. The work plan describes various activities to address the needs of unserved, underserved, and inappropriately served racial, ethnic, and cultural communities. Although the current regulations contain definitions for “unserved” and “underserved,” the term “inappropriately served” is not defined.

The MHSOAC directed the CLCC to provide clarification to help advance the discussion regarding unserved, underserved and inappropriately served individuals, groups, and communities.

The issue of disparities and how MHSA resources are distributed is also related to the discussion of “flexibility,” which was discussed at the January 2009 MHSOAC meeting during the Mental Health Funding Committee report. The following motion was passed:

Mental Health Funding Committee to work with stakeholders, including DMH, to develop policy recommendations concerning potential flexibility in the use of MHSA funds, and steps needed to authorize such flexibility for consideration by the MHSOAC by its February and March 2009 meetings.

Partners/Stakeholders:

Some stakeholders, including families with family members in the existing (non-MHSA) public mental health system believe that these terms should apply broadly, to include anyone, including those clients and family members who currently receive public mental health services not funded by MHSA. These stakeholders believe that the terms, “underserved” and “inappropriately served” should include their family members who already may be receiving services that are less than ideal in their communities. For example, many adult clients live in board and care facilities with minimal resources and little or no support services to help them in their recovery.

On the other hand, racial and ethnic stakeholder groups assert that mental health services to racial, ethnic, and cultural communities are inadequate, inappropriate, or nonexistent. Some reasons for lack of services include lack of education or inability of providers to identify appropriate needs; poor engagement and outreach; limited language access; limited access in rural areas, Rancherias or reservations; and lack of culturally competent services and programs within existing mental health programs (CMHDA, 2005).

Recommendation:

The MHSOAC should promote a focus on disparities in access, quality, and outcomes to racial, cultural and ethnic communities. Some next steps, which are listed in more detail in the report, include the following:

- Work with the MHSOAC Evaluation Committee to develop outcome indicators to measure access and quality of services to racial, ethnic, and cultural communities
- Address the emerging issue of developing community-defined evidence for racial, ethnic, and cultural communities for use as evidence-based practices.
- Meet with the MHSOAC Client and Family Leadership Committee to discuss the broad application of the terms unserved, underserved and inappropriately served, including how to reconcile the use of these terms for all individuals and communities in California

Proposed Motion:

The MHSOAC adopts the report from the CLCC, “Addressing Mental Health Disparities in the Mental Health Services Act,” to 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