



CMHDA Principles to Consider as Counties Face Budget Reductions
Adopted: February 18, 2010
Revised: April 13, 2011

The Ethnic Services (ESC) and Social Justice Advisory (SJAC) Committees of the California Mental Health Directors Association (CMHDA) share a common purpose to support and assist CMHDA in decision and policy making that aims to reduce disparities and improve outcomes in service access and care across diverse populations.

The ESC and SJAC jointly recommend the following principles, adopted by CMHDA on February 18, 2010, and revised on April 13, 2011 for counties to consider during this time of fiscal crisis to sustain investments and to protect historically unserved/underserved and inappropriately served populations, peer run programs and client, family and bilingual/bicultural staff:

1. **Minimize Client Impact:** Before budget reductions are identified and agreed upon, the utmost effort should be made to identify what the client, family and community impact would be to historically unserved/underserved/ inappropriately served populations, including the impact on programs operated by and serving clients and families from these populations [1].
2. **Sustain Investments Made to Reduce Disparities:** Throughout California the MHSAs support strategies that demonstrate positive outcomes in improving access and expanding the quality of community mental health services to historically unserved/underserved/inappropriately served ethnic and cultural populations across the lifespan. Efforts should be made to protect these strategies from budget reductions so that formerly unserved/underserved and inappropriately served populations will continue to receive services during turbulent fiscal times, to the extent possible. As part of this effort, secure funds for the future implementation of the Prevention and Early Intervention (PEI) Statewide Reducing Disparities Project.
3. **Protect Against Disproportionate Cuts:** Efforts should be made to consider the needs of historically unserved/underserved/inappropriately served populations (as determined by data) by evaluating budget reduction plans and thus ensuring that they are not disproportionately impacted by budget cuts.
4. **Maximize and Leverage Remaining Resources and Integrate with Other Systems that Promote Wellness:** Support cost-effective strategies to outreach and engage historically unserved/underserved/inappropriately served populations. Collaborate with other systems/partners to leverage limited resources and support education, training, research, advocacy and community partnerships to reduce health disparities.
5. **Continue to Develop Culturally Inclusive Strategies:** Continue or Implement strategies that can effectively engage consumers and families from historically unserved/underserved/inappropriately served populations in the design, planning, and implementation of the mental health service system, including spirituality initiatives and outreach and promotion activities such as Promotores and similar activities in ethnic and racial communities [2].
6. **Identify Costly Expenditures/Services:** Often historically unserved/underserved/inappropriately served populations are over represented in costly institutional settings such as emergency rooms, IMDs and the criminal justice system. Evaluate what strategies save money and prevent human suffering..



Protect community alternative services that keep individuals out of these facilities and serve them in the community. Among the types of programs that are both cost-effective and conducive to wellness/recovery are peer-run programs, crisis residential programs (including peer-run crisis alternatives), less restrictive skilled nursing facilities and culturally-specific healing arts and other services by and for unserved/underserved/inappropriately served populations.

7. **Protect Bilingual and Cultural Knowledge Positions:** Prioritize the retention of bilingual positions and staff with cultural knowledge and communication skills when considering staffing cuts[3]. Acknowledge that there may be limitations on decisions that can be made by county mental health departments, while recognizing that such skills are essential to improving access and providing quality services to historically unserved/underserved and inappropriately served populations.
8. **Preserve Client-Operated Programs and Client- and Family-Designated Staff:** Prioritize the retention of peer-run programs and of client and family member staff positions [4] and [5].

[1] *Mental Health Services Act, California Welfare and Institution Code Section 5847 (g) (1) and the California Code of Regulations, Section 3200.300 and 310.* Historically unserved/ underserved/ inappropriately served populations include but are not limited to African American, Arab American, Asian American, Latino/a, Native American, immigrant and refugee, and lesbian, gay, bisexual, transgender and questioning populations, older adult and transition age youth, and people with physical and developmental disabilities. *California Network of Mental Health Clients, "Overview: Proposed Amendments to Draft Community Services and Supports Program and Expenditure Plan Requirements, Policy Brief February 2005.*

[2] *Promotores in Mental Health in California and the Prevention and Early Intervention Component of the MHSA, Policy Paper November 2008 and Mesoamerican Traditional Medicine in the Context of Migration to the United States of America, September 2008.*

[3] Cultural knowledge and communication skills include but are not limited to knowledge and communication skills specific to historically unserved/ underserved populations, and knowledge and communication skills specific to client culture, which arise from lived experience in the mental health system. *California Department of Mental Health, Cultural Competence Plan Requirements, January 2010, Information Notice 10-02.*

[4] *MHSA, WIC Section 5813.5 (d).*

[5] *MHSA, WIC Section 5822 (g).*