June 9, 2010

Members of the California Mental Health Directors Association
2125 19th Street, 2nd Floor
Sacramento, CA 95818

Re: Prioritizing Client- and Family-Driven Programs in Challenging Fiscal Times

Dear County Mental Health and Behavioral Health Directors,

On behalf of the undersigned organizations that participate in the Mental Health Services Act (MHSA) Partners Forum, we are writing to express our strong support for county mental health decision-makers to increase the allocation of MHSA resources to support and foster client and family driven programs and services during this fiscal crisis. We acknowledge the extreme challenges and competing priorities the County Mental Health Directors and local stakeholders are facing. While the fiscal crisis is taking a toll on the community mental health system, we believe that the use of client and family programming and alternative crisis services are cost-effective strategies that utilize the expertise of lived experience to effectively support recovery.

The organizations that participate in the MHSA Partners Forum represent a wide range of stakeholder constituencies, including client, family, and parent advocates, providers of mental health services and advocates for ethnic and cultural communities that have been unserved or underserved in the community mental health system. We are an informal group that comes together monthly to share information and discuss emerging policy issues related to the MHSA. Together, we all are concerned about how the reality of budget cuts at the local level could weaken the progress we have made through the MHSA to create a truly client and family driven service delivery system.

During a recent meeting, we discussed four strategies that can support achieving a client and family-driven community mental health system:

1) Increase consumer and family employment, including consumers and family members from underserved racial and ethnic communities, to capitalize on the value of lived experience in providing mental health services;
2) Expand client-run and self-help programs;
3) Emphasize community education and support through consumer and family organizations and community-based organizations specializing in serving multicultural communities; and
4) Increase implementation of crisis residential programs.
We would like to provide a very brief overview about these strategies and recommendations regarding why and how they can be supported with MHSA funds despite fiscal uncertainty. Instead of straining an overburdened system, the services outlined below are designed to save substantial amounts in service delivery costs while providing distinct benefits in terms of supporting clients’ wellness/recovery. We appreciate this opportunity to share perspectives and welcome your feedback.

**Consumer and Family Employment in the Mental Health System**

The Working Well Together Collaborative (WWT) is a newly formed collaborative of four statewide client, family, parent/caregiver and mental health training and technical assistance organizations: California Network of Mental Health Clients, The National Alliance on Mental Illness - California, United Advocates for Children and Families, and the California Institute of Mental Health. Together, these organizations utilize their combined expertise, lived experience, grassroots networks, and mental health system connections to provide support to counties to identify strategies to hire and retain a successful consumer and family member workforce at every level of service delivery. The WWT Collaborative maintains an extensive knowledge base and provides supportive links to enable counties to effectively learn from each other. More information about this program, along with regional contact information, can be found at [www.workingwelltogether.org](http://www.workingwelltogether.org).

**Recommendation:** County mental health departments are urged to take advantage of the training and technical assistance provided by the MHSA-funded WWT Collaborative. WWT continues to work with county partners to develop strategies to preserve and expand consumer and family member employment in the public mental health system during this fiscal crisis. County mental health departments should also emphasize recruiting and hiring consumers and family members from multicultural underserved communities.

**Client-Run and Self-Help Programs**

The California Network of Mental Health Clients (CNMHC) has set two policy priorities in this area: to promote peer support and self-advocacy programs and to promote the use of client-run crisis and outreach teams and crisis respite as alternatives to traditional clinical treatment. The MHSA has resulted in progress that counties and their partners are implementing new peer-run wellness centers and warm lines. Such services are designed to use the strength of peer support to create a welcoming environment for access to community services and supports for individuals who may not typically seek or be able to access services but have frequently been forced to use more costly psychiatric/medical emergency services or have experienced trauma in traditional clinical treatment settings. A growing body of research supports the efficacy and cost-effectiveness of peer support and peer-run crisis alternatives. In addition, some counties will be using MHSA Innovations funds to establish peer-run crisis and respite and integrated service models, including several programs designed to serve unserved and underserved populations, and more research is proposed to measure the outcomes and costs of these new programs.

**Recommendation:** MHSA funds should continue to be used to promote and expand peer-run programs, in keeping with the MHSA statute and the DMH vision for the Act’s implementation. Client- and family-run services can reach and engage hard-to-serve populations and save lives, while providing a cost-effective alternative to clinical models of service. These should include client and peer-run programs serving

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1 See, for example, Jean Campbell, Ed., “Emerging Evidence Base of Peer-Run Support Programs,” National Empowerment Center, accessed online at [http://www.power2u.org/emerging_research_base.html](http://www.power2u.org/emerging_research_base.html) and National Empowerment Center, “Evidence for Peer-Run Crisis Alternatives,” accessed online at [http://www.power2u.org/evidence-for-peer-run-crisis.html](http://www.power2u.org/evidence-for-peer-run-crisis.html).

multicultural communities that can provide services in languages other than English. Because client-run peer support programs have been historically underfunded, the concept of “practice-based evidence” is key in promoting them. People who receive services through peer-run programs and those who provide them can testify to the increased access to underserved groups, incredible healing power and tremendous cost savings peer programs deliver. While we recognize that reductions to the Medi-Cal Managed Care Program and reduced Realignment revenue has weakened counties’ ability to provide their obligation to beneficiaries in the Medi-Cal program, there must be a will to reserve some MHSA flexible funding to support client and family-run programs. More work is also needed in collaboration with the State Department of Health Care Services to ensure that peer-run services can be readily reimbursed by Medi-Cal using the Rehab Option, reducing prohibitive paperwork through the adoption of a streamlined, simplified set of documentation and tracking requirements, and increasing funding flexibility for non-clinical peer-run programs by incorporating recovery principles into the state’s standard for medical necessity.

Community Partnerships to Provide Client and Family Support and Education

Consumer and family member organizations and community-based organizations specializing in serving multicultural communities in counties throughout California are equipped to provide effective community support and education to clients and families in need. These consumer and family-member-provided services include long-term education programs for family members and consumers, support groups, and interactive anti-stigma presentations designed to benefit the entire community. Family-to-family education and support programs inform the involvement of family members in the recovery process, helping families to engage in supportive roles throughout. Family involvement, based on client choice, may significantly enhance an individual’s wellness and recovery. Providing increased access to these recovery supportive programs will reduce dependence on public services for many individuals.

Recommendation: Encourage county mental health departments to contract with statewide and local community consumer and family member organizations including those that serve multicultural racial and ethnic communities to provide the supportive content they are already equipped to deliver. The dollars spent go directly to providing valuable training and stipends for volunteers. These are cost-effective programs that provide considerable savings in terms of prevention and early intervention and essential community supports for recovery.

Crisis Residential Programs

In March 2010, the California Mental Health Planning Council published an advocacy document to encourage local jurisdictions to establish crisis residential programs (CRPs) as a means to address shortages in acute inpatient beds and to provide a better quality of care for mental health consumers in crisis. CRPs vary, but they often rely on peer staff who are trained to draw on lived experience to help reduce the trauma of crisis and focus on healing. If a facility is 15 beds or less, it is eligible for Medicaid reimbursement at a rate of $330 per day. This is significantly less costly than a Psychiatric Health Facility (PHF) at $585 per day or an inpatient hospitalization at $1,129 per day. CRPs are operating in approximately 18 counties. The reason why more CRPs have not been established since the passage of the MHSA is unclear to advocates, who believe this model of service puts recovery into practice and supports a client-driven system. A copy of the California Mental Health Planning Council’s report on CRPs is provided with this letter.

Recommendation: Support the use of MHSA funding, especially Capital Facilities funds, and blend it with CSS and/or Innovation funds, to create additional crisis residential programs, including peer-run crisis respite programs and crisis programs specializing in serving unserved and underserved racial, ethnic and cultural
populations. CRPs, along with transitional residential treatment programs, including peer-run residential programs, can be utilized to transform institutional dependency to community-based service capability. Also, community mental health systems should take the opportunity presented by the intent of the new Medi-Cal 1115 waiver to advocate for crisis residential programs, including peer-run crisis respite, and transitional residential programs, including peer-run residential programs, as the foundation of the new restructured system of care. They fully meet the goals of the new waiver in that they have demonstrated improved outcomes, can slow the long-term expenditure growth rate, and emphasize coordinated care. In the proposed new person-centered health care home, great care must be taken to protect peer-run services throughout the process of integrating health care systems. This is critical because although mental health client- and family-run programs and services have long been established as an essential part of the continuum of care in community mental health systems, the vital role of peer-run services has not yet been widely recognized in primary care systems.

**Conclusion**

The best run systems are those that view challenges as opportunities for change and improvement. The suggestions presented above are perfect examples of doing more with less and all are solutions that are well within our grasp. We hope that you will give them strong consideration in both your short term program planning and long range goals. We are confident that, if given a chance, these models will turn into the foundation of wellness and recovery-based services that make communities thrive.

Sincerely,

Betty Dahlquist, Executive Director, California Association of Social Rehabilitation Agencies
Leticia Alejandrez, Executive Director, California Family Resource Association
Ann Arneill-Py, Ph.D, Executive Officer, California Mental Health Planning Council
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Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition
Oscar Wright, Chief Executive Officer, United Advocates for Children and Families

Enclosure

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