

## MHSA Resources Clearinghouse

### Website Description:

The Mental Health Services Act (MHSA) Resource Clearinghouse combines the MHSA Prevention and Early Intervention (PEI) website and the MHSA Innovation (INN) website to provide users with a comprehensive and well-organized source of useful resources in one location. Upon consultation with the staff of the Mental Health Services Oversight and Accountability Commission, it was determined that having a single MHSA clearinghouse for best practices in INN and PEI would better serve the county mental health departments, providers, and stakeholders.

The new website, <http://mhsaresources.org>, is an online resource for statewide tools, services and strategies for promoting wellness, intervening early in the manifestation of mental illness, and developing novel, cutting edge approaches to mental health services. The website features:

- County PEI Program Highlights
- Statewide Project Highlights
- Best Practices
- Subject Matter Highlights
- Upcoming Events Related to PEI and INN

If you have questions and/or would like to submit resources for the MHSA Clearinghouse, please contact Katie Culliton, [kculliton@cimh.org](mailto:kculliton@cimh.org)

## CA Health Equity Clearinghouse

### Website Description:

The California Health Equity (CHE) Online Resource Center, [www.cahealthequity.org](http://www.cahealthequity.org), supports efforts to improve the health of California's diverse communities. The content of the CHE Resource Center focuses on the full continuum of care, from health promotion and prevention, to treatment and recovery approaches to achieving better health in an effort to promote a whole health approach and understanding that behavioral health is an integral part of overall health and well-being. The website features:

- Practice Highlights
- Strategies for Reducing Disparities
- Tracking Disparities Information
- Training Resources/Opportunities
- News, Announcements, Blogs, and Events Updates

In addition to maintaining the [www.cahealthequity.org](http://www.cahealthequity.org) website, CiMH also regularly maintains a social media presence on the following sites:

- Facebook: <https://www.facebook.com/CaHealthEquity>
- Twitter: <https://twitter.com/CAHealthEquity>
- YouTube: <http://www.youtube.com/user/CAHealthEquity?feature=mhee>

If you have questions and/or would like to submit resources for the MHSA Clearinghouse, please contact Darcy McGaffic, [dmcgaffic@cimh.org](mailto:dmcgaffic@cimh.org)



## A Juvenile Justice Roundtable

### *School to Prison Pipeline: Stop the Cycle*

**Date:**

**Thursday, April 24, 2014**

**9:30 AM - 3:00 PM**

**Registration at 8:30 AM**

Click [HERE](#) to register

**Location:**

**CSAC Conference Center**

**1100 K Street, Suite 101**

**Sacramento, California 95814**

**Event Description:**

The school-to-prison pipeline is an epidemic that is plaguing schools across the nation. Far too often, students are suspended, expelled or even arrested for minor offenses. Such policies as Zero Tolerance disproportionately target students of color and those with a history of abuse, neglect, poverty or learning disabilities.

This event will address the call to action to end the "School to Prison Pipeline". There will be three segmented roundtable discussions that look at the challenges, research and solutions to ending the cycle. There will be personal testimony, examples of alternative programs and discussion regarding current legislation targeted to fund local community programs.

**Who Should Attend:**

Anyone working with youth, youth & families, transition age youth, the school system, law enforcement, corrections, judicial branch, mental health and substance use services, persons with lived experience, policy makers and researchers.

**Registration Fee:**

**\$75.00 on or before Thursday, April 17, 2014**

**\$85 after Thursday, April 17, 2014**

**\$10.00 (Youth price up to age 25)**

Payment may be made by

Visa®/MasterCard®/Discover/ check, or purchase order. Registration will be confirmed by email.

CiMH TAX ID # 68-0314970.

**Continuing Education:** Psychologists - APA: CiMH is approved by the American Psychological Association to sponsor continuing education for psychologists. CiMH maintains responsibility for this program and its content.

For more information, please contact:

Sheron Wright at [swright@cimh.org](mailto:swright@cimh.org) or

Karen Kurasaki, PhD at [kkurasaki@cimh.org](mailto:kkurasaki@cimh.org)



# Health Equity Leadership Institute

The California Institute for Mental Health (CIMH) has designed a unique leadership program, the Health Equity Leadership Institute (HELI), specifically designed for mental health professionals and community stakeholders working to increase health equity at a local level.

The goal of the Institute is to strengthen the leadership skills of individuals through a team-based approach that includes the voices of the community. The Institute’s curriculum focuses on three specific areas vital to enhance the capacity of leaders and essential to achieve health equity - leadership development, data literacy and addressing health equity. Using information gained from the trainings, mentoring and research components of the curriculum, teams will have the opportunity to apply their knowledge through the development of an initiative that increases health equity within their community.

**TEAM INITIATIVE:** The team initiative provides a “real-life” scenario for practical application of skills gained in the Institute to address a health disparity. Teams will have the opportunity to select one of the initiatives described below.

**OPTION 1:** Over a 12-month period, teams will identify cost-effective strategies to increase access and improve the quality of mental health services for Medi-cal eligible Spanish-speakers. This initiative serves to address CMS’s concerns regarding the “lack of translation services and the long wait times to see Spanish speaking providers.”

**OPTION 2:** Over a 12-month period, teams will identify cost-effective strategies to increase access and improve the quality of mental health services for Medi-cal beneficiaries. The team will need to identify a specific group within this population for the focus of the initiative.

## Institute Objectives

### Leadership

- Strengthen collaborative partnerships to implement strategies to reduce disparities
- Enhance leadership skills necessary to achieve health equity
- Serve as change agents and influential experts in health equity within their communities and current systems of care

### Data Literacy

- Develop data narratives that articulate the need to address health disparities
- Increase ability to measure and track disparities

### Addressing Health Equity

- Identify and promote the use of culturally-appropriate strategies, including community-defined and promising practices to reduce disparities
- Identify trauma associated with historical and systemic racism and discrimination

## Community Leadership Team

Each team should represent various individuals interested in achieving health equity in mental health services. Teams should include but are not limited to:

### Team Composition

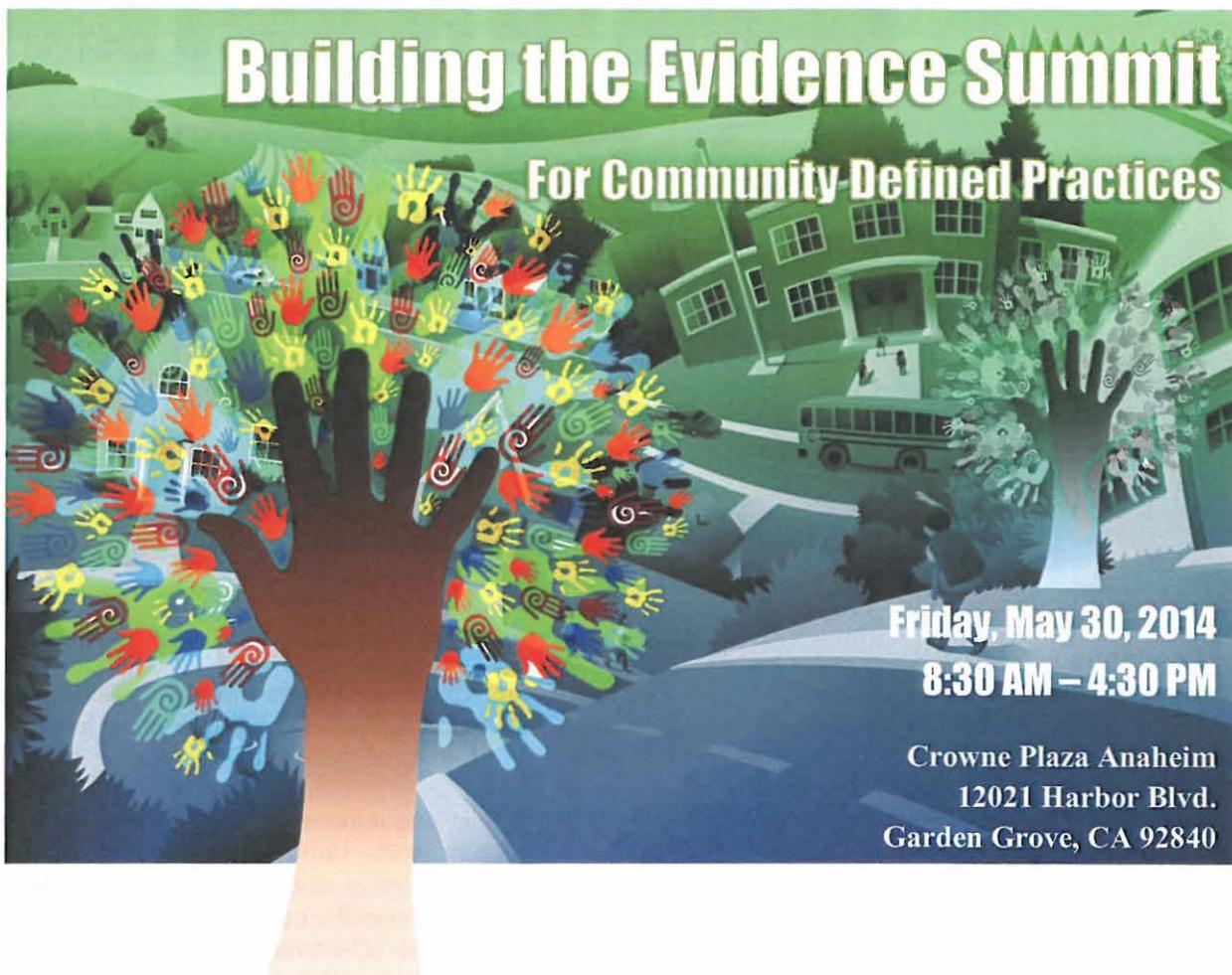
- County ethnic services manager and other county staff
- Medi-cal beneficiaries; persons with lived experience
- Community members
- Evaluation/data expert
- CBOs and non-traditional partners

### Benefits of Participation

- Leverage collaborative partnership to address a common goal
- Shared learning through statewide and local convenings
- Customized team coaching and mentoring
- Practical application of principles learned to address health equity
- Use data as an influential leader

**Please complete the HELI Interest form on the back of this form to receive additional information regarding the Health Equity Leadership Institute.**

If you have questions, please contact Kristee Haggins at 916-224-0875 or via e-mail at khaggins@cimh.org.



### Invited Speakers:

**Dr. Wade Nobles**, from The Institute for the Advanced Study of Black Family Life and Culture, Inc., a Special Advisor to the California Reducing Disparities Project African American Strategic Planning Workgroup, will share population-specific considerations for identifying culturally-congruent African American community-defined practices.

**Dennis Murata, MSW**, from the Los Angeles County Dept. of Mental Health, will discuss systems-based approaches for supporting community-defined practices.

**Herb Hatanaka, DSW**, from the Special Service for Groups Alliance, will present on culturally-appropriate strategies for building the evidence for community-defined practices.

And many more.....

To register, please click [here](#) or contact May Chan at [mchan@cimh.org](mailto:mchan@cimh.org) or (916) 379-5328





# SIHPC

## STRATEGIES FOR INTEGRATING HEALTH, PREVENTION, AND COMMUNITY (SIHPC) PILOT LEARNING COLLABORATIVE

### The Challenge

Although progress has been made in recent years to integrate primary care and behavioral health services, efforts to reduce service fragmentation typically have not addressed the social determinants of health. Very frequently, individuals who have co-occurring physical, mental, or/and substance use concerns also have complex social needs. While 10% of the variation in premature deaths within a population is due to poor health care and another 30% is due to genetics, 60% is due to social and environmental factors and behavioral patterns such as exposure to violence, limited access to and intake of healthy foods, inability to access services, substance use, etc.<sup>1</sup>

Clearly the failure to effectively address both the social *and* the behavioral determinants of health severely limits service providers' ability to improve health outcomes. As such, the current span of coordination and integration efforts needs to be expanded to address not just behavioral and physical health concerns, but also social factors. This is particularly true in low income and racial populations, where there is often a prevalence of negative social factors, and so a correspondingly disproportionate negative impact in health status and disease burden.<sup>2</sup>

While integrated behavioral and physical health is not yet the norm, even when it is present, it often lacks a focus on health promotion, illness prevention or other means of addressing social determinants of health. This limited range is demonstrated by the lack of involvement of community-based social service providers who are prepared to bring that focus. Clearly, significant challenges remain in our efforts to coordinate the health of individuals with complex needs, especially those in poorly and under-served communities.

### The Opportunity

The California Institute for Mental Health (CIMH) will launch the second stage of a pilot learning collaborative convened to enhance integration and coordination among community-based organizations in their local health neighborhoods. In this collaborative, "Strategies for Integrating Health, Prevention and Community (SIHPC)," community-based primary care, social service, and behavioral health agencies will test and implement changes to achieve system improvements in line with the collaborative aim. By improving service coordination among providers contributing to whole health (physical, social, behavioral), and engaging in population-level strategies, participating agencies will improve outcomes and the experience of care for their high-risk community members.

#### Who can participate?

Any community-based behavioral health, primary care, or social service provider seeking to better meet the needs of under-served high-risk individuals by enhancing their partnerships, integration, and care coordination with agencies addressing other domains of the whole health spectrum (physical, behavioral, social) can join. Ideal participants will already have at least one specific agency they plan to work with to test improvements.

#### SIHPC Learning Collaborative Aim

Over a 12 month period, community-based primary care, social service, and behavioral health providers from underserved, high need communities, will partner to improve health and wellness of high risk individuals through individualized care coordination and community-based prevention. These partnerships will increase access to care and also reduce ER, Urgent Care, and hospital utilization by addressing the social determinants of health at both the individual and community levels.

#### How to participate

To obtain further information about the learning collaborative and sign up, please contact Will Rhett-Mariscal at [wrhettmariscal@cimh.org](mailto:wrhettmariscal@cimh.org) or (916) 379-5347.

<sup>1</sup> J. Michael McGinniss, Pamela Williams-Russo, and James R. Knickman, "The Case for More Active Policy Attention to Health Promotion," *Health Affairs*, 21, no.2 (2002).

<sup>2</sup> David R. Williams and Michelle Sternthal, "Understanding Racial/ethnic Disparities in Health: Sociological Contributions," *J Health Soc Behav.* 2010; 51(Suppl): S15-S27.