



July 13, 2009

TO: Members, California Latino Legislative Caucus,
Legislative Briefing Participants

FROM: Patricia Ryan, MPA, Executive Director
Stephanie Welch, MSW, Associate Director, MHSA

SUBJECT: County Implementation of the Mental Health Services Act (MHSA)

The California Mental Health Directors Association (CMHDA) represents the directors of public mental health authorities in counties (and some cities) throughout California. The primary goal of our Association, pursuant to a three-year strategic plan, is to *“advocate for equity and full inclusion of vulnerable populations, and secure social justice as measured by access to necessary quality services that promote mental health, wellness, resiliency and recovery in our communities.”* As local implementers of the MHSA, counties play a primary role and carry great responsibility in the transformation of local mental health systems.

Nearly five years after the passage of the MHSA, counties overwhelmingly attribute the opportunities for change made available through its implementation as far more meaningful than simply additional fiscal resources. County mental health systems throughout the state are re-engineering so they can provide and contract for services and supports that better embody the five primary values of the MHSA, which include:

- ❖ Community Collaboration
- ❖ Consumer and Family Driven Services and Supports
- ❖ Cultural Competency
- ❖ Recovery, Resiliency and Wellness Oriented
- ❖ Integrated Services

Implementation of the MHSA has been challenging at times, but making significant and meaningful change requires continuous quality improvement and constant adaptability. The willingness of counties to make changes during implementation to better meet MHSA goals has led to improved systems. For example, early implementers recognized that a strict application of requirements for Full Service Partnerships (FSPs) in some communities was unintentionally resulting in deepening a “multi-tier” system where there would be a small population getting a large number of services, while other populations received few or no new MHSA services.

Because of the diverse and unique characteristics of underserved and unserved ethnic and cultural populations, a strict application of FSP program requirements could have unintentionally reduced the ability of counties and contract providers to enroll ethnic and

cultural populations. Counties, providers, and community advocates recognized this trend and worked hard with the state Department of Mental Health to obtain flexibility of the FSP program requirements to ensure the inclusion of unique and diverse ethnic and cultural populations.

The populations served by county mental health are among our communities' most vulnerable. We must recognize that budget cuts that affect income, housing, physical healthcare, and other community and social support services will increasingly impact the populations the MHSA serves and seeks to serve.

Further, community mental health "traditional" funding sources (state general funds, realignment revenues) have been significantly shrinking, which means that MHSA funds have become an increasingly critical funding source and transformation agent. ***Using MHSA funds, we must continue to find ways to reach those who have been unserved and underserved, while also increasing our effectiveness and efficiency in improving their lives.***

We know that the MHSA has already made a tremendous difference in the lives of many individuals throughout California. CMHDA hopes that in the coming year interested state and local partners and implementers of the MHSA will prioritize the development of a statewide evaluation framework that can provide a mechanism for systematically measuring performance – including to underserved ethnic communities – that helps inform continuous quality improvement of the overall community mental health system. Counties are poised to support such an effort, and have already begun to collect information about the populations they serve and the performance of their programs.

In the interim, and for the purposes of the legislative briefing today, CMHDA would like to take this opportunity to share some highlights regarding MHSA implementation to date. In addition, we have pulled together some examples of successful programs that target Latino populations in a few counties across the state. This is simply a snapshot, but we welcome the opportunity in the future to provide a more thorough analysis of the impact of county MHSA implementation, including providing more success stories for the Latino caucus and the members of the Latino Coalition for a Healthy California.

If you have any questions or comments about issues related to county implementation of the MHSA, please contact our staff who also could link you to your local county mental health director or MHSA coordinator: Stephanie Welch at swelch@cmhda.org or 916/556-3477 x 152.

MHSA Implementation Highlights

Community Services and Supports (CSS):

CSS programs represent the majority of MHSA funds (roughly 75%), and provide for services to all age groups. The funds are flexible enough to provide “whatever it takes” services and supports to meet the mental health needs of those that are underserved or underserved, in addition to using resources to conduct outreach and engagement and to direct resources to making improvements in the “system” itself.

CSS was the first component of the MHSA to be implemented, and counties have made significant strides in re-engineering the array of services they provide or contract for, in addition to serving new and diverse populations. Outcomes from CSS programs are emerging and anecdotally demonstrate the impact of the MHSA.

Full Service Partnership Programs (FSPs)

A Riverside County FSP program designed to target Latino youth by using Multidimensional Family Therapy (MDFT) has reported initial success. The evidence-based practice uses family therapy to provide culturally appropriate interventions and services for youth and their families. Seventy-six percent of the enrollees are Latinos ages thirteen to eighteen. Two years after initial program implementation, the services and supports provided have reduced incarceration and probation status by over 50%, and nearly eliminated school expulsions for enrollees.

Outreach and Engagement of Ethnic and Cultural Populations:

In Monterey County, services to Latino consumers over the past five years have increased by 49%. The greatest increase (79%) was in the 0-25 age group. The increase in services to Spanish-speaking consumers is attributed to MHSA investments in staff cultural competency training, recruitment/retention of bilingual clinicians and patient service representatives, and expansion of Promotores programs.

Integrated Services and Community Collaboration:

San Diego County is using MHSA resources to develop stronger partnerships and integrated services with primary care providers. Data demonstrates that Latino populations are more likely to use primary care centers and clinics to access mental health services and supports. San Diego County has a number of projects with local community health clinics, including mental health assessment services in walk-in clinics. Additional program services available include substance abuse assessment, domestic violence screening, medication and case management and referrals to a variety of community-based services. The walk-in clinics can serve up to 1,500 unduplicated clients and target people who are uninsured and receive Medi-Cal services.

MHSA Housing Program:

CSS funds (\$400 Million) were put aside by counties to support the development of permanent supportive housing for individuals and families living with mental illness. To date, thirty-one applications from fifteen counties have been received, representing \$83 million in capital support and operating subsidies for nearly 500 units of new housing. Of the thirty-one

applications, twenty have been approved and ten are in process. Another forty projects are in development that would provide over 800 additional housing units. Two projects have already been built and are providing housing. Others are now breaking ground. For example, Monterey County-based Interim Inc, a non-profit agency that provides supportive housing for adults with mental illness, broke ground in April on Sunflower Gardens, a two-story, 18-unit apartment building that will house 23 adults with psychiatric disabilities who are homeless or at risk of homelessness.

Prevention and Early Intervention (PEI):

PEI programs aim to prevent mental illnesses from becoming severe and disabling, as well as improving timely access to services for underserved and unserved populations, particularly for ethnic and cultural populations. Strategies to prevent suicide and to reduce the impact of mental health stigma and resulting discrimination also can be funded specifically with this resource. To date, forty counties have approved PEI plans and are now undergoing the process of implementation (once funding from the state is received). PEI programs especially highlight a new way of providing mental health services as highlighted by some of Orange County's programs listed below.

- Use of Parent Empowerment principles and methods to improve school attendance for both English and Spanish-speaking youth. This program is somewhat unique in that Parent Empowerment is a widely used approach in educational circles, but is not well known in the juvenile justice arena. However, both local experience and controlled studies demonstrate the usefulness of the program. The plan estimates this program will serve 750 individuals and 625 families through June 2010.
- Outreach and Engagement Services for those individuals who have had life experiences that may make them vulnerable to mental health problems, but who are hard to reach in traditional ways because of cultural or linguistic barriers. Staff will be representative of the target populations with regard to language and will include those who are bilingual in Spanish, Vietnamese, Korean, Farsi, and American Sign Language. This unit will also have specialized training in differing cultural perceptions of mental illness and on effective interventions to reduce the barriers to services. Additionally, training on the special perceptions and beliefs about mental illness and barriers to treatment within groups will be provided.
- Promotora Model-Community Health Educators: The Promotora (or Health Promoter in English) Model uses a community health educator approach to educate and provide parenting resources to communities. The Promotora model of community outreach is based on a Latin-American program type that reaches underserved populations through peer education. This means Promotoras are members of the communities with which they liaise. New staff needed for this program will include eight community mental health educators. The plan estimates this program will serve 500 individuals and 375 families through June 2010.

Innovation:

Innovation programs are a very small percentage of overall funds, but are intended to provide the opportunity to create new and creative approaches to mental health services. Guidance on which kinds of programs and projects can be used with these funds has only been available for about six months but a few counties have already submitted plans that are currently under review by the Mental Health Services Oversight and Accountability Commission (MHSAOC) and the state Department of Mental Health (DMH). Most counties -- roughly half -- have applied and been approved for planning funds and are currently conducting community planning processes to identify how to identify, design and implement Innovation programs.

Workforce Education and Training (WET):

WET funds are limited infrastructure funds that provide program resources that train, develop, and recruit a diverse workforce including consumers, family members, licensed professionals and others who are qualified to deliver client-driven, recovery-oriented, culturally competent and strengths-based services. Currently thirty-eight counties have approved WET plans, with another dozen in review. Other successes include the current implementation of all five regional WET partnerships, state-administered consumer and family employment and technical assistance programs and ongoing support for professional stipend and loan assumption programs. The example below demonstrates how WET programs support local partnerships between traditional mental health providers and educational institutions.

MHSA Vocational Training Program

Pacific Clinics and Santa Ana Community College have partnered with the County of Orange to implement an MHSA training program for mental health consumers and family members. The goal is to enable these individuals to work in the mental health system and become service providers or operators of consumer-run programs. Over 100 consumers and family members have completed their coursework. Participants in the program represent a variety of ethnic and cultural groups but primarily consist of Hispanic groups. The training program includes three components:

- Classroom training of consumers and family members in basic human services, mental health concepts/knowledge and the principles of wellness and recovery. Students receive a Mental Health Para-Professional Certificate upon completion of the coursework
- Paid half-time fieldwork training of consumers/family members in jobs which use skills related to working in the mental health system.
- Training of current mental health staff to work with consumers/family members as full partners in providing mental health services.

Capital Facilities and Technology:

Capital Facilities and Technology funds, similar to WET, are limited infrastructure funds and include resources for short-term crisis diversion programs to prevent institutionalization (among other needs), and technological needs, which can provide the appropriate infrastructure required to collect, report, and analyze data. Many counties are now exploring how to best leverage these limited resources with other opportunities, particularly through the American Recovery and Reinvestment Act (ARRA).