CPEHN
California Pan-Ethnic Health Network

STEINBERG INSTITUTE — ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP

SEARAC

LCHC — LATINO COALITION FOR A HEALTHY CALIFORNIA

CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK

CBHN
CaBlackHealthNetwork.org

April 26, 2019

The Honorable Eloise Gomez Reyes
Chair, Assembly Budget Subcommittee 1 on Health and Human Services
State Capitol, Room 2175
Sacramento, CA 95814

RE: Budget Proposal to Reduce Disparities and Improve Cultural Competence in County Mental Health

Dear Assemblymember Reyes:

The California Pan-Ethnic Health Network (CPEHN), The Steinberg Institute, #Out4MentalHealth, the Southeast Asia Resource and Action Center (SEARAC), the Latino Coalition for a Health California (LCHC), and the California Black Health Network (CBHN) seeks support for ongoing funding to ensure that historically underserved populations receive culturally competent mental health services, thereby reducing disparities in access and utilization of these programs.

CPEHN is a statewide multicultural health advocacy organization that works to ensure that all Californians have access to quality healthcare and can live healthy lives. We gather the strength of communities of color to build a united and powerful voice to promote health equity and reduce health disparities.

<u>Mental Health Care Barriers Exist for Many Marginalized Communities</u>

Mental health is a critical component of health, yet California's diverse communities face a myriad of challenges accessing care and maintaining wellbeing. Asian and Pacific Islander communities have among the lowest rates of mental health care utilization. Meanwhile, Latinos have higher utilization rates, but those who visit a mental health practitioner often do not return for subsequent visits possibly due to a cultural or linguistic incompatibility with their provider or course of treatment. Black communities are too often served through emergency and non-voluntary mental health treatment due to a lack of culturally appropriate

prevention and early intervention. LGBTQ communities have historically encountered a biased mental health system that has failed to recognize their humanity.

The Mental Health Services Act (MHSA), passed by California voters in 2004, specifically identified improved access to and quality of care for racial and ethnic communities as a primary goal and dedicated resources for this purpose. Since that time, California counties have been tasked with designing mental health programs and services that meet the needs of diverse local communities. In addition, Medi-Cal provides mental health care to low-income consumers through both health plans and counties.

However, recent data demonstrates that mental health disparities statewide are not improving, and that consumers continue to face significant barriers or poor care based on race, ethnicity, language, or sexual orientation.

Existing Regulations Need Strengthening to Support County Progress

Under existing regulation, county mental health programs are required to develop and submit cultural competence plans to the Department of Healthcare Services (DHCS) every three years. These plans do not always set forward-looking goals for disparities reduction or include community-defined strategies. In addition, the MHSA Administrative Fund (MHSF) - dedicated to the planning and implementation activities related to county mental health programs- currently has a surplus balance of over $120 million. Although some county mental health plans have made efforts towards developing culturally and linguistically competent services, it is imperative that all counties be supported in this critical effort.

Further, CPEHN has learned that some of the main obstacles counties face in serving diverse communities are:

1. Need for technical assistance and training from disparities reduction experts;
2. Need for better data and assistance with analyzing data and implementing data-driven strategies;
3. Lack of collaboration between counties and other entities, such as community-based organizations and schools, to develop and test innovative approaches to reducing mental health disparities.
4. Lack of statewide oversight and accountability.

There Are Success Stories to Replicate

While many counties have struggled to implement programs and evaluation methods to reduce disparities, there are success stories.

- **Napa County:** For example, Napa County recognized the importance of an investment in technical assistance and partnered with consultants with expertise in cultural competence, stakeholder engagement, and trauma-informed care to assist

them in the development of meaningful programs and services for different cultural and linguistic groups. As a result, Napa County identified three new programs and services to support the mental health needs of specific underserved populations, including American Canyon Filipinos, those living with trauma, and Native Americans.

- **San Francisco County:** In San Francisco, the County Behavioral Health Department used their MHSA funds to invest in the support of consultants with expertise in community research and data analysis to conduct a comparison between the demographics of behavioral health staff with the demographics of consumers. The Cultural Competence Plan found that while staff capacity mirrors or exceeds the language needs in the community, one notable exception is Cantonese. As a result, the department invested in language access experts to provide interpretation services in cases where staff couldn't meet the Cantonese language needs of consumers.

However, there are many other counties and community-based organizations that could be supported through an investment in ongoing funds for data, technical assistance, innovation and incentives to reduce disparities.

Ongoing Funds for Data, Technical Assistance, Innovation and Incentives Can Alleviate Disparities

CPEHN has spoken with a number of County Behavioral Health Departments and community-based organizations[1], and has identified specific ways in which this funding request can address challenges currently faced in addressing disparities:

- **Data:** Several counties identified data as a need for disparities reduction efforts.
  - Fresno County identified a need for state assistance with developing appropriate data sources to analyze disparities, particularly expertise on methods to identify the needs of small populations.
  - Other initiatives have successfully engaged experts in data projects. For example, the MHSOAC invested funds in developing a fiscal reporting tool that is now utilized by counties and stakeholders to make programmatic decisions.

- **Technical Assistance:** Several counties identified technical assistance as a need for disparities reduction efforts.
  - Butte County shared past success with regional trainings sponsored by the California Institute for Behavioral Health Solutions and encouraged these activities to resume, particularly for small counties who often do not have in-house expertise in each issue.
  - Yolo County expressed a need for technical assistance and support with the facilitation of a robust stakeholder process. Yolo County has previously been able to engage Resource Development Associates, an evaluation and

[1] Unless indicated otherwise, information is provided as background not as an endorsement of this proposal.

consulting firm, to support the development of their mental health services programs.
    - Solano County partnered with the UC Davis Center for Reducing Health Disparities for technical assistance services in an effort to increase culturally appropriate services for county-specific unserved and underserved populations with low mental health utilization rates, including Latino, Filipino and LGBTQ+ populations.

- **Innovation:** Several CPEHN community partners in Orange County, Fresno County, and Alameda County identified the need to invest in non-traditional mental health providers to broaden the scope of mental health interventions available to communities of color and more effectively meet their needs.
    - The Fresno Center for New Americans has received dollars from the Department of Public Health to develop and test strategies to promote mental health and wellness among Hmong adults and elders in Fresno County.
    - The California Department of Public Health has engaged Loyola Marymount University to study the success of community-defined mental health practices.

- **Incentives:** Several counties expressed a need for the State to standardize mental health disparities performance goals and implement robust oversight and technical assistance to the counties. While standardizing state oversight and local performance goals holds great promise for reducing mental health disparities, investment will be needed since the MHSA is largely locally driven.
    - San Bernardino County shared that the State had previously invested in a panel of experts to review county cultural competence strategies, and that was a useful method of driving change.
    - In addition, a number of counties have been offered additional funds from the California Health Facilities Financing Authority for investing in mental health crisis response services (SB 82, 2013 and subsequent legislation). 41 counties successfully pursued this funding, resulting in the addition of hundreds of crisis response beds, mobile units, and personnel across the state.

Request

The California Pan-Ethnic Health Network, the Steinberg Institute, #Out4MentalHealth, the Southeast Asia Resource and Action Center, the Latino Coalition for a Healthy California, and the California Black Health Network, request $15 million, ongoing, from the MHSA Administrative Fund to be allocated to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for the purpose of supporting County Behavioral

Health Departments and stakeholders in meeting mental health disparities goals. The request addresses the key needs outlined above.

The funding amounts below are based on previous statewide mental health programs, such as the California Reducing Disparities Project. The California Reducing Disparities Project funded disparities reduction pilot projects, data evaluation, and technical assistance for an approximate cost of $10.5 million annually. However, this project focused exclusively on five target populations and served only a minority of counties in the state. In addition, the project did not contain an incentives portion, which is critical to drive long-term institutional change. This funding request is adjusted to account for the increased scope.

The MHSOAC would be responsible for administering the funds for the following purposes:

- **Data:** $4 million to produce statewide and county level data on mental health disparities, including but not limited to disparities related to access and outcomes by race, language, age, gender identity, sexual orientation, and disability status. This includes providing technical assistance to counties, directly or through a technical assistance provider, regarding use of disparities data, including community-driven data, to drive performance improvement.

- **Technical Assistance:** $4 million to contract with one or more consultants with expertise in cultural competency, stakeholder engagement, language access, and trauma informed care, to assist counties in the development of population-specific and community-driven approaches to reducing disparities. Technical assistance should also be provided to support counties with the facilitation of stakeholder engagement in the development of disparities reduction strategies. Finally, the MHSOAC shall convene, or contract with a consultant to convene, cross-county learning collaboratives related to disparities reduction.

- **Innovation: $**4 million for the MHSOAC to provide funds to counties, community-based organizations, schools, or other entities to develop and implement community-defined or population-specific approaches to mental health for underserved communities. These programs must contain an evaluation component and have a sustainability plan contingent on the program having positive results.

- **Incentives:** $3 million for the MHSOAC to provide funds to counties, school districts, courts, or other state programs as incentive payments for work related to disparities reduction, including for providing additional cultural competency training to staff, engaging new or diverse stakeholders in the process, or producing outcomes related to disparities reduction.

The MHSOAC must convene an advisory committee to guide the disparities reduction work, including consumers, providers, counties, disparities reduction experts, and members of the

Cultural and Linguistic Competence Committee. The advisory committee must meet quarterly at a minimum and must have meaningful input into the strategy. The MHSOAC must submit an annual report to the Legislature regarding accomplishments from this program.

We urge the Legislature and Governor to exercise leadership to continue support for mental health disparity reduction efforts in the state budget. For more information, please contact Linda Tenerowicz at 916-447-1299 or ltenerowicz@cpehn.org.

Sincerely,

Linda Tenerowicz
Policy Advocate

Cc:

The Honorable Holly Mitchell, Chair, Senate Budget Committee
The Honorable Phil Ting, Chair, Assembly Budget Committee
The Honorable Toni Atkins, President pro Tempore of the Senate
The Honorable Anthony Rendon, Speaker of the Assembly
Scott Ogus, Consultant, Senate Budget Subcommittee #3 on Health and Human Services
Members, Senate Budget Subcommittee #3 on Health and Human Services
Andrea Margolis, Consultant, Assembly Budget Subcommittee #1 on Health and Human Services
Members, Assembly Budget Subcommittee #1 on Health and Human Services