



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

**The Public Mental Health System
Workforce Challenges and its Relationship to
Disparities to Racial Ethnic Populations in
California**

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Meeting the Challenges of the Most Diverse State in the Country

- “The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often undeserving or inappropriately serving them.

- 2003 - President's New Freedom Report
Achieving the Promise: Transforming Mental Health Care in America



Disparities in Access

- “Striking Disparities in M. H. service for racial and ethnic minorities”
 - Are less likely to have access to available mental health services,
 - Are less likely to receive needed mental health care
 - Often receive poorer quality care, and
 - Are significantly under-represented in mental health research.
- Source: Culture, Race and Ethnicity- a Supplement to Mental Health A Report Surgeon General 2001



NASW Code of Ethics

- “Primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.” NASW –Code of Ethics



NASW Code of Ethics #6.04

- a) “Social Workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully.
- b) SW’s should act to expand choice and opportunities for all people, with special regard for vulnerable, disadvantaged, oppressed & exploited people and groups.”



Challenges to CA Mental Health System

- Major disparities in access and quality of care for diverse racial ethnic communities
- An ill prepared workforce to address the diversity and language needs of CA population.
- Major Crisis in Mental Health Workforce shortages
- Lack of Culturally Competent Leadership



Challenges to CA Mental Health System

- Major disconnect between community needs and University student preparedness
- Need a Workforce ready to deal with real world problems in real world setting
- Services that are not meeting needs of Multicultural Communities
- Non compliance with LEP Title VI Civil Rights Act 1964



Office Of Multicultural Service

Conceptional Framework:

- Develop statewide standards and set benchmarks for improvements
- Work toward the elimination of mental health disparities to multicultural communities
- Integrate cultural and language competence in all levels of Mental Health Policy & Programs
- Move forward agenda to view cultural and language competency as a Quality of Care issue.
- Include ongoing strategies for sustainability



State Department of Mental Health Office of Multicultural Services

- 1996-7 SDMH - Consolidation of Specialty Mental Health Services (federal Wavier –choice)
- 1997- SDMH -Development of statewide standards for culturally competence services. All 58 Counties required to submit local Cultural Competence Plan Requirements
- CC Plan Includes
 - Population and utilization assessments
 - Workforce Assessment
 - 3 focus areas of Standards- Access, Quality of Care, Quality Management
- Office of Multicultural Services Est. 1998
- Integrating /Embedding cultural competence in statewide policies and programs



State Department of Mental Health Office of Multicultural Services

- Development of a 32 hour M H interpreter training curriculum
- Development of CA Brief Multicultural Competence Scale Training. 2005
- Cultural Competence Standards in State hospitals
- QIC tracking disparities in Mental Health care
- Support for special studies addressing disparities
- Support of State and Local efforts to sustain cultural competence efforts

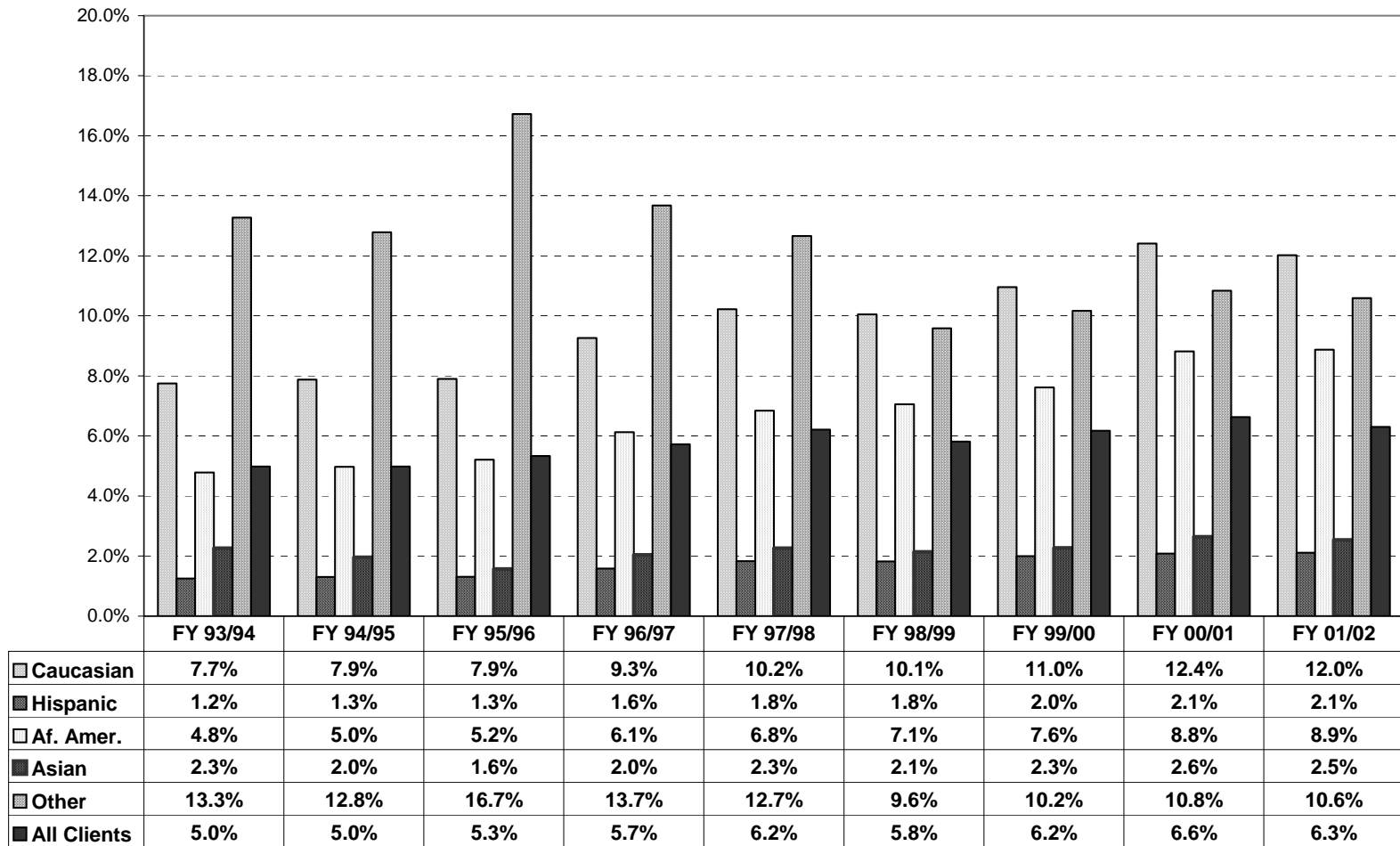


**We must make a clear
connection between cultural
& linguistics competence,
quality improvement and
elimination of racial/ethnic
disparities**

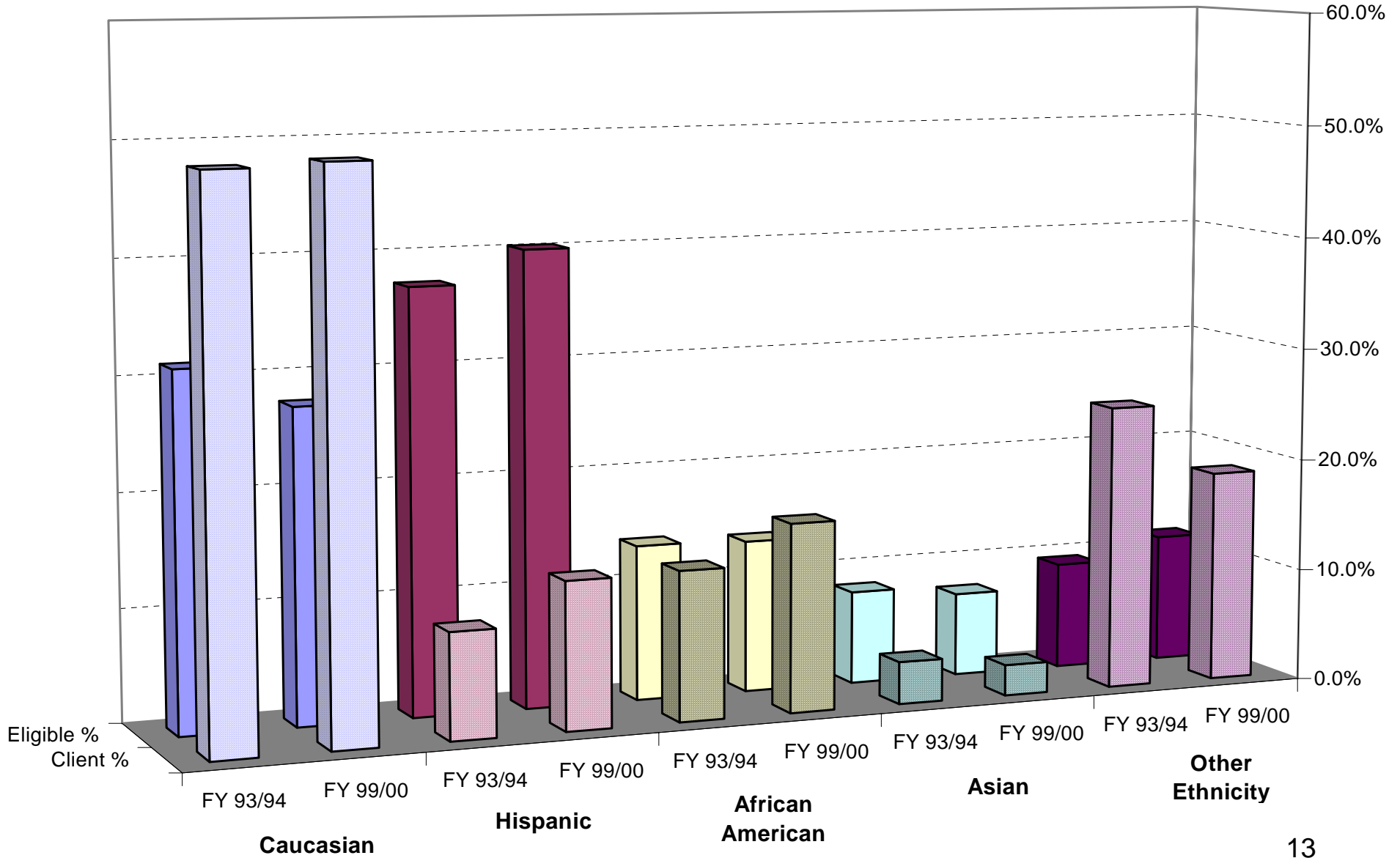


Penetration Rates Total and by Race/Ethnicity

FY 1993/94 through FY 2001/02



Statewide Proportion of Medi-Cal Eligibles and Mental Health Clients by Race/Ethnicity FY 1993/1994 and FY 1999/2000



Mental Health Services Act

- Proposition 63 was passed by the voters in November, 2004
- It's now the Mental Health Services Act (MHSA)
- It became effective January 1, 2005.



Purpose of the Prop 63 Act

- Define serious mental illness as a condition deserving priority attention
- Reduce long-term adverse impact from untreated serious mental illness
- Expand successful, innovative service programs
- Provide funding to adequately meet the needs
- Ensure that funds are expended in a cost effective manner and that services are provided consistent with best practices



MHSA Components

- 1) Community Program Planning
- 2) Community Services and Supports
 - a) Children/Youth, including Transition Age
 - b) Adults, including Transition Age
 - c) Older Adults
- 3) Capital Facilities and Technological Needs



MHSA Components (cont.)

- 4) Education and Training Programs
- 5) Prevention and Early Intervention
 - a) Anti-Stigma
 - b) Early identification
 - c) Early intervention
 - d) Suicide prevention
 - e) Services to underserved populations
- 6) Innovation



5-Essential Elements MHSA

- Community – based
- **Culturally and Linguistically competent**
- Client-centered and family focused
- Provided within an integrated service system
- In accordance with recommended best practices



Funding

- 1% increase in personal income tax for adjusted gross income over \$1 million
 - Deposited into Mental Health Services Fund
 - Monthly based on specified proportion of personal income tax receipts
 - Adjusted two years later to actual
- Funds to be used to expand services, not supplant other county or state funding
- Consumer share of cost based on existing sliding fee scale
 - Uniform Method for Determining Ability to Pay (UMDAP)

Education and Training Component

- Establish Education & Training programs with dedicated funding to remedy shortage qualified individuals.
- MHSA- Implement a 5-year Education and Training Plan.
- Review and approval by CA MH Planning Council, and review by OAC of MHSA



MHSA Education and Training

Core Values:

- Increase consumer and family members involvement & employment in service delivery
- **Develop a diverse, culturally sensitive and competent workforce.**
- Deliver individualized, consumer-driven services
- Outreach to underserved and unserved populations.



Conclusion

- How can BBS help be part of the solution?
- Participate in MHSA Training and Ed Work Plan committees.
- Increase partnership for solutions to Mental Health Workforce Crisis
- Call for a Legislative hearings on Workforce shortages in Mental Health
- Call for new legislation to support new and innovative strategies



Conclusion

- Greater collaboration & Partnership with BBS & CA Public Mental Health Systems
- Include an agenda that realistically engages the changing needs of CA. consumers.
- Consider expanded dialogue of “Do no Harm” and “Consumer Protection”
- Issues of cultural and language competence of licensed workforce.
- Develop New innovations for growing a diverse workforce



Disparities in Mental Health Services are Eliminated

- In a transformed mental health system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location.
- Source: New Freedom Commission

