

Welcome to the Mental Health Services Act (MHSA) Progress Report! The California Department of Mental Health (DMH) will issue this electronic publication on its [Web site](#)* to keep all interested parties apprised of recent developments in California's implementation of MHSA.

MILESTONES

In recent months, major progress has been made toward fully implementing the MHSA. This month's *Progress* features highlights of how portions of MHSA funds are being used.

HOUSING

As of March 1, **11 counties** have submitted a total of 15 applications that have been approved for funding. 222 of the 778 units are reserved for persons with serious mental illness enrolled in MHSA services. **\$22.5 million** of the total \$285 million development costs are being funded through MHSA. An additional **\$18.6 million** has been approved for operating subsidies for MHSA units. Nine additional applications are currently under review.

Below are county housing projects that are expected to close escrow/fund by the end of March, 2009:

- ♦ **Sonoma County**—Vida Nueva is a 24-unit multi-family rental housing project, with six units dedicated to adults and children with serious mental illness enrolled in MHSA services. **\$600,000** of the total \$1.2 million is being funded through MHSA.
- ♦ **Monterey County**—Sunflower is an 18-unit senior housing project, with 16 units reserved for older adults living with serious mental illness enrolled in MHSA services. **\$1,649,000** in MHSA funding is contributing to the overall development cost of \$5,845,602.
- ♦ An additional **\$600,000** of MHSA funds have been awarded for operating subsidies (for MHSA units).

PREVENTION AND EARLY INTERVENTION

As of March 1, **\$34.9 million** has been approved for **51 counties** to conduct community program planning and develop their three-year [Prevention & Early Intervention](#) (PEI) plans. Twenty-nine counties have submitted PEI plans for review, of which 16 have been approved for fiscal years 2007-08 and 2008-09:

- ♦ **Trinity County**—**\$125,000** to fund two PEI projects serving children, youth and their families.
- ♦ **San Luis Obispo County**—**\$1,979,500** to fund five PEI projects serving all age groups.
- ♦ **San Diego County**—**\$25,193,145** to fund 20 PEI projects serving all age groups.
- ♦ **Humboldt County**—**\$613,853** to fund three projects focused on Suicide Prevention, Stigma/Discrimination Reduction, and Transition Aged Youth.

WORKFORCE, EDUCATION, AND TRAINING (WET)

As of March 12, more than **\$10 million** has been approved for 48 counties to conduct community program planning and to develop their three-year WET plans. **Over \$53 million** has been approved for **19 counties** to implement their three-year plans.

What is the Mental Health Services Act?

The Mental Health Services Act became California law in 2005 after passage of Proposition 63.

The Act establishes and funds a broad continuum of community based prevention, early intervention, and other services for Californians with severe mental illnesses.

The types of services the Act establishes are described in depth on the [MHSA Web site](#).

The Act provides funding through a 1% tax on personal income in excess of \$1 million.

The California Department of Mental Health administers the Act, and counties and their contracted agencies provide the direct consumer services established in the Act.

* If you are viewing this document from a computer, the phrases that are [underlined and blue](#) can be "clicked," which will take you to more related information on the DMH Web site (www.dmh.ca.gov/Prop_63/MHSA).

Mental Health & Criminal Justice In the Media

As the Department of Mental Health tracks news stories related to mental health, it has not gone unnoticed that many of the articles are centered around crimes committed by persons living with mental illness and their experiences in the criminal justice system. It is vital that all Californians are made aware of the positive and progressive endeavors being made to prevent persons living with mental illness from entering the criminal justice system. Below are excerpts of news stories that shed light on efforts being made by counties, as well as statistical references of incarceration:

NEVADA COUNTY

An opinion editorial highlights a local mental health center's (Spirit Center) technique of putting low-cost resources into recovery programs to diminish the unfortunate need for higher cost incarceration.

"The hard data Spirit Center gathered [...] clearly indicated that by attending recovery and empowerment programs, people **completely erased incarcerations**, hospitalizations and homelessness after more than a year of participation [...] Those who had participated less than one year **reduced hospitalization and incarceration 90 percent**," Mary Folck.

The Union, "Basic math: Spirit center is working," February 1, 2009

"To sincerely and thoughtfully protect ourselves, our loved ones, neighbors and the larger community, it is imperative that support be provided to programs that effectively prevent and treat." — Michael Heggarty, Nevada County Behavior Health

DID YOU KNOW...

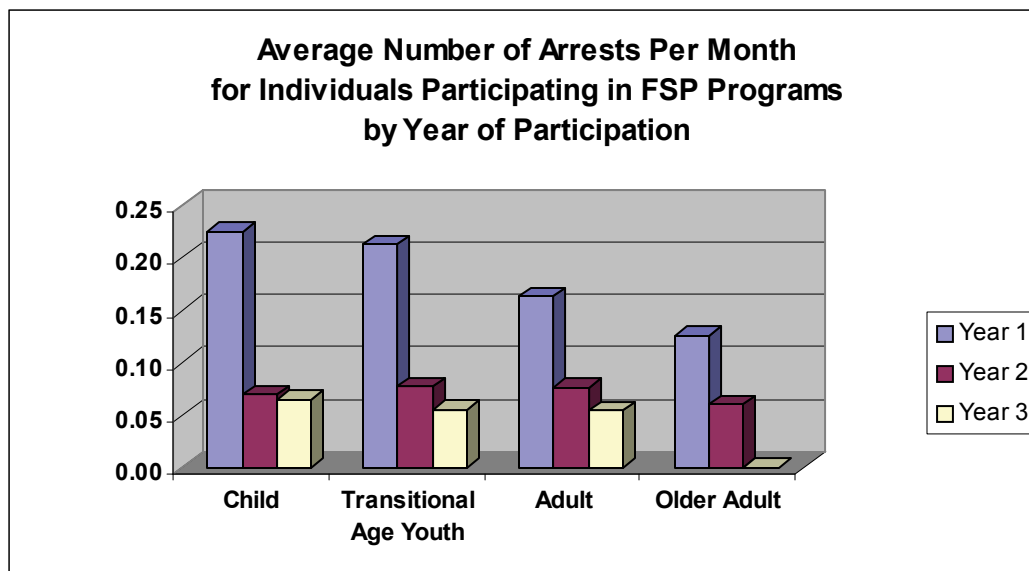
"It cost \$35,000 to incarcerate the average inmate in fiscal year 2006, according to a report from the California Legislative Analyst's Office.

"Nationally, 50 percent to 60 percent of prisoners have a diagnosable mental illness. Of the roughly 5,500 people in San Diego County's jails at any given time, about 22 percent receive psychiatric care for their mental illness."

San Diego Union Tribune, "Making a push to treat mental health issues," March 17, 2008

Full Service Partnership Program Leads to Lower Arrest Rates

DMH collects confidential MHSA data from local mental health providers about the people being served with MHSA programs and services. The information in the chart below was derived by dividing each individuals' total number of arrests by the number of months of participation (in a twelve month period) to obtain a weighted average based on months of participation in the program. *For Example: In reading the purple bar graph for "Child," data indicates that an average of 0.23 arrests per month occurred in the first year of participation in the FSP program (less than one arrest per month).*



What is a Full Service Partnership?

Full Service Partnerships (FSP) provide the most intensive level of services among the variety of MHSA-funded programs.

These partnerships between a service provider and an individual or family are called "full service" because they are targeted to individuals in need of a range of services and supports, including help with housing, employment, school, physical health, a co-occurring substance abuse disorder, and establishing social supports. Individuals of all ages are participating in FSP programs.

As stated in the MHSA law, the goal of the partnerships is to reduce the negative outcomes that result from untreated mental illness, including suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their family homes.

California's Cultural Competency Receives National Recognition

The Department of Mental Health recently participated in annual survey conducted by the National Alliance of Mental Illness (NAMI), which assessed states' efforts to provide integrated mental health services and increased access to persons living with mental illness and their family members. The final report highlighted California's Cultural Competence Plans as "exemplary" and commended DMH's Office of Multicultural Services on the development of this "innovative practice."

*"...cultural competence is developed over time through training, experience, guidance, and self-evaluation [...] attitudes, policy, and practice must all come together in a congruent whole called cultural competence." —
Towards a Culturally Competent System of Care, 1989*

TRAINING STAFF

Sacramento County has been implementing training program, known as the California Brief Multicultural Competence Scale (CBMCS), developed by the University of La Verne as a pilot research project, since February 2007. Spearheading this effort is Jo Ann Johnson, Cultural Competence/Ethnic Services Program Manager for Sacramento County's Division of Mental Health. Having trained approximately 250 of the County's providers, Johnson states the goal is to train all county providers in its mental health system.

The CBMCS training program consists of four modules:

- ♦ **Multicultural Knowledge**—Includes historic and contemporary overview, addressing health disparities, and understanding and evaluating wellness, recovery, and resiliency.
- ♦ **Awareness of Cultural Barriers**—Overview of context of barriers, awareness of self/others, and clinical implications.
- ♦ **Sensitivity & Responsiveness to Consumers**—Overview of communication styles, stereotyping, racism, and guiding principles for mental health practice.
- ♦ **Sociocultural Diversities**—Including older adults, sexual orientation, socioeconomic status, disabilities, and the interaction between multiple identities.

The Sacramento County pilot project post-test results indicated participants:

- Believed the training would help them relate to their clients.
- Believed the discussion on providing culturally competent mental health assessment and diagnosis was adequate.
- Had an increased level of confidence about multicultural issues.

How California Is Implementing Cultural Competency . . .

STATE POLICIES

The Department of Mental Health recently established a \$1.5 million MHSAC-funded project to reduce disparities in California communities. Based on statewide data and the findings from a University of California, Davis Center for Reducing Health Disparities Focus Group, the MHSOAC recommended an initial focus on African American; Asian/Pacific Islander; Latino; Native American; and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) populations.

In part, DMH is charged with the development of a Statewide Strategic Plan to Reduce Disparities. To achieve this, DMH will subcontract with five communities representing each of the targeted populations, who will be responsible for overseeing the development of a comprehensive statewide strategic plan, including recommendations on how to design the statewide project to eliminate barriers and reduce mental health disparities.

This outcome of this collaboration is expected to result in new service delivery approaches as defined by multicultural communities (community-defined evidence); new strategies developed for the five targeted communities to improve outcomes and reduce disparities; and a stronger infrastructure for the inclusion of multicultural communities.

PROGRAM ASSESSMENT

Riverside County's Cultural Competency Program, currently managed by Myriam Aragón, has taken a collaborative approach in addressing cultural competence within its county mental health system.

"By increasing the compatibility between our organization and the community, we will reduce mental health disparities overall," Aragón affirmed.

Aragón is responsible for the assessment of the County's cultural competence plan, including prioritizing issues and providing recommendations and implementation strategies for areas needing improvement. Aragón established a 20-member Cultural Competence Committee (CCC) made up of program staff, consumers, and family members to assist her with this task. CCC has subcommittees made up of community partners, consumers, family members, and community-based and faith-based organizations.

"Our success stems from the participatory involvement of the community in our decision-making processes," emphasizes Aragón.

By conducting focus groups with ethnic and cultural populations, Riverside continues to improve its community engagement efforts. For example, one sub-committee, comprised of LGBTQ members, has been holding LGBTQ focus groups to garner perspectives of how access to mental health services and programs are perceived firsthand. The sub-committee meets monthly to address community concerns, and develop recommendations and implementation strategies to reduce disparities among the LGBTQ community.



SAVE THE DATE



American Association of
Suicidology's 42nd
Annual Conference

April 15-18, 2009
San Francisco

PRE-CONFERENCE
WORKSHOP APRIL 14

The **California Office of Suicide Prevention** has planned a full-day workshop to launch the California Strategic Plan on Suicide Prevention into action.

Providers, survivors, researchers, and others involved in state or local suicide prevention activities are invited to participate in this strategic planning workshop.

FOR MORE INFORMATION

Pre-conference workshop email:
suicideprevention@dmh.ca.gov

American Association of Suicidology
www.suicidology.org

Mapping Progress in
Mental Health Disparities
in a Transformed
California
Mental Health System

Thursday-Friday
May 21-22, 2009
Sacramento
Convention Center

**** KEY NOTE SPEAKER ****

Norman Sartorius, MD, PhD, past Director of the Division of Mental Health of the World Health Organization and past President of the World Psychiatric Association.

Sartorius is a world renowned expert on issues related to mental disorders in developing countries and a leader in the field of combating stigma of mental illness and its consequences.

This document is published the California Department of Mental Health - Office of External Affairs and Communications. For questions about this publication or to suggest ideas for future editions, please call (916) 653-2969 or [email Jennifer.Turner@dmh.ca.gov](mailto:Jennifer.Turner@dmh.ca.gov). To receive notification that new editions of the publication are available, simply [subscribe](#) on the [MHSA Web site](#).

For questions about the MHSA, you can contact DMH at 1-800-972-MHSA (6472) or [email mhsa@dmh.ca.gov](mailto:mhsa@dmh.ca.gov)